

# OSHA INJURY AND ILLNESS RECORDKEEPING



# OSHA Recordkeeping

- Rules and forms in effect since January 1, 2002  
with two exceptions
  - Hearing loss and musculoskeletal disorders



# What is Recordable?

- Work-related injuries and illnesses:
  - Death
  - Days away from work
  - Restricted work or transfer to another job
  - Medical treatment beyond first aid
  - Loss of consciousness
  - Diagnosis of a significant injury/illness by a physician or other licensed health care professional
- Certain conditions, (colds, flu, blood donations) are not recorded

# Other Elements

- Count calendar days for days away or days restricted
- Record all injuries from needles and sharps contaminated by another person's blood or other potentially infectious material (BBP 1904.8)
- Record cases for any worker removed from work under the provisions of any specific OSHA standards

# 1904.4 – Recording Criteria

Covered employers must record each fatality, injury or illness that:

- Is work-related, and
- Is a new case, and
- Meets one or more of the criteria contained in sections 1904.7 through 1904.11

1904.7 – Job Transfer

1904.8 – Bloodborne Pathogens

1904.9 – Medical Removal

1904.10 -Hearing Loss Recordability

1904.11 - Tuberculosis

# Forms

- Forms
  - 300 Log
  - 301 Incident Report
  - 300A Summary
- Privacy protections for workers
  - Don't enter name for sensitive cases
  - Keep separate identity list

# FIVE STEP PROCESS

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.**

## WHAT IS an injury or illness?

An injury **OR** illness is an abnormal condition or disorder.

Injuries include cases such as, but not limited to  
a cut, fracture, sprain, or amputation.

Illnesses include both acute and chronic illnesses,  
such as, but not limited to  
a skin disease, respiratory disorder, or poisoning.

**Step 1:**

Did the employee experience an injury or illness?

**Scenario A:**

A worker reports to nurses station with complaint of painful wrists.

Employee given 2 Advil™ and returned to job.

**Stop Here OR Go On To The Next Step?**

**Scenario B:**

There is a chlorine gas leak at XYZ establishment and the two (2) employees in the area are rushed to the hospital. They are told to stay home the next day as a precautionary measure.

**Stop Here OR Go On To The Next Step?**

## Step 2: Determination of work-relatedness

Consider an injury or illness to be work-related if an identifiable event or exposure (i.e., discernable cause) in the work environment either caused or contributed to the resulting condition or significantly aggravated a pre-existing injury or illness.

Work-relatedness is presumed for injuries and illnesses resulting from events or exposures in the work environment unless an exception specifically applies.

**Step 2:**  
Is the injury or illness work-related?

**Scenario A:**

Employee gives blood at voluntary employer sponsored blood drive and passes out – losses consciousness.

**Stop Here OR Go On To The Next Step?**

**Scenario B:**

Employee slips and falls in hallway, breaking arm while working on daughter's science project on Saturday, employee's day off.

**Stop Here OR Go On To The Next Step?**

**Step 3:**  
Is the injury or illness a new case?

### **DETERMINATION OF A NEW CASE**

**Consider an injury or illness a “new case” if the employee has not previously experienced a recorded injury or illness of the same type that affects the same part of the body,**

**OR**

**the employee previously experienced a recorded injury or illness of the same type that affected the same part of body but had recovered completely (all signs and symptoms had disappeared) from the previous injury or illness and an event or exposure in the work environment caused the signs or symptoms to reappear.**

### **Step 3:**

Is the injury or illness a new case?

**Scenario A:** Five (5) weeks ago, employee sprained wrist at work and received support, prescription medication, and “light duty.” Two weeks ago employee was back on normal job. Today (5 weeks after the injury) employee complains of pain in same wrist after moving boxes.

**Stop Here OR Go On To The Next Step?**

**Scenario B:** Five (5) weeks ago employee sprained wrist at work and received support, prescription medication, and “light duty”. Two weeks ago employee was back on normal job. Today (5 weeks after the injury) employee complains of pain in same wrist after moving boxes. Employee continues to take prescription medications for pain throughout this period of time.

**Stop Here OR Go On To The Next Step?**

### **Step 4:**

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

### **General Recording Criteria**

You must consider an injury or illness to meet the general recording criteria, and therefore to be recordable, if it results in any of the following:

death

days away from work,

restricted work or

transfer to another job,

medical treatment beyond first aid,

if it involves a significant injury or illness diagnosed

by a physician or other licensed health care professional

or loss of consciousness.

## DAY COUNTS

Count the number of **calendar days** the employee was away from work or restricted/transferred (include weekend days, holidays, vacation days, etc.)

May **cap day count at 180 days** away from work and/or days of restricted/job transfer

May **stop** day count if employee leaves company for a reason **unrelated to the injury or illness**.

Must **estimate** day count when employee leaves company due to reasons **related to the injury and illness**.

