

29 CFR Part 1904

- Recording and reporting occupational injuries and illnesses using:

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



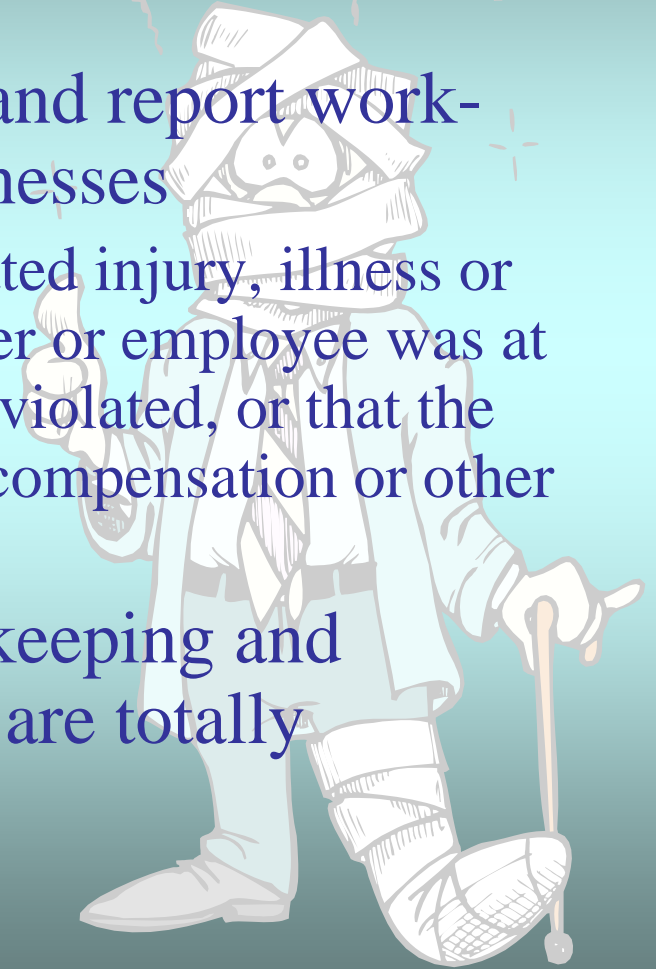
Oct. 1, 2011

Purpose – Subpart A

- 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, that an OSHA rule has been violated, or that the employee is eligible for workers' compensation or other benefits.

- OSHA injury and illness recordkeeping and workers' compensation systems are totally independent of each other



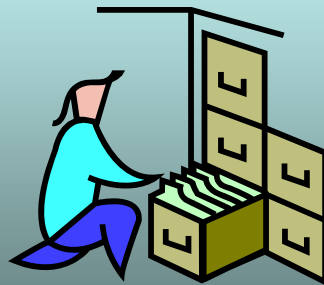
Coverage of the 1904 Rule

- Subpart B. Scope

- 1904.1 Small employers



- 1904.3 Keeping records for other federal agencies



1904.1 Partial exemption for smaller employers

- If the company had 10 or fewer employees at all times during the past calendar-year, do not keep records.



Include employment for the whole company

Include peak employment past calendar-year

Include temporary employees you supervise on a day-to-day basis

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 1904.12.

1904.5 – Work-relatedness

- A case is work-related if an event or exposure in the work environment:
 - either caused or contributed to the resulting condition;
 - significantly aggravated a pre-existing injury or illness; or
 - is presumed for injuries and illnesses resulting from exposures occurring in the work environment.



