



# OSHA Injury / Illness Recordkeeping and How to Audit your Program

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OSHA Boston Region Staff  
US Department of Labor / OSHA

# Agenda

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- ❑ Employer coverage, recording and reporting requirements.
- ❑ Physician or other licensed health care professional (PLHCP)
- ❑ Common pitfalls with recordkeeping & what employers are doing wrong.
- ❑ How to stay in compliance & properly record.
- ❑ Incentive and disincentive programs.
- ❑ How to audit your recordkeeping program.
- ❑ Scenarios

# Concerns About Recordkeeping

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- Under recording
- Non reporting
- Employers that discourage reporting
- Musculoskeletal disorders
- Incentive programs



# Injury Tracking Application

[Sign in with](#)  **LOGIN.GOV**

[Create an ITA Account](#)

[FAQs](#)

## Injury Tracking Application (ITA)

Certain establishments must electronically submit to OSHA information about recordable injuries and illnesses entered on their previous calendar year's OSHA Form 300A Summary of Work-Related Injuries and Illnesses, OSHA Form 300 Log of Work-Related Injuries and Illnesses, and 301 Injury and Illness Incident Report [29 CFR 1904.41](#). The Injury Tracking Application (ITA) is a secure website for electronically submitting your data to OSHA.

## Covered Establishments

Only certain establishments are required to electronically submit information to OSHA from their injury and illness recordkeeping forms. In 2023, OSHA published a Final Rule that revised the recordkeeping regulation to require certain establishments with 100 or more employees in high-hazard industries, which were already required to submit information from the OSHA Form 300A Annual Summary, to also submit information from the OSHA Form 300 Log and the OSHA Form 301 Incident Report. The determination as to whether an employer must electronically submit recordkeeping data to OSHA is based on the number of employees and industry classification at an establishment, rather than at the firm as a whole. Establishments covered by Federal OSHA can use the [ITA Coverage Application](#) to determine if they are required to electronically submit their injury and illness information to OSHA. Establishments covered by an OSHA-approved State Plan should directly contact their [State Plan](#).

# Injury Tracking Application

## Frequently Asked Questions



[Launch the Application](#)

### Account Access

[Login.gov](#)

[NAICS Codes](#)

[CSV Files](#)

[300A ITA Submission and Technical Issues](#)

[300/301 ITA Submission and Technical Issues](#)

[General Reporting Requirements](#)

[Help Request Form](#)

### Account Access

[How do I create an ITA account?](#)

[Does OSHA notify employers that they need to report their injury and illness data? If not, where do I get my Username and Password to login and provide my data?](#)

[I want multiple staff members to access the information in my account. How do I give them access?](#)

[I am assigning my establishment to another ITA account holder. What is the difference between the "ITA Establishment User" and "ITA Establishment Admin" user roles?](#)

[The person who submitted the data for us has left the company. How do I reassign their establishments to my account?](#)

[I am submitting the required data for multiple clients. Can I create more than one account in the ITA?](#)

# Site-Specific Targeting (SST)

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[Site-Specific Targeting \(SST\) \(osha.gov\)](https://www.osha.gov)

SST plan is OSHA's main site-specific programmed inspection initiative for non-construction workplaces that have 20 or more employees. The SST program uses objective data from injury and illness information that employers submit under 29 CFR § 1904.41.

The current program helps OSHA achieve the goal of ensuring that employers provide safe and healthful workplaces by directing enforcement resources to those workplaces with the highest rates of injuries and illnesses.





# THE HIDDEN COST OF ACCIDENTS

Direct Cost



DIRECT LOSSES

- Medical
- Compensation

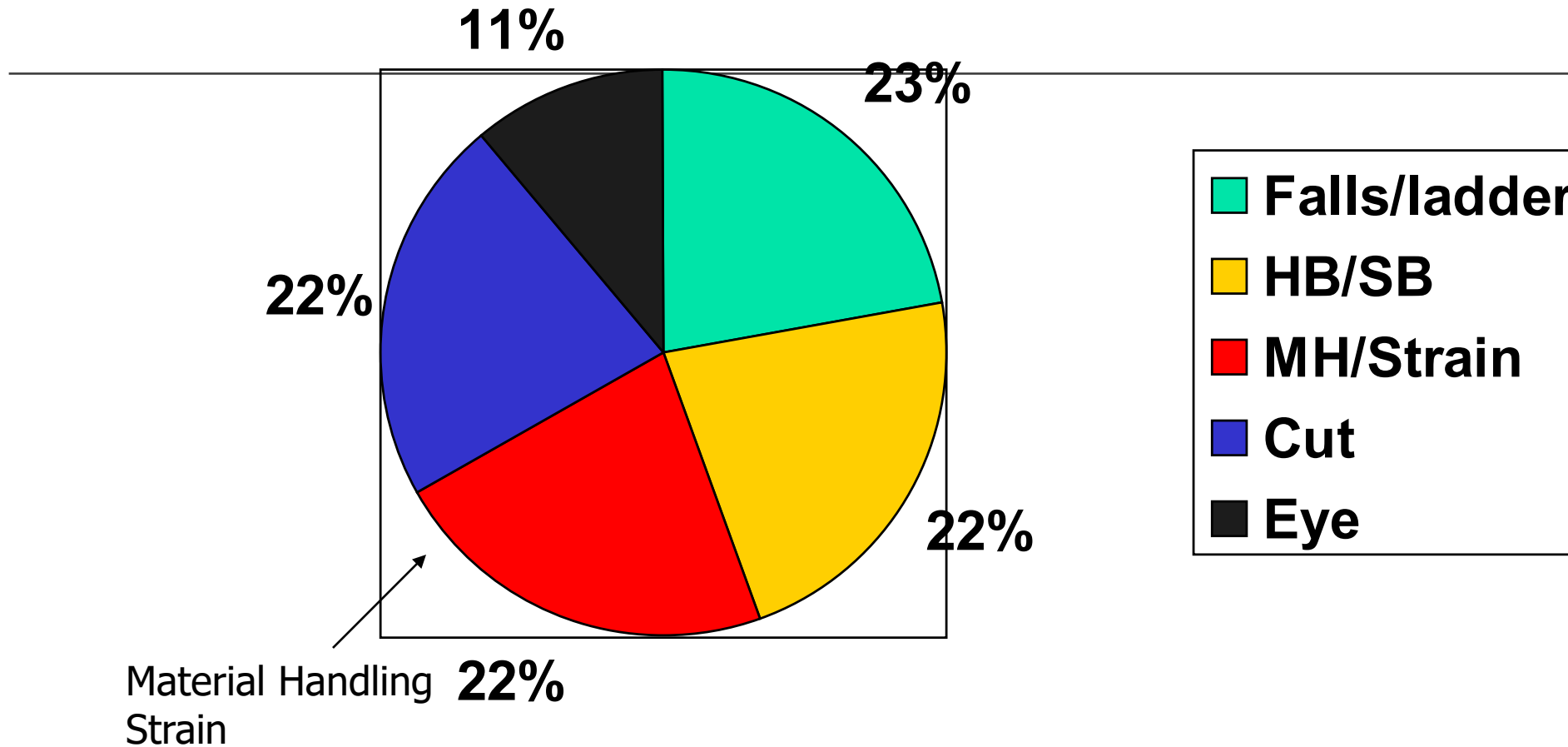


1. Time lost from work by injured employee
2. Loss of earning power
3. Economic loss to injured worker's family
4. Lost time by fellow workers
5. Loss of efficiency due to break up of crew
6. Lost time of supervisor
7. Cost of training new employee
8. Time lost while damaged equipment is repaired
9. Missed deadlines
10. Lost bids
11. OSHA fines