## Restricted Work Activity (RWA)

Restriction/transfer limited to day of injury/illness onset not recordable-includes employee being sent home during shift.

Production of fewer goods or services not considered RWA

Vague restrictions from physician or PLHCP (e.g., “light duty” or “take it easy for a week”) are to be recorded as RWA if no further information is obtain.

A case is not recordable if the employee experiences minor musculoskeletal discomfort, a health care professional determines that the employee is fully able to perform all of his or her routine job functions, and the employer assigns a work restriction to that employee for the purpose of preventing a more serious condition from developing.

Once a case becomes recordable under section 1904.7 general recording criteria, the discomfort is no longer minor.

# Medical Treatment VS First Aid

Medical treatment **DOES NOT include:**

1. Visits to a physician or other licensed health care professional solely for observation or counseling only
2. Diagnostic procedures such as x-rays and blood tests, including administration of prescription medications used solely for diagnostic purposes (e.g., eye drops to dilate pupils)
3. First Aid

# Medical Treatment VS First Aid

First Aid list is comprehensive. Any other procedure is medical treatment.

- Using temporary immobilization devices while transporting an accident victim
- Drilling a nail
- Using eye patches
- Removing foreign bodies 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
- Using finger guards
- Using massages
- Drinking fluids for relief of heat stress

# Medical Treatment VS First Aid

- Using any non-rigid means of support, as elastic bandages, wraps, back belts, etc.
- 1 dose prescription med **is Medical Treatment**
- Over the Counter non-prescription med at non-prescription strength is First Aid

OTC med at prescription strength **is Medical Treatment**

Ibuprofen (such as Advil™)	-	Greater than 467 mg
Diphenhydramine (such as Benadryl™)	-	Greater than 50 mg
Naproxen Sodium (such as Aleve™)	-	Greater than 220 mg
Ketoprofen (such as Orudus KT™)	-	Greater than 25 mg

- Administering **tetanus** immunizations
- Cleaning, flushing or soaking wounds on the surface of the skin
- Using wound coverings such as Band-Aids; Butterfly bandage/Steri-Strip (the only kind of wound closures)
- Any number of hot-cold treatments

Significant diagnosed Injury or Illness that is automatically recordable if work related:

1. Fracture
2. Punctured ear drum
3. Cancer
4. Chronic irreversible disease (e.g., silicosis)

## Musculoskeletal Disorders

Record all work-related MSD cases that meet any of the general recording criteria.

Depending upon the nature of the event or exposure that causes the case you should record these cases as an injury or an “all other illness”

# 1904.29 - Forms

- OSHA Form 300, *Log of Work-Related Injuries and Illnesses*
- OSHA Form 300A, *Summary of Work-Related Injuries and Illnesses*
- OSHA Form 301, *Injury and Illness Incident Report*

# 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.

Form approved OMB no. 1218-0176

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

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

Identify the person		Describe the case				Classify the case				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:					
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	Remained at Work				Away from work	On job transfer or restriction	(M) Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses
						Death	Days away from work	Job transfer or restriction	Other recordable cases	(K) days	(L) days	(1)	(2)	(3)	(4)	(5)	(6)
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# OSHA's Form 301

## Injury and Illness Incident Report

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



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

Form approved 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

# Employee Involvement

- Set up system for reporting injuries and illnesses and inform employees
- Workers and their representatives have a right to review the 300 Log
- Workers, former workers and their representatives can get copies of Form 301 for their own injuries or illnesses

# 1904.29 - Forms

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

An equivalent form has the same information, is as readable and understandable, and uses the same instructions as the OSHA form it replaces

Forms can be kept on a computer as long as they can be produced when they are needed (i.e., meet the access provisions of 1904.35 and 1904.40)



# 1904.31 – Covered Employees

- Employees on payroll
- Employees not on payroll who are supervised on a day-to-day basis
- Temporary help agencies should not record the cases experienced by temp workers who are supervised by the using firm

# 1904.32 – Annual Summary



- Federal establishments certification
  - The senior establishment management official
  - The head of the Agency for which the senior establishment management official works, or
  - Any management official who is in the direct chain of command between the senior establishment management official and the head of the agency head
- Must post for 3-month period from February 1 to April 30 of the year following the year covered by the summary

# 1904.32 – Annual Summary

- Review OSHA Form 300 for completeness and accuracy, correct deficiencies
- Complete OSHA Form 300A
- Certify summary
- Post summary

# 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 50 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-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

### Establishment information

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

Street \_\_\_\_\_

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

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

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

# 1904.33 – Retention and Updating

- Retain forms for 5 years following the year that they cover
- Update the OSHA Form 300 during that period
- Need not update the OSHA Form 300A or OSHA Form 301

# For More Information

- For more information and the latest updates about the new recordkeeping rule, go to OSHA's website:

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





# QUESTIONS