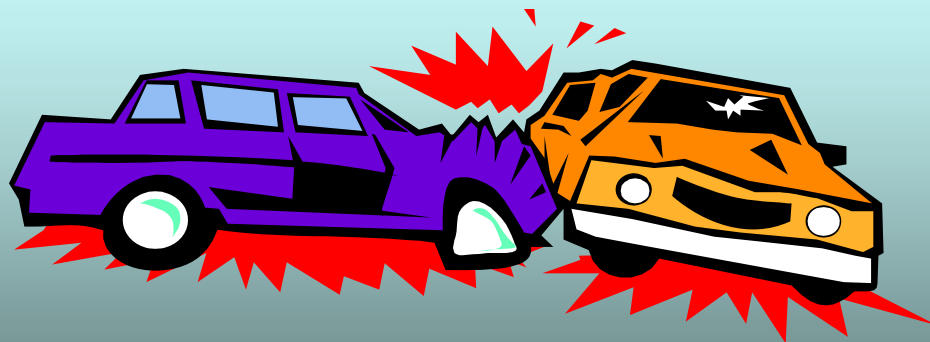
1904.5(b)(2) – Work-relatedness exceptions



- Present as a member of the general public
- Symptoms arising in work environment that are solely due to non-work-related event or exposure
- Voluntary participation in wellness program, medical, fitness or recreational activity
- Eating, drinking or preparing food or drink for personal consumption
- Personal tasks outside assigned working hours

1904.5(b)(2) – Work-relatedness exceptions

- Personal grooming, self-medication for non-work-related condition or intentionally self-inflicted
- Motor-vehicle accident in parking lot/access road during commute



1904.5(b)(2) – Work-relatedness exceptions



- Common cold or flu
- Mental illness, unless the employee voluntarily provides an opinion from a health care provider stating the employee has a mental illness that is work-related

1904.5(b)(4) – Significant aggravation

- A pre-existing injury or illness is *significantly aggravated* if an event or exposure in the workplace results in any of the following:
 - death;
 - loss of consciousness;
 - days away;
 - days restricted or job transfer; or
 - medical treatment.

1904.5(b)(6) – 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.
- An injury or illness is not recorded if:
 - the employee checks into a hotel, motel or other temporary residence for one or more days;
or
 - the employee takes a detour for personal reasons.



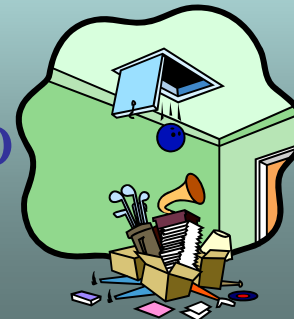
1904.5(b)(7) – Work at home

- **Injuries and illnesses that occur while an employee is working at home are work-related if:**
 - they occur while the employee is performing work for pay or compensation in the home; or
 - they are directly related to the performance of work rather than the general home environment.

Yes



No



1904.6 – New case



- **A case is new if:**
 - there was no previously recorded injury or illness of the same part of the body; or
 - symptoms of a previously recorded injury or illness of the same part of the body had disappeared and the work environment caused the symptoms to reappear.

1904.6 – New case

- Recurring symptoms of chronic illness in the absence of exposure are not new cases:
 - cancer, asbestosis, silicosis, etc.
- Each episode caused by a new event or exposure in the work environment is a new case:
 - occupational asthma, skin disorders.
- If there is a medical opinion regarding resolution of a case, the employer must follow that opinion.

1904.7 – General recording criteria

- An injury or illness is recordable if it results in one or more of the following:
 - death (all deaths);
 - days away from work;
 - restricted work activity;
 - medical treatment beyond first aid;
 - loss of consciousness; or
 - significant injury or illness diagnosed by a physician or other licensed health care professional.

1904.7 – Days-away cases

- **Check the days-away box and enter calendar-days away from work**
 - Do not include day of injury or illness.
 - Count the number of *calendar*-days the employee was unable to work (include weekend days, holidays, vacation days, etc.).
 - Cap the day count at 180 days.
 - If a medical opinion exists, the employer must follow that opinion.