INDIRECT  
LOSSES

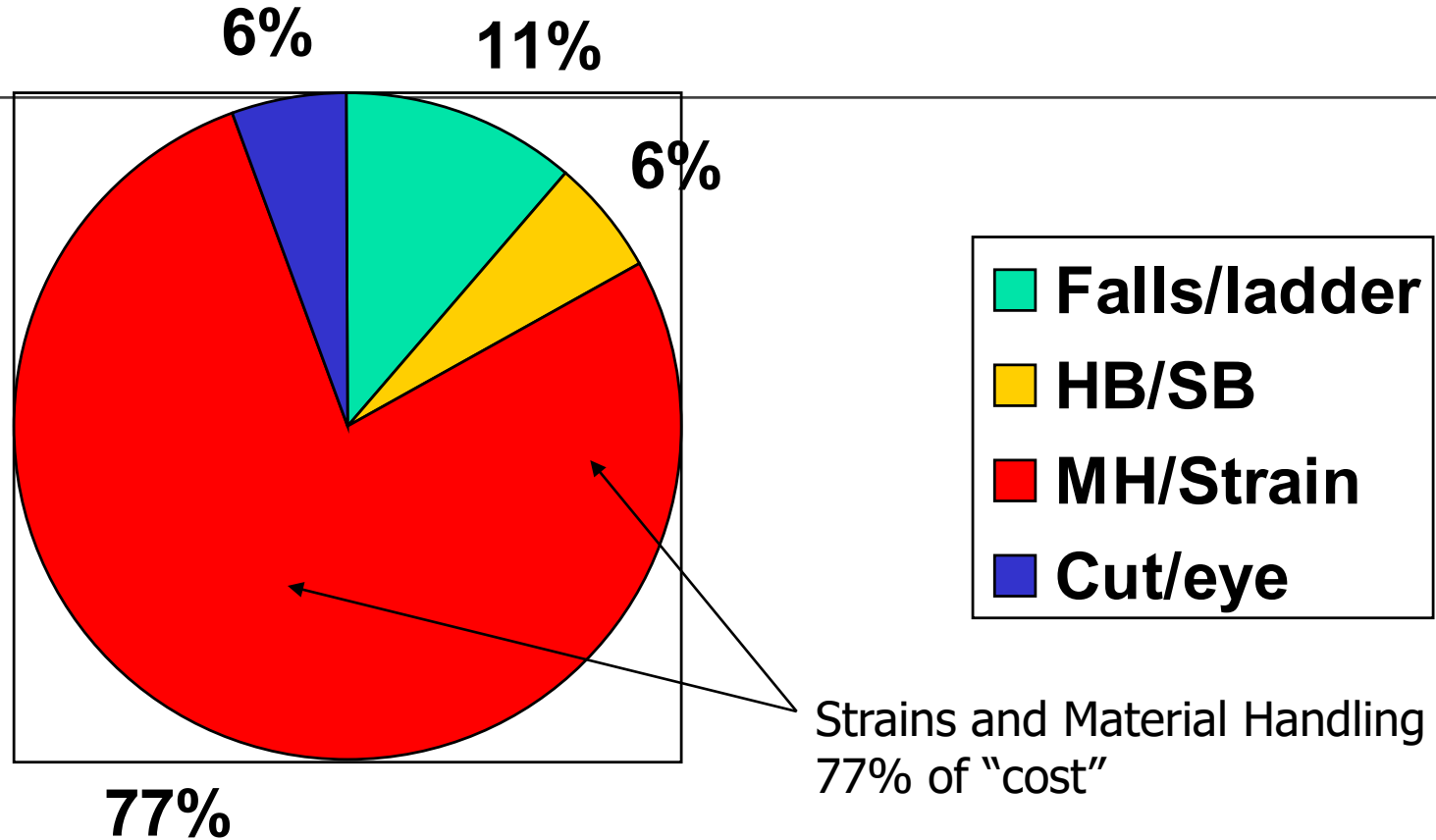


# Workers Compensation (Frequency) 2016-PRESENT



Concentrate on what we **CAN CONTROL**

# Workers Compensation (Cost) 2016-PRESENT




# Coverage of the Act

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- Extends to all employers / employees in all 50 states, District of Columbia, Puerto Rico and other territories
- Applies to every employer with 1 or more employees (state, and local government employees excluded)
- *Note: Some state plan jurisdictions*

# Citations and Penalties & How they are Issued



**OSHA INSTRUCTION**

U.S. DEPARTMENT OF LABOR      Occupational Safety and Health Administration

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**DIRECTIVE NUMBER:** CPL 02-00-135      **EFFECTIVE DATE:** December 30, 2004

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**SUBJECT:** Recordkeeping Policies and Procedures Manual

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**ABSTRACT**

**Purpose:** This Instruction transmits enforcement information and provides changes and additions to CPL 02-00-131/CPL 2-0.131 of January 1, 2002, Chapter 1; Paragraph V; Federal Program Changes and Chapter 5, Frequently Asked Questions on OSHA's recordkeeping regulations.

**Scope:** OSHA-wide

– OSHA follows Recordkeeping Policies & Procedures Manual (CPL 02-00-135 dated 12/30/04)

- \* Currently being revised!

# Key Changes in Penalty Increases

	January 2017	January 2024
“OTS” Violations	\$13,494	\$16,131
“S” Violations	\$13,494	\$16,131
“W” Violations	\$134,937	\$161,323
“R” Violations	\$134,937	\$161,323

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# Recordkeeping Exemptions

- Size (by employer): 10 or fewer employees (including temporary) at all times during previous year

[Recordkeeping - Industries Covered by Recordkeeping Rule | Occupational Safety and Health Administration \(osha.gov\)](#)

## Industries Covered by Recordkeeping Rule

Establishments classified in the following North American Industry Classification System (NAICS) are required to keep OSHA injury and illness records unless they meet the small employer exemption under [1904.1](#). Note that the NAICS codes listed below are 2007 NAICS codes. For information on corresponding 2012 and 2017 codes, please visit <https://www.census.gov/eos/www/naics/> Also note that the codes below are presented at the Industry Group (or 4-digit) NAICS level. All industries within a listed industry group are covered industries. For example, NAICS 111113 Dry Pea and Bean Farming is part of Industry Group 1111 Oilseed and Grain Farming and is a covered industry.

[Recordkeeping - Non-Mandatory Appendix A to Subpart B -- Partially Exempt Industries | Occupational Safety and Health Administration \(osha.gov\)](#)

## Non-Mandatory Appendix A to Subpart B -- Partially Exempt Industries

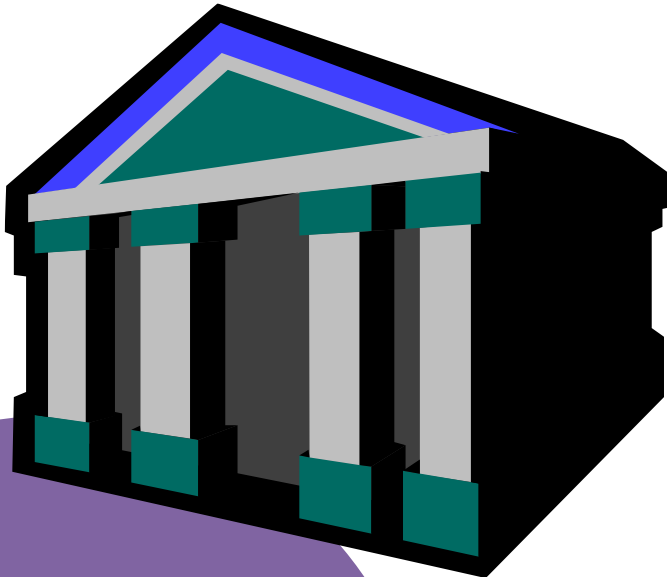
Employers are not required to keep OSHA injury and illness records for any establishment classified in the following [North American Industry Classification System \(NAICS\)](#), unless they are asked in writing to do so by OSHA, the Bureau of Labor Statistics (BLS), or a state agency operating under the authority of OSHA or the BLS. All employers, including those partially exempted by reason of company size or industry classification, must report to OSHA any workplace incident that results in a fatality, in-patient hospitalization, amputation, or loss of an eye (see § [1904.39](#)). The list of partially exempt industries is based on the 2007 NAICS codes. If an industry listed on the “Non-Mandatory Appendix A to Sub part B – Partially Exempt Industries” no longer exists in the 2017 and 2022 NAICS coding system, this would not change your partially exempt status. {See FAQ [2-3](#) and [2-4](#)}. For a list of industries that are covered by this recordkeeping rule, [click here](#).





## 1904.40 – Providing Records to Government Representatives

- Must provide copies of the records within 4 business hours
- Use the business hours of the establishment where the records are located





# Updates to OSHA's Recordkeeping and Reporting Rule

*Effective January 1, 2015 employers must report the following to OSHA with 24 Hours.*



## How does OSHA define “Amputation”?

An amputation is the traumatic loss of a limb or other external body part.

Amputations include a part, such as a limb or appendage, that has been severed, cut off, amputated (either completely or partially); fingertip amputations *with or without bone loss*; medical amputations resulting from irreparable damage; amputations of body parts that have since been reattached.

