

# ***OSHA Recording/Reporting of Occupational Injuries and Illnesses***

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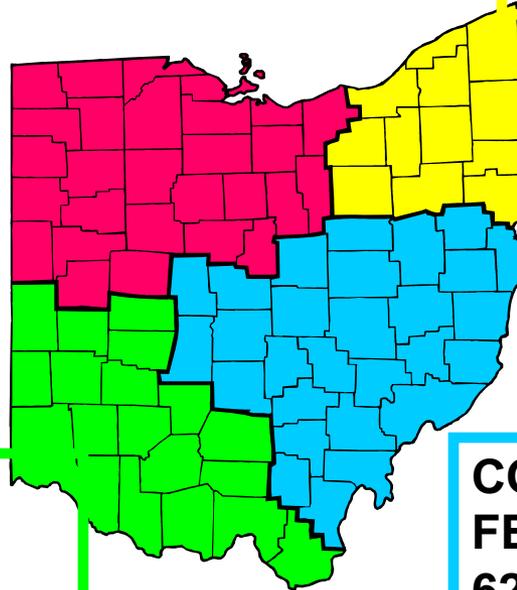
***Ohio BWC***

***Division of Safety & Hygiene***

# OSHA AREA OFFICES

**TOLEDO AREA OFFICE**  
420 Madison Avenue  
Toledo, Ohio 43604  
(419) 259-7542

**CLEVELAND AREA OFFICE**  
6393 Oak Tree Blvd, Suite 203  
Independence, Ohio 44131  
(216) 447-4194



**CINCINNATI AREA OFFICE**  
36 TRIANGLE PARK DRIVE  
CINCINNATI, OHIO 45246  
(513) 841-4132

**COLUMBUS AREA OFFICE**  
FEDERAL OFFICE BLDG. ROOM 620  
200 NORTH HIGH STREET  
COLUMBUS, OHIO 43215  
(614) 469-5582

# 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 8-24 hours based on 1904.39 reporting criteria.

# *OSHA/BWC*

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

They are separate systems

# ***OSHA Standard-1904***

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

***[www.osha.gov](http://www.osha.gov)***

# OSHA 1904

- *The industry that the employer is in (**NAICS as of 1/12015**)*
- *And how many corporate employees. The magic number is **11 or more**.*
- *Some employers are **partially exempt**.*

# *OSHA Publications*

- ✓ OSHA document **3745** lists the new reporting requirements as of 1/1/2015
- ✓ OSHA document **3746** lists the newly partially exempt list as well as the new industries required to keep injury/illness records.

# *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)*

# ***General Recording Criteria***

## ***1904.7***

- ***Work related Death***
- ***Work related loss of consciousness***
- ***Days away from work***
- ***Job restrictions/job transfer***
- ***Medical treatment beyond first aid***
- ***If a work related event results in any of the above it is a recordable event!!!***

# ***General Reporting Criteria***

## ***1904.39***

- ✓ ***Report a fatality **within 8 Hours** to the OSHA office or the toll free number***
- ✓ ***Report the in-patient hospitalization of one or more employees as a result of a work-related incident **within 24 hours*****
- ✓ ***1-800-OSHA (1-800-321-6742) **or online*****

# ***Reporting Criteria Effective 1/1/2015***

- ✓ ***All work-related inpatient hospitalizations of one or more employees (except for diagnostics)***
- ✓ ***All work-related amputations***
- ✓ ***All work-related losses of an eye***
- ✓ ***Employers must report the incident within 24 hours of learning about it.***

# *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?*

# OSHA PENALTIES

- Willful, Repeat \$ 70,000
- Serious \$ 7,000
- Failure to Abate \$210,000
- **Failure to Report Fatality \$ 5,000**
- Failure to Post Citation \$ 3,000
- Failure to Post OSHA Poster \$ 1,000
- **OSHA Recordkeeping Log \$ 1,000**
- **Failure to Post 300A Summary \$ 1,000**

## **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 3

**Bob Miller, a Maintenance worker, parked his car and was walking into work on Friday, April 2<sup>nd</sup>. 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 5<sup>th</sup>. He was placed on restricted duty until May 7<sup>th</sup>, when the cast was to be removed.**

**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 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.

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 <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>	Remained at Work				Away from work (K)	On job transfer or restriction (L)	(M) Injury	Skinner disorder (1)	Respiratory condition (2)	Poisoning (3)	Hearing loss (4)	All other illnesses (5)
						Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
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Year 20\_\_

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

Form approved OMB no. 1218-0176

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

# Summary of Work-Related Injuries and Illnesses

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

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

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

## 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 \_\_\_\_\_

## 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](http://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"/>



# 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 Technique**

# What does OSHA issue citations for concerning 1904?

- ✓ Not keeping a log during a year your employer was required.
- ✓ Listing employee names for privacy cases.
- ✓ Incomplete descriptions of events. (column F)
- ✓ No 300A posting.