1904.7 – Restricted work/job transfer

- **Restricted work activity occurs when:**
 - **an employee is kept from performing one or more routine functions of his or her job** (routine functions are work activities the employee regularly performs at least once a week);
 - **restrictions may be imposed by either the employer or a health care provider;**
 - **an employee is kept from working a full workday;**
or
 - **may stop day count if employee leaves company for a reason unrelated to the injury or illness.**

1904.7 – General recording criteria

- A case does not involve restricted work activity if it is limited to the day of the injury or illness.
 - Production of *fewer* goods or services is not considered restricted work activity.
 - Vague restrictions (e.g. take it easy for a week) from a licensed health care professional is considered restricted work activity if additional information is not available.

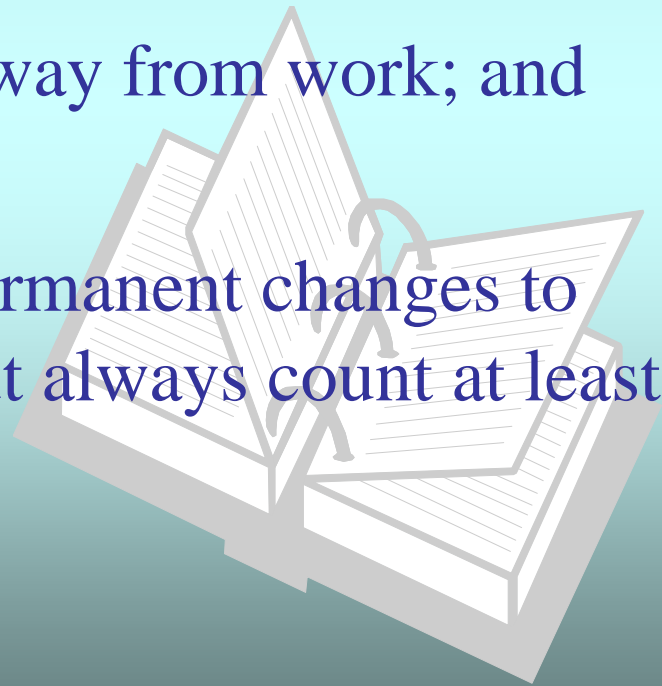
1904.7 - Job transfer



- Job transfer:
 - an injured or ill employee is assigned to a job other than his or her regular job for part of the day; or
 - 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.

1904.7 – Restricted work/job transfer

- Counting days of restriction/transfer:
 - count the same as days away from work; and
 - if the employer makes permanent changes to the job, stop counting, but always count at least one day.



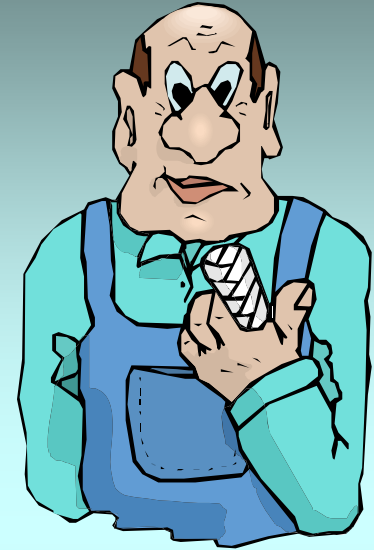
1904.7 General recording criteria

- Medical treatment is the management and care of a patient to combat disease or disorder. It does not include:
 - visits to licensed health care professionals solely for observation or counseling;
 - diagnostic procedures; or
 - first aid.



First aid

- Using nonprescription medication at nonprescription strength
- Tetanus immunizations
- Wound coverings, butterfly bandages, Steri-Strips
- Hot or cold therapy
- Non-rigid means of support
- Drilling of fingernail or toenail, draining fluid from blister



First aid

- Removing splinters or foreign material from areas other than the eye
- Massage (physical therapy, occupational therapy, chiropractic are medical treatment)
- Drinking fluids for heat stress



1904.7 – General recording criteria

- Significant diagnosed injuries and illnesses:
 - cancer;
 - chronic irreversible disease;
 - fractured or cracked bone; or
 - punctured eardrum.

1904.8 – Needlestick and sharps injuries



- Record all injuries from needlesticks and sharps that are *contaminated* with another person's blood or other potentially infected material.
- Record splashes or other exposures to blood or other potentially infectious material *if* it results in diagnosis of a bloodborne illness or meets the general recording criteria.