# Amputations “Do Not” Include

## **Avulsion Type Injuries:**

Refers to a surface trauma where all layers of the skin have been torn away.

## **Enucleation:**

Is the removal of the eye that leaves the eye muscles and remaining orbital contents intact.

## **A degloving:**

Is a type of avulsion in which an extensive section of skin is completely torn off the underlying tissue

**Scalping:** Removing the scalp, or a portion of the scalp,

**Severed ears:**

**Broken or chipped teeth:**

## How does OSHA define “in-patient hospitalization”?

- OSHA defines in-patient hospitalization as a formal admission to the in-patient service of a hospital or clinic for care or treatment.

**Treatment in an Emergency Room only is not reportable.**



# **Zero Accident Culture**

- *All accidents are predictable, preventable, therefore unacceptable*





*Supervisors and managers must be trained to recognize high-risk situations, so they can ensure that workers are not placed in assignments that compromise their safety.*





# 1904.35 – Employee Involvement

- You must inform each employee of how to report an injury or illness
  - Must set up a way for employees to report work-related injuries and illnesses promptly; and
  - Must tell each employee how to report work-related injuries and illnesses to you

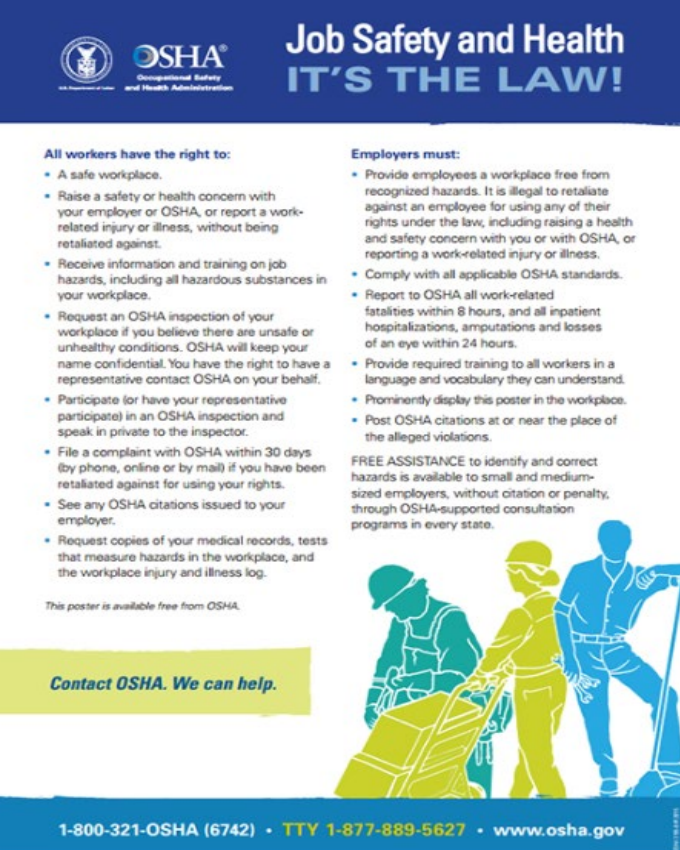


# Employee Rights and Involvement

**Modifications to 1904.35 make it a violation for an employer to discourage employee reporting of injuries and illnesses**

Employers **must** inform employees of their right to report work-related injuries and illnesses free from retaliation.

Raise a safety or health concern with your employer or OSHA, or report a work-related injury or illness, without being retaliated against.



The poster features the OSHA logo and the slogan 'Job Safety and Health IT'S THE LAW!' at the top. It is divided into two columns: 'All workers have the right to:' and 'Employers must:'. The 'All workers have the right to:' column lists 10 rights, including a safe workplace, the right to raise concerns without retaliation, the right to receive training, request OSHA inspections, participate in inspections, file complaints, see citations, and request medical records. The 'Employers must:' column lists 5 requirements, including providing a safe workplace, not retaliating, complying with standards, reporting fatalities, and providing training. A green box at the bottom left says 'Contact OSHA. We can help.' and the bottom of the poster contains contact information: '1-800-321-OSHA (6742) • TTY 1-877-889-5627 • www.osha.gov'. An illustration of three workers in safety gear is on the right side.

**OSHA**  
Occupational Safety and Health Administration

**Job Safety and Health  
IT'S THE LAW!**

**All workers have the right to:**

- A safe workplace.
- Raise a safety or health concern with your employer or OSHA, or report a work-related injury or illness, without being retaliated against.
- Receive information and training on job hazards, including all hazardous substances in your workplace.
- Request an OSHA inspection of your workplace if you believe there are unsafe or unhealthy conditions. OSHA will keep your name confidential. You have the right to have a representative contact OSHA on your behalf.
- Participate (or have your representative participate) in an OSHA inspection and speak in private to the inspector.
- File a complaint with OSHA within 30 days (by phone, online or by mail) if you have been retaliated against for using your rights.
- See any OSHA citations issued to your employer.
- Request copies of your medical records, tests that measure hazards in the workplace, and the workplace injury and illness log.

**Employers must:**

- Provide employees a workplace free from recognized hazards. It is illegal to retaliate against an employee for using any of their rights under the law, including raising a health and safety concern with you or with OSHA, or reporting a work-related injury or illness.
- Comply with all applicable OSHA standards.
- Report to OSHA all work-related fatalities within 8 hours, and all inpatient hospitalizations, amputations and losses of an eye within 24 hours.
- Provide required training to all workers in a language and vocabulary they can understand.
- Prominently display this poster in the workplace.
- Post OSHA citations at or near the place of the alleged violations.

FREE ASSISTANCE to identify and correct hazards is available to small and medium-sized employers, without citation or penalty, through OSHA-supported consultation programs in every state.

*This poster is available free from OSHA.*

**Contact OSHA. We can help.**

1-800-321-OSHA (6742) • TTY 1-877-889-5627 • [www.osha.gov](http://www.osha.gov)

## 1904.35 – Employee Involvement

- Must provide limited access to injury and illness records to employees, former employees and their personal and authorized representatives
  - Provide copy of OSHA Form 300 by end of next business day
  - Provide copy of OSHA Form 301 to employee, former employee or *personal* representative by end of next business day
  - Provide copies of OSHA Form 301 to *authorized* representative within 7 calendar days. Provide only “Information about the case” section of form





# An employer's procedure for reporting work-related injuries and illnesses must be reasonable

A procedure is not reasonable if it would:

Deter or discourage an employee from accurately reporting a workplace injury or illness



# Target Numbers









# INCENTIVE & Disincentive PROGRAMS

- Incentives that promote injury and illness reporting and worker involvement.
  - reward workers from reporting injuries, illnesses, near-misses, attending safety training, reporting hazards, working safety.
- Disincentives that discourage injury and illness reporting and worker involvement.

October 11, 2018

**MEMORANDUM FOR:** REGIONAL ADMINISTRATORS  
STATE DESIGNEES

**THROUGH:** AMANDA EDENS  
Director  
Technical Support and Emergency Management

FRANCIS YEBESI  
Acting Director  
Whistleblower Protection Programs

**FROM:** KIM STILLE  
Acting Director  
Enforcement Programs

**SUBJECT:** Clarification of OSHA's Position on Workplace Safety Incentive Programs and Post-Incident Drug Testing Under 29 C.F.R. § 1904.35(b)(1)(iv)

On May 12, 2016, OSHA published a final rule that, among other things, amended 29 C.F.R. § 1904.35 to add a provision prohibiting employers from retaliating against employees for reporting work-related injuries or illnesses. *See* 29 C.F.R. § 1904.35(b)(1)(iv). In the preamble to the final rule and post-promulgation interpretive documents, OSHA discussed how the final rule could apply to action taken under workplace safety incentive programs and post-incident drug testing policies.

**The purpose of this memorandum is to clarify the Department's position that 29 C.F.R. § 1904.35(b)(1)(iv) does not prohibit workplace safety incentive programs or post-incident drug testing.** The Department believes that many employers who implement safety incentive programs and/or conduct post-incident drug testing do so to promote workplace safety and health. In addition, evidence that the employer consistently enforces legitimate work rules (whether or not an injury or illness is reported) would demonstrate that the employer is serious about creating a culture of safety, not just the appearance of reducing rates. Action taken under a safety incentive program or post-incident drug testing policy would only violate 29 C.F.R. § 1904.35(b)(1)(iv) if the employer took the action to penalize an employee for reporting a work-related injury or illness rather than for the legitimate purpose of promoting workplace safety and health.