1904.9 – Medical removal cases

- If an employee is medically removed under the medical surveillance requirements of an OSHA standard, you must record the case on the OSHA Form 300 (e.g. lead, cadmium).
- The case is recorded as either one involving days away from work or days of restricted work activity.
- If the case involves voluntary removal below the removal levels required by the standard, the case need not be recorded.

1910.10 Hearing loss

- Record if:
 - work related;
 - there is a standard threshold shift (STS); and
 - the total hearing loss is 25 dB or more above audiometric zero averaged at 2000, 3000 and 4000 Hz.

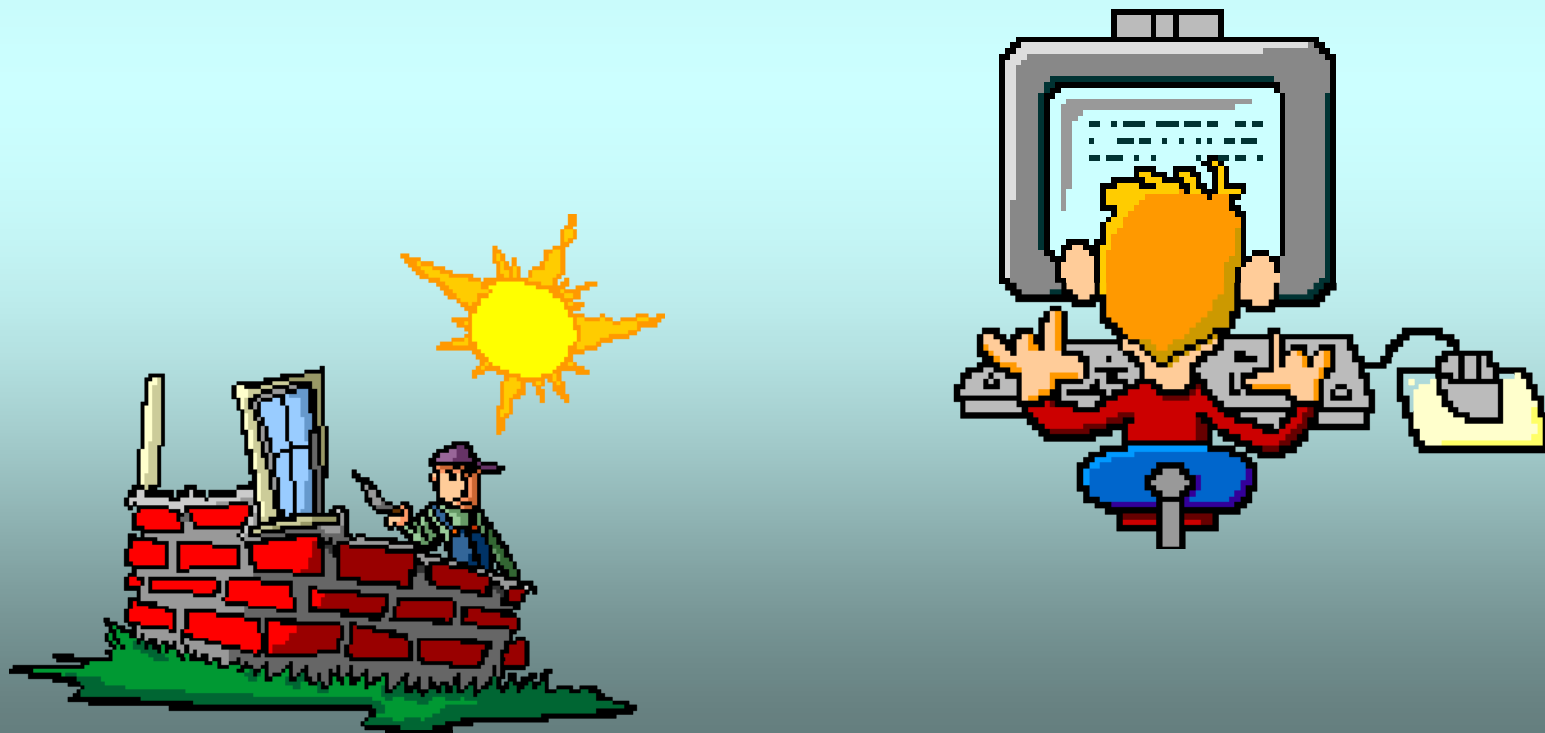


1904.11 – Tuberculosis

- Record a case where there is an occupational exposure to someone with a known case of active tuberculosis and that employee subsequently develops a tuberculosis infection.
- A case is not recordable when:
 - the worker is living in a household with a person who is diagnosed with active tuberculosis;
 - the public health department has identified the worker as a contact of an individual with active tuberculosis; or
 - a medical investigation shows the employee's infection was caused by exposure away from work.

1904.12 – Musculoskeletal disorders

- Employers record these cases just as they would record any other injury or illness.



OSHA Form 300

- **Forms can be kept on a computer or at another location as long as they can be produced when they are needed.**
- **Enter each recordable case on the OSHA Form 300 log within seven calendar-days (previously six working-days) of receiving information that a recordable case has occurred.**

OSHA Form 300

- **Do not enter the name of an employee on the OSHA Form 300 for “privacy concern cases.”**
- **Write “privacy case” in the name column.**
- **Keep a separate confidential list of the case numbers and employee names.**

OSHA Form 300 privacy cases

- Privacy concern cases:
 - an injury or illness to an intimate body part or reproductive system;
 - an injury or illness resulting from sexual assault;
 - mental illness;
 - HIV infection, hepatitis, tuberculosis;
 - needlestick and sharps injuries; and
 - illness cases where the employee voluntarily requests to keep name off.

OSHA Form 300 disclosure

- If you give the forms to people not authorized by the rule, you must remove the names first.
- Exceptions:
 - auditor/consultant;
 - workers' compensation or other insurance benefits consultant;
 - public health authority or law enforcement agency.

1904.30 Multiple business establishments

- Keep a separate OSHA Form 300 for each establishment that is expected to be in operation for a year or longer.
- May keep one OSHA Form 300 for all short-term establishments (exists for less than one year).
- Each employee must be linked with an establishment.

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 temporary workers who are supervised by the using firm.

OSHA Form 300

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

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



First approved OMB no. 1218-0125

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 1904.5 through 1904.12. Feel free to use two lines 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 are 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) Employer's name	(C) Job title (e.g., Helper)	(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., Several degree burns on right forearm from oxyacetylene torch)	Remained at Work				Away from work	On job transfer or restriction	(G)					
						Death	Days away from work	Job transfer or restriction	Other recordable cases	(1)	(2)	(1)	(2)	(3)	(4)	(5)	(6)
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Complete an OSHA Form 301 for each recordable case within seven days. (An equivalent form can be used if it has the same information, is as readable and understandable, and uses the same instructions as the OSHA form it replaces).

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 ____/____/____

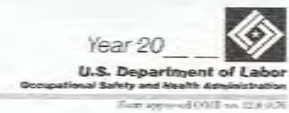
OSHA Form 300A annual summary

- Review OSHA Form 300 for completeness and accuracy, correct deficiencies
- Complete OSHA Form 300A
- Certify summary (300A) as accurate and complete
 - must be certified by a company executive, owner or the highest-ranking official
- Post summary Feb. 1 through April 30 annually

OSHA Form 300A

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 note 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 forms.

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including time for reviewing the instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this data collection, including suggestions for reducing the burden, to Washington, DC 20503. Do not send the collection of information to the collection of information system. It displays a previously valid OMB control number. If you have any comments about these estimates or any other aspect of this data collection, contact: U.S. Department of Labor, OSHA Office of Statistical Analysis, Room 3034, 200 Constitution Avenue, N.W., Washington, DC 20503. Do not send the collection of information to the collection of information system.