[Clarification of OSHA's Position on Workplace Safety Incentive Programs and Post-Incident Drug Testing Under 29 C.F.R. §1904.35\(b\)\(1\)\(iv\) | Occupational Safety and Health Administration](#)

# INCENTIVE PROGRAMS

## Incentives that promote injury and illness reporting and worker involvement

- Reporting injuries
- Near-misses
- Attending safety training
- Reporting hazards
- Working safety







# DISINCENTIVE PROGRAMS

**Disincentives that discourage injury and illness reporting and worker involvement.**

**Nothing learned, nothing reported, hazards not corrected**

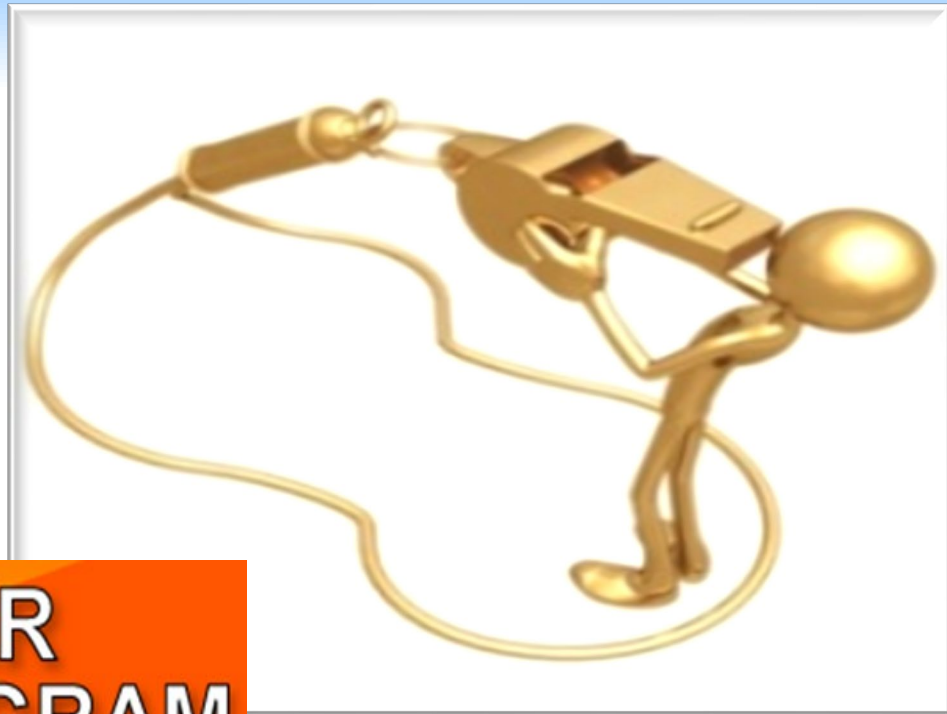




# An employer may not retaliate against employees for reporting work-related injuries or illnesses.

OSHA will be able to cite an employer for retaliation even if the employee does not file a complaint under 11(c) of the act.

Or if the employer has a program that deters or discourages reporting through the threat of retaliation.



**THE WHISTLEBLOWER  
PROTECTION PROGRAM**



# The rule does not ban drug testing of employees

It only bans employers from using drug testing, or the threat of drug testing, as a form of retaliation against employees who report injuries or illnesses.

In addition, employers cannot create drug testing policies or practices that deter or discourage an employee from reporting an injury or illness.





# Cumulative Injuries

- Procedures that do not allow a reasonable amount of time for an employee to realize that they have suffered a work-related injury or illness.
- The employer reporting procedure must account for work-related injuries and illnesses that build up over time, have latency periods, or do not initially appear serious enough to be reportable.

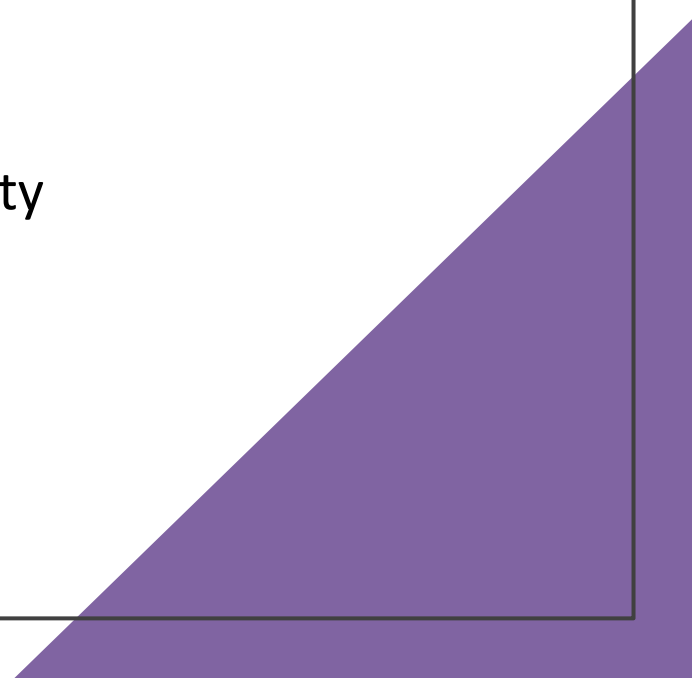


# Ergonomics

- Compliance Officer(s) will examine OSHA logs and will look for trends related to musculoskeletal illnesses.
- Possible 5(a)(1) Citation or Letters.

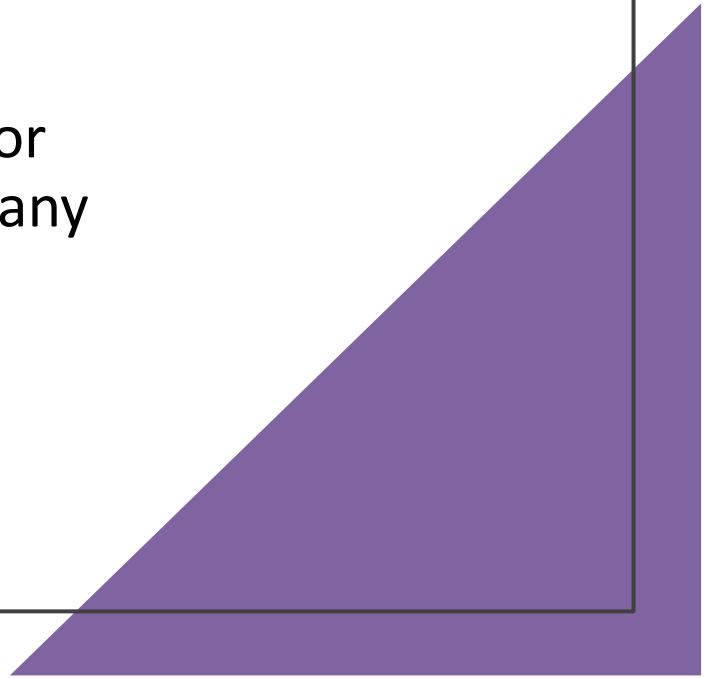


# OSHA Recordkeeping Purpose

- To require employers to record and report work-related fatalities, injuries and illnesses
  - Recording or reporting a work-related injury, illness, or fatality does NOT mean the employer or employee was at fault.
  - It does not mean the employee is eligible for workers' compensation or other benefits.
- 

# Different from Workers' Compensation

- Utilizes different recording criteria
- Recordkeeping applies across all state and the criteria for workers compensation varies from state to state and many utilize different forms.
- NH= 301 vs First Report



# Common Recordkeeping Mistakes



1904.29(b)(1)- A one or two line description for each recordable injury or illness on the 300 log.

1904.32(a)(1)- Verify that the entries are complete and accurate, and correct any deficiencies identified;

1904.32(a)(2)- Create an annual summary of injuries and illnesses recorded on the OSHA 300 Log;

1904.32(b)(3)- A company executive must certify the annual summary.

1904.32(b)(6)- The summary must be posted no later than February 1 of the year following the year covered by the records and keep the posting in place until April 30.



# Covered Employees

- Include all employees including salaried, executive, part-time, migrant and seasonal workers
- Includes temporary workers (from other employers or agencies) if locally supervised on a day-to-day basis

Total Hours?



## 1904.30 – Multiple Business Establishments

Keep a separate OSHA Form 300 for each establishment that is expected to be in operation for more than a year

May keep one OSHA Form 300 for all short-term establishments

Each employee must be linked with one establishment

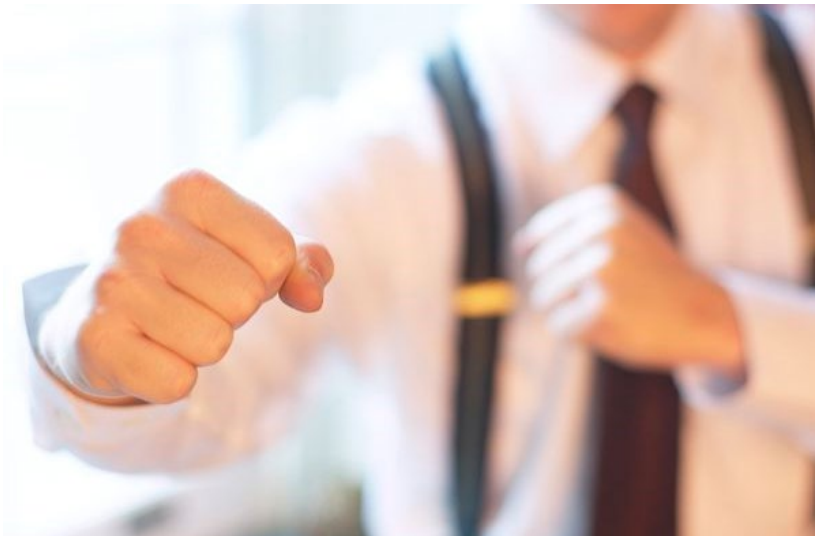
# 1904.31 – Covered Employees

Employees on payroll

Employees not on payroll who are supervised on a day-to-day basis

Exclude self-employed and partners

Temporary help agencies should not record the cases experienced by temp workers who are supervised by the using firm



## **Are cases of workplace violence considered work-related under OSHA's Recordkeeping rule?**

- The Recordkeeping rule contains no general exception (for purposes of determining work-relationship) for cases involving acts of violence in the work environment

# 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

OSHA's Form 300

### Log of Work-Related Injuries and Illnesses

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20   
U.S. Department of Labor  
Occupational Safety and Health Administration

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.B 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.

Form approved OMB no. 1218-0175

Establishment name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

Identify the person			Describe the case			Classify the case														
(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 burn on right forearm from acetylene torch)	Using these four categories, check ONLY the most serious result for each case:				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:								
						Death	Days away from work		Remained at work		On job transfer or restriction	Away from work	(M) Injury or illness type							
						(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(1)	(2)	(3)	(4)	(5)	(6)	(7)
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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 Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Page totals > \_\_\_\_\_  
Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Page \_\_\_ of \_\_\_  
(1) (2) (3) (4) (5) (6) (7)

# OSHA Form 300



# 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.



Form approved OMB no. 1218-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by \_\_\_\_\_  
Title \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Information about the employee

- 1) Full name \_\_\_\_\_
- 2) Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
- 3) Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_
- 4) Date hired \_\_\_\_/\_\_\_\_/\_\_\_\_
- 5)  Male  
 Female

### Information about the physician or other health care professional

- 6) Name of physician or other health care professional \_\_\_\_\_  
\_\_\_\_\_
- 7) If treatment was given away from the worksite, where was it given?  
Facility \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

- 8) Was employee treated in an emergency room?  
 Yes  
 No
- 9) Was employee hospitalized overnight as an in-patient?  
 Yes  
 No

### Information about the case

- 10) Case number from the Log \_\_\_\_\_ (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness \_\_\_\_/\_\_\_\_/\_\_\_\_
- 12) Time employee began work \_\_\_\_\_ AM / PM
- 13) Time of event \_\_\_\_\_ AM / PM  Check if time cannot be determined
- 14) What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
- 15) What happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
- 16) What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
- 17) What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.
- 18) If the employee died, when did death occur? Date of death \_\_\_\_/\_\_\_\_/\_\_\_\_

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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 aspect of this collection, including suggestions for reducing this burden, contact: U.S. Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Avenue, NYC, Washington, DC 20210. Do not send the completed forms to this office.

# OSHA Form 301

OSHA's Form 300A

## Summary of Work-Related Injuries and Illnesses

Year 20 \_\_\_\_



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

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0".

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

### Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
_____	_____	_____	_____
(G)	(H)	(I)	(J)

### Number of Days

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

### Injury and Illness Types

Total number of . . .  
(M)

(1) Injuries _____	(4) Respiratory conditions _____
(2) Musculoskeletal disorders _____	(5) Poisonings _____
(3) Skin disorders _____	(6) Hearing loss cases _____
	(7) 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 50 minutes per response, including time to review the instructions, search existing data sources, 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 aspect of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3620P, 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., SIC 3715) \_\_\_\_\_

### Employment Information

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

Annual average number of employees \_\_\_\_\_

Total hours worked by all employees last year \_\_\_\_\_

### Sign here

Knowingly falsifying this document may result in a fine.

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

Company executive \_\_\_\_\_ Title \_\_\_\_\_  
Date \_\_\_\_\_

# OSHA Form 300A

# Keep the Forms on File

- Form 300, 301, 300A must be maintained for 5 years.
- Form 300 Log must be updated for 5 years when changes have occurred in previously recorded injuries and illnesses. New Information must be updated.
- If required, electronically transmit 300A's, 301's to OSHA.
- Allow access to the records

(For a details on access provisions, see section [1904.35](#) and [1904.40](#).)



Who Signs the Summary?

# OSHA's Form 300A (Rev. 01/2004) Summary of Work-Related Injuries and Illnesses

Year 2013  
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 injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete. 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 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 (G)	2 (H)	1 (I)	3 (J)

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
70 (K)	75 (L)

Injury and Illness Types			
Total number of... (M)			
(1) Injury	6	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	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

Public reporting burden for this collection of information is estimated to average 38 minutes per response, including time to review the instruction, 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 aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave. NW, Washington, DC 20210. Do not send the completed forms to this office.

**Establishment information**

Your establishment name The Edwin L. Heim Company  
 Street 1918 Greenwood Street, PO Box 2247  
 City Harrisburg State Pennsylvania Zip 17104  
 Industry description (e.g., Manufacture of motor truck trailers)  
Electrical and Mechanical Contractor  
 Standard Industrial Classification (SIC), if known (e.g., SIC 3715)  
 OR North American Industrial Classification (NAICS), if known (e.g., 336212)  
2 3 6 2 1

**Employment information**

Annual average number of employees 350  
 Total hours worked by all employees last year 675,796

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.

[Signature] President  
 Title  
 717-650-0711 Phone

## OSHA's Form 300 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 record significant work-related injuries and illnesses that are diagnosed by a physician or recognized health care professional. You must also record work-related injuries or illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.7(b)(7) through 1904.7(d). For more information for a single case if you need it. 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.