Establishment information

Your establishment name _____

Street _____

City _____ State _____ ZIP _____

Industry description (e.g., Manufacturer of water truck trailers) _____

Standard Industrial Classification (SIC), if known (e.g., 3717) _____

OR

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

Employment information (If you don't have these figures, use 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.

Signature _____ Title _____

Date _____

1904.33 Retention and updating

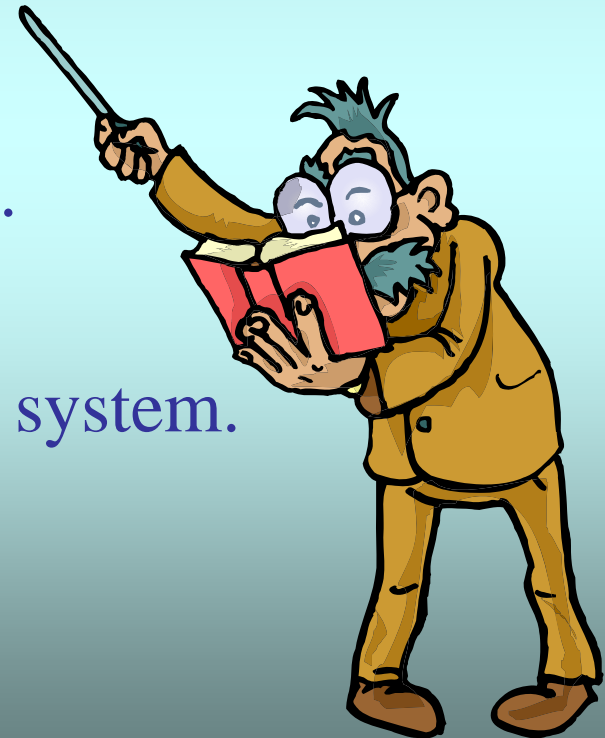
- Retain forms for five years following the year they cover.
- Update the OSHA Form 300 during that period.
- There's no need to update the OSHA Form 300A or OSHA Form 301.

1904.34 Change of ownership

- Each employer is responsible for recording and reporting only for the period of the year during which he or she owned the establishment.
- The former owner *must* transfer records to new owner.
- The new owner must retain records.

1904.35 – Employee involvement

- The employer must inform each employee of how to report an injury or illness.
 - Set up a system for reporting.
 - Inform each employee of the system.



1904.35 – Employee involvement

- The employer must provide limited access to injury and illness records to employees, former employees, and their personal and authorized representatives.
 - Provide a copy of the OSHA Form 300 by the end of the next business day.
 - Employer may not remove names from the OSHA Form 300.

1904.35 – Employee involvement

- **The employer must provide a copy of OSHA Form 301 to injured/ill employee, former employee or personal representative by the end of the next business day.**
- **The employer must provide copies of all OSHA Form 301s to authorized representative within seven calendar-days; provide only the right side of the form.**

1904.36 – Prohibition against discrimination

- Section 11(c) of the OSH Act
- The employer cannot discriminate against an employee for reporting a work-related fatality, injury or illness; filing a safety and health complaint; or asking for access to the records.

Reporting fatality, injury and illness information to the government

- Subpart E
 - 1904.39 Fatality and catastrophe reporting
 - 1904.40 Access for government representatives
 - 1904.41 OSHA annual survey
 - 1904.42 Bureau of Labor Statistics annual survey

1904.39 – Fatality/catastrophe reporting

- Report orally within eight hours any work-related fatality or incident involving three or more in-patient hospitalizations.
- Do not need to report highway or public street motor-vehicle accidents (outside of a construction work zone).
- Do not need to report commercial airplane, train, subway or bus accidents.
- Must report fatal heart attacks:
 - the area office will decide whether to investigate.

1904.40 – Providing records to government representatives

- The employer must provide copies of the records within four business hours.
- Use the business hours of the establishment where the records are located.