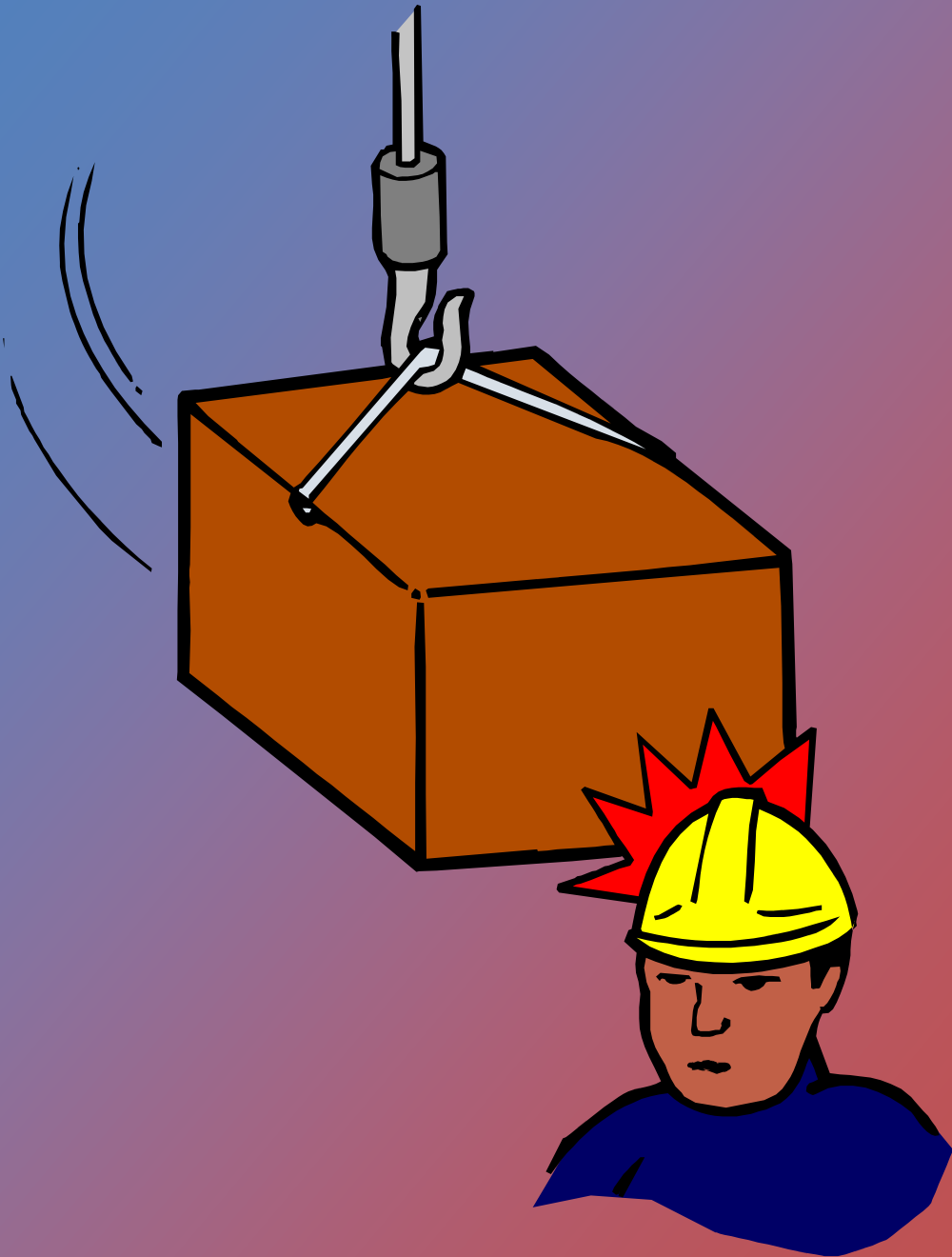
7 FEB 2001  
U.S. Department of Labor  
Occupational Safety and Health Administration  
Form approved OMB No. 1218-0176

Identify the person		Describe the case			Classify the case				Enter the number of days lost due to the injury or illness		Check the injury or illness category or categories								
(A) Case No.	(B) Employer's name	(C) Job title (e.g., Worker)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Cooking area, outside)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill. (e.g., Second degree burn on right forearm from acetylene torch)	Death	Days away from work	Restricted work activity or job transfer	Other recordable illness	Job transfer or restriction	Days lost due to injury or illness (I)	Days lost due to injury or illness (J)	(1) Injury	(2) Skin Disorder	(3) Respiratory Condition	(4) Poisoning	(5) Hearing Loss	(6) All Other Illnesses	
	Chamoz, George R.	Quality Assurance Mgr.	02/02/01	Factory QA	Laceration, R index finger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
003-2 001	Spudwills, Inc.	Machine Assembler	1/9/2001	Machine Shop	Certusien/Strain, Certusien to head, strain to left neck and shoulder.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
003-2 001	Spudwills, Inc.	Machine Assembler	1/9/2001	Machine Shop	Certusien/Strain, Certusien to head, strain to left neck and shoulder.	<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"/>	<input type="checkbox"/>
003-2 001	Rutherford, Inc.	Gum Unwrapping Mach Oper.	1/9/2001	Gum Recovery 1	Pain, bilateral thumbs and hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		days	days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
004-2 001	Pillpauskas, Inc.	Box Overlap Mach Oper.	01/17/2001	Inspecting/Packing 1	Strain and possible CTS, Right Shoulder, Arm, and Hand.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
004-2 001	Pillpauskas, Inc.	Box Overlap Mach Oper.	01/17/2001	Inspecting/Packing 1	Strain and possible CTS, Right Shoulder, Arm, and Hand.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
006-2 001	Coria, Francisco	Laboratory Technician	01/30/2001	Factory QA	Multiple strains, Rt. shoulder, elbow, wrist.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>
006-2 001	Coria, Francisco	Laboratory Technician	01/30/2001	Factory QA	Multiple strains, Rt. shoulder, elbow, wrist. Abrasion to leg.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>
007-2 001	Richmond, Inc.	Shooting Machine Oper.	01/30/2001	Shooting Sugarcane 1	Fracture, Tuft of left third finger	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
007-2 001	Richmond, Inc.	Shooting Machine Oper.	01/30/2001	Shooting Sugarcane 1	Fracture, Tuft of left third finger	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>
Page Totals						0	0	4	0	41			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Public reporting burden for this collection of information is estimated to average 16 minutes per response, including time to review the instructions, search and gather the data needed, 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 Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

# 1904.6 – New Case

- A case is new if:
  - The employee has not previously experienced a recordable injury or illness of the same type that affects the same part of the body; or
  - The employee previously experienced a recordable injury or illness of the same type that affects the same part of the body, but had recovered completely and an event or exposure in the work environment caused the signs and symptoms to reappear



Did the employee **experience an injury or illness?**

*YES*

Is the injury or illness **work-related?**

*YES*

Is the injury or illness **a new case?**

*YES*

Does the injury or illness **meet the general criteria or the application to specific cases?**

*YES*

**RECORD THE INJURY OR ILLNESS**



# 1904.6 – New Case

- If there is a medical opinion regarding resolution of a case, the employer must follow that opinion
- If an exposure triggers the recurrence, it is a new case (e.g., asthma, rashes)
- If signs and symptoms recur even in the absence of exposure, it is not a new case (e.g., silicosis, tuberculosis, asbestosis)

# 1904.5 – Work Environment

- The **work environment** is defined as the establishment and other locations where one or more employees are working or present as a condition of employment
- The work environment includes not only physical locations, but also the equipment or materials used by employees during the course of their work



# Work-Relatedness

- Cases are work-related if:
  - An event or exposure in the work environment either caused or contributed to the resulting condition
  - An event or exposure in the work environment *significantly* aggravated a pre-existing injury or illness



# Significant Aggravation

- Occurs when an event or exposure in the work environment causes the injury to result in greater consequence, including
  - Death
  - Loss of consciousness
  - Day or days away from work
  - Medical treatment or change in the course of medical treatment

# Work-related presumption

- For injuries and illnesses resulting from events for exposures, occurring in the work environment

# General Recording Criteria

- Requires records to include any work-related injury or illness resulting in one of the following:
  - Death
  - Days away from work
  - Restricted work or transfer to another job
  - Medical treatment beyond first aid
  - Loss of consciousness



# 1904.7(b)(6) – Loss of Consciousness

- All work-related cases involving loss of consciousness must be recorded



## **Additional Recording Criteria 1904.8 -1904.11**

1904.8 - Needlestick or sharps injury

1904.9 - Medical Removal under OSHA standards

1904.10 - Occupational Hearing Loss

1904.11 – Work-related Tuberculosis (TB)

# 1904.5 – Travel Status

- An injury or illness that occurs while an employee is on travel status is work-related if it occurred while the employee was engaged in work activities in the interest of the employer
- Home away from home
- Detour for personal reasons is not work-related



# General Recording Criteria

- Diagnosis of a significant injury/illness by a physician or other licensed health care professional.
  - (occupational cancer, chronic irreversible disease, silicosis, asbestosis, fractured or cracked bone, punctured eardrum, etc.)

# Maximum Medical Improvement (MMI)

- Where the employer does consult a PLHCP to determine whether an employee has recovered completely from a prior injury or illness, it must follow the PLHCP's recommendation.
- In the event the employer receives recommendations from two or more PLHCPs, the employer may decide which recommendation is the most authoritative and record the case based on that recommendation.

# 1904.7(b)(5) – Medical Treatment

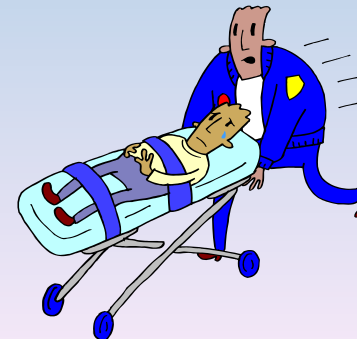
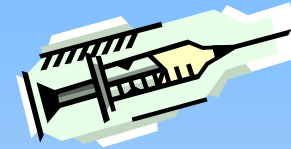
- Medical treatment is the management and care of a patient to combat disease or disorder.
- It does not include:
  - Visits to a Physician or LHCP solely for observation or counseling
  - Diagnostic procedures
  - First aid





# 1904.7(b)(5) – First Aid

- Using nonprescription medication at nonprescription strength
- Tetanus immunizations
- Cleaning, flushing, or soaking surface wounds
- Wound coverings, butterfly bandages, Steri-Strips
- Hot or cold therapy
- Non-rigid means of support
- Temporary immobilization device used to transport accident victims



# 1904.7(b)(5) – First Aid

- Drilling of fingernail or toenail, draining fluid from blister
- Eye patches
- Removing foreign bodies from eye using irrigation or cotton swab
- Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means
- Finger guards
- Massages
- Drinking fluids for relief of heat stress





# Rx PRESCRIPTION

NAME \_\_\_\_\_ AGE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

Up to 8 sessions of  
Neuromuscular therapy is  
“Ordered” for Myofascial  
Pain of forearms with a  
Licensed Massage  
Therapist (LMT)

*Dr. Smith, MD*

LABEL  
REFILL 0 1 2 4 5 PRN

Health

# General Recording Criteria

- An employee is unable to perform one or more routine functions of his/her job or unable to work a full day that he/she would otherwise be scheduled to work.
  - (An employee's routine functions are those work activities the employee regularly performs at least once per week)
- Do not count day injury/illness occurred
- Production rate not a factor

# 1904.7(b)(4) – Job Transfer

---

- Job transfer
  - An injured or ill employee is assigned to a job other than his or her regular job for part of the day
  - A case is recordable if the injured or ill employee performs his or her routine job duties for part of a day and is assigned to another job for the rest of the day



Dr. Summeroff

Dr. Férias de Verão

Dr. Veranolibre

## **Managed Care of Employees**

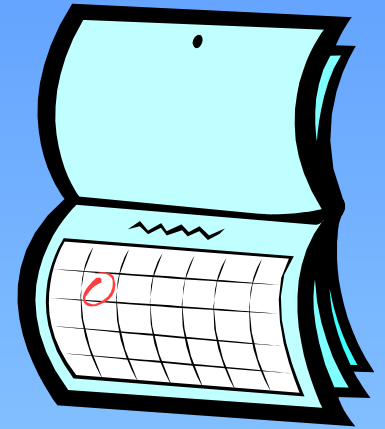
- Make sure the clinic understands your business.
- Work to get them job descriptions, etc.
- Return to work programs.

*Physician or Other Licensed Health Care Professional.* A physician or other licensed health care professional is an individual whose legally permitted scope of practice (i.e., license, registration, or certification) allows him or her to independently perform, or be delegated the responsibility to perform, the activities described by this regulation.



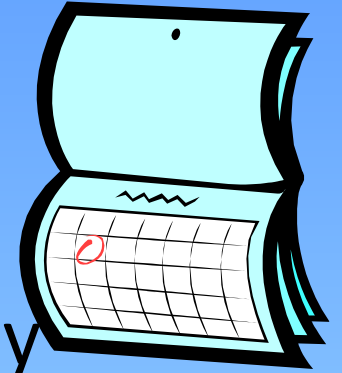


# Day Counts



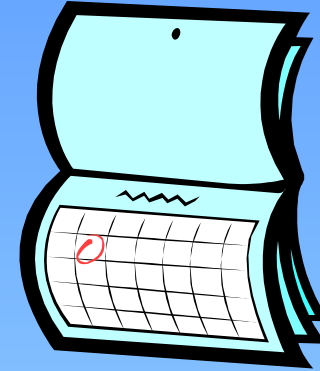
- Calendar days (i.e., includes weekends, vacations, etc.)
- Do not include the day of injury/illness

# Day Counts



- If injured on Friday but back to work on Monday  
– count only if information is received from LHCP indicating that the employee should be on restricted activity during the weekend.
- **Weekend's Matter for day count!**

# Day Counts



- Days capped at 180
- Stop counting if employees leaves company for reason unrelated to injury (retirement, plant closing, another job, etc)
- If employee is out beyond point at which you are preparing the annual summary, estimate the duration and later update.

# 1904.29 - Forms

- Employers must enter each recordable case on the forms within 7 calendar days of receiving information that a recordable case occurred.

# Maintaining Records

- Separate log for each establishment expected to be in operation more than 1 year
- Can keep short term establishment injuries in one log, by company divisions or geographical regions

# Maintaining Records

- Can keep records for all establishments at one location provided employer can record the information within 7 days and produce records back at the establishment within the required time frames.

1904.30





# Annual Summary

- Requires the annual summary to be posted for three months from February 1 through April 30.
- Requires certification of the summary by a company executive

The image displays three overlapping copies of OSHA Form 3024, titled "Summary of Work-Related Injuries and Illnesses". Each form is a standardized document used for reporting workplace safety incidents. The forms are arranged in a slightly offset, overlapping manner, showing different sections of the document. Key sections visible include: "Establishment Information" at the top right; "Number of Cases" and "Number of Days" tables in the middle left; and "Type and Illness Types" at the bottom left. The forms are white with black text and a small OSHA logo in the top right corner.

How can we audit a program



# Interviews

- Interviews will be conducted with the following:
  - Recordkeeper who maintains OSHA 300, 300A, 301, etc.
  - Management representatives
  - First Aid and Health care providers (may be off-site)
  - Employees

# Reviewing Records.

- Whenever possible, CSHOs should review the following types of records to determine if other incidents of workplace violence occurred and were undocumented in the OSHA log. As with the injury and illness records, CSHOs should identify the frequency and severity of the incidents.
- a. Workers' Compensation Records.
- b. Insurance Records.
- c. Police Reports.
- d. Security Reports.
- e. First-Aid Logs.
- f. Accident or Near-miss Logs.
- g. Hazard Assessments for Workplace Violence.
- h. Safety and Health Meeting Minutes.
- Disciplinary policy/records
- Payroll / absentee records

# First Aid Log

Associate Name	DOI	Facility	Shift	Team	Location	Job Title	Injury Classification	Body Part	Injury Description	OSHA recordable	Recordable (Why?)	Worker's Comp?
James	1/24/13	100 ER	2	T&C- Mech	ing lot (rear of build	Machine Op.	Strain/Sprain	R-Ankle	While attempting to enter vehicle, slipped on snow/ice and R-leg gave out and slid underneath him. Heard a 'pop' and felt extreme pain in R-ankle area. Ambulance was called and transported James to DHMC. Diagnosed with high ankle sprain, out of work until 1/28/13 (3 lost work days)	OSHA	3 lost days	Yes
Amber	1/24/13	21 GHR	2	T&C- Mech	Cell 33	Machine Op.	Contusion	L-Knee	Was getting a plug gage off a work bench, turned around and tripped over the shop fan and fell to the floor. Small bruise on L-knee, no medical treatment	Near miss	No	No
Dustin	1/23/13	100 ER	2	T&C- Mech	AB Mech Area	Machine Op.	No Injury	N/A	Was operating a motorized pallet jack that was loaded with boxes (unsecured). Went to turn a corner and a large box containing sheet metal tipped over and fell onto a desk. No injury or damage to parts or desk. (No injury, near miss). (PIV Incident)	Near miss	No	No
Kathryn	1/24/13	21 GHR	2	Mech- C&H	ation #3 Wire Grou	Assembly	Laceration	R-Index Finger	Was assembling part # 129781, using the Easy Stripper (crimping station #3). The safety guard needs to be lifted before inserting a wire, and the guard fell and hit R-index finger. Small cut, applied band aid (first aid only)	First Aid	No	No
									While assembling parts, noticed pain and a lump moving up and down R-index finger (near tendon). Leader proactively moved Bart out of assembly and has			

**Dermabond** is a cyanoacrylate tissue adhesive that forms a strong bond across apposed wound edges, allowing normal healing to occur below. It is marketed to replace sutures that are 5-0 or smaller in diameter for incisional or laceration repair. Mar 1, 2000



# INSURANCE LOSS RUN REPORT

RESERVE

PAID

Claim Number	Policy Number	Name	Stat	Accident Date	Claim Enter Date	TTD Days	RESERVE			PAID			Total Incurred	Body Part	Cause of Injury	Nature of Injury	
							IND	MED	EXP	IND	MED	EXP					
Policy Period: 07/01/2005 - 06/30/2006																	
2006024647	10031246		A	01/09/06	01/17/06	9	\$-	\$-	\$-	\$731	\$444	\$-	\$1,176	ANKLE INJURY -RIGHT	WORKING SURFACES, N STRAIN, SPRAIN (OT		
2006044139	10031246		D	06/09/06	06/27/06		\$-	\$-	\$-	\$-	\$89	\$-	\$89	EAR(S)	UNKNOWN	BURN	
2006049848	10031246		C	06/15/06	08/10/06		\$-	\$-	\$-	\$-	\$-	\$-	\$-	UNKNOWN	UNKNOWN	DISLOCATION	
<b>Total #</b>	<b>3</b>						\$-	\$-	\$-	<b>\$731</b>	<b>\$513</b>	<b>\$-</b>	<b>\$1,244</b>				
Policy Period: 07/01/2006 - 06/30/2007																	
2006049052	10031246		C	08/03/06	08/07/06		\$-	\$-	\$-	\$-	\$-	\$-	\$-	INSUFFICIENT INFO T(OTHER	MISCELLANEO	ALL OTHER SPECIFI	
2006051881	10031246		A	08/23/06	08/25/06		313197	\$-	\$-	84942	5000	\$-	403139	MULTIPLE BODY PART	FIRE OR FLAME	MULTIPLE PHYSICAL	
2006052426	10031246		D	08/23/06	08/30/06		\$-	\$-	\$-	\$-	556	\$-	556	BODY SYSTEMS AND	MOTOR VEHICLE, NOC	BURN	
2006055448	10031246		D	09/01/06	09/21/06		\$-	\$-	\$-	\$-	964	\$-	964	LOWER BACK AREA (L	LIFTING	STRAIN	
2006056069	10031246		D	08/28/06	09/26/06		\$-	\$-	\$-	\$-	228	0	228	MULTIPLE BODY PART	OTHER	MISCELLANEO	STRAIN
2006056077	10031246		D	09/12/06	09/26/06		\$-	\$-	\$-	\$-	1866	\$-	1866	CHEST	MACHINE OR MACHINER	CRUSHING	
2006056526	10031246		D	09/27/06	09/29/06		\$-	\$-	\$-	\$-	74	\$-	74	EYE(S)	FOREIGN MATTER (BOD'	FOREIGN BODY	
2006056771	10031246		A	09/06/06	10/02/06	99	\$-	\$-	\$-	16530	6424	5	22959	LOWER BACK AREA (L	STRAIN OR INJURY BY, I'	STRAIN	
2006057941	10031246		D	10/01/06	10/11/06		\$-	\$-	\$-	\$-	\$-	\$-	\$-	KNEE	POWERED HAND TOOL,	LACERATION	
2006058247	10031246		A	10/05/06	10/13/06		\$-	\$-	\$-	25000	6879	697	32576	MULTIPLE UPPER EXT	STRUCK OR INJURED, N	STRAIN	
2006059948	10031246		A	10/24/06	10/30/06	635	79389	38627	\$-	73755	73156	1743	266670	HIP	FALLING OR FLYING OB,	FRACTURE	
2006060249	10031246		A	10/11/06	11/01/06	97	\$-	\$-	\$-	5509	2168	\$-	7677	FINGER(S)	CAUGHT IN, UNDER OR	LACERATION	
2006060956	10031246		D	10/26/06	11/06/06		\$-	\$-	\$-	\$-	\$179	\$-	\$179	FINGER(S)	CAUGHT IN, UNDER OR	LACERATION	
2006066150	10031246		D	12/01/06	12/26/06		\$-	\$-	\$-	\$-	\$470	\$-	\$470	ANKLE	TWISTING	SPRAIN	
2007000813	10031246		D	09/25/06	01/09/07		\$-	\$-	\$-	\$-	\$286	\$-	\$286	ANKLE	ON SAME LEVEL	SPRAIN	
2007017069	10031246		C	05/29/07	06/05/07		\$-	\$-	\$-	\$-	\$-	\$-	\$-	LOWER LEG	FROM DIFFERENT LEVEI	CONTUSION	
<b>Total #</b>	<b>16</b>						<b>\$392,587</b>	<b>\$38,627</b>	<b>\$-</b>	<b>\$205,737</b>	<b>\$98,251</b>	<b>\$2,445</b>	<b>\$737,646</b>				

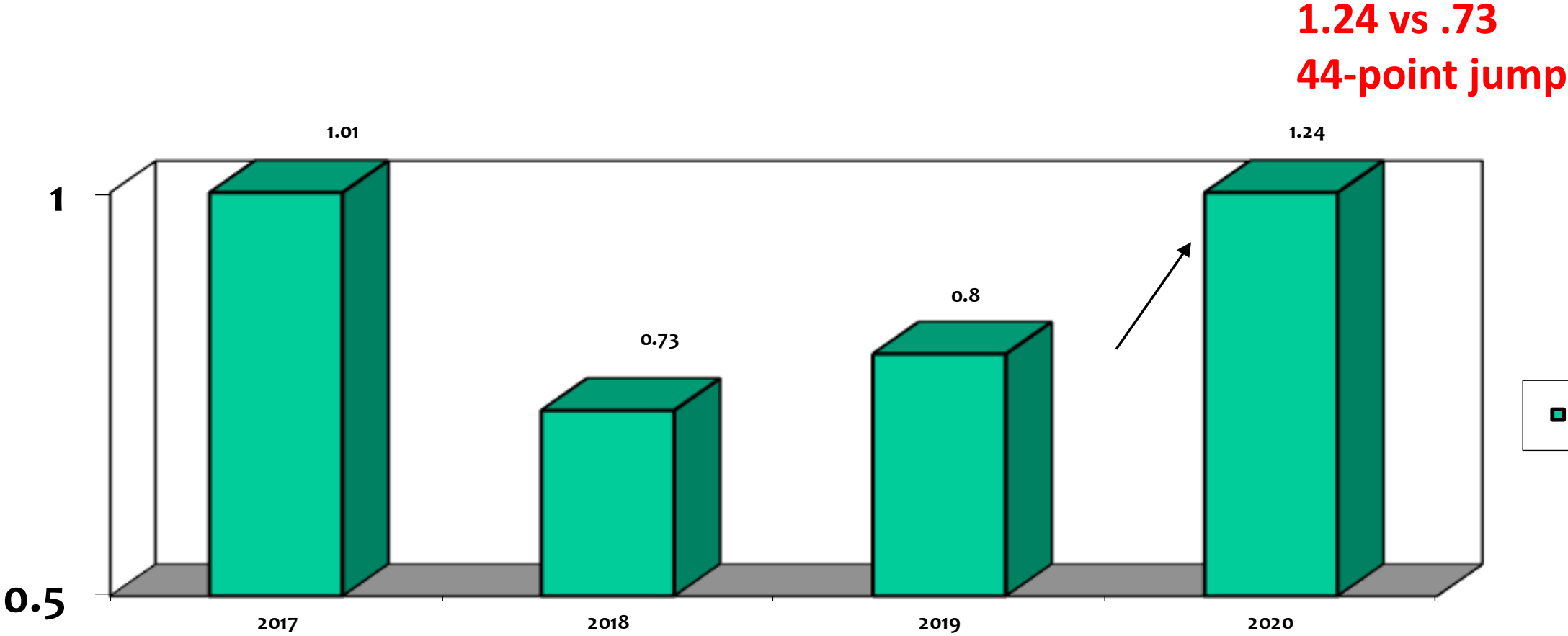
# **Worker's Compensation 101**



# **Experience Modification Factor** **(Impact of Losses):**

- **1.00 = Average for experience mod**
- **Average = “C”**
- **3 year rolling average**
- **Greater the losses = Higher Mod and Higher Premium**
  
- **What is your Experience Mod?**
- **1.24 = Worse than average. Why does it matter?**

# Example Experience Mod History



Why does it matter?

# Business Opportunity to Save \$\$

- Company “A”

- Manual Premium= \$100,000

X .25 Credit

\$75,000

X .73 (mod)

**\$54,750**

- Company “B”

- Manual Premium= \$100,000

X .25 Debit

\$125,000

x .1.24 (mod)

**\$155,000**

- It makes good business sense to be safe
- How does it affect your bids?
  - If you get over 1.00

# INDIRECT COST OF A WC INJURY

- Cost of claim example:

- Direct cost of injury \$25,000
- Indirect cost (est 4x amt) \$100,000
- Estimated profit margin 5%

- **Sales needed to recoup \$2,500,000**

(total cost/%profit margin)



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**QUESTIONS?**