

## Recordkeeping 201: Part 3

### Job transfer and restricted work

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*Editor's note: This is the third installment of an occasional series of more advanced topics about recording occupational injuries and illnesses using the OSHA Form 300 and maintaining those records. The previous series about recordkeeping, covering basic information about filling in the OSHA log and creating an annual summary, is available at [www.doli.state.mn.us/recordkeeping.html](http://www.doli.state.mn.us/recordkeeping.html).*

Job transfer and work restriction are two related types of events and both are recorded using the same OSHA log columns. The OSHA log requires employers to enter information about **cases** with job transfer or restricted work in log column I and information about **days** with job transfer or restricted work in log column L. However, the OSHA recordkeeping packet provides very little information to help decide how and when to use these columns. The purpose of this article is to provide enough information for employers to be able to correctly identify job transfer or restricted work cases and to count days of job transfer or restricted work.

Classify the case					
CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:	
Death	Days away from work	Remained at work		Away from work (days)	On job transfer or restriction (days)
		Job transfer or restriction	Other recordable cases		
(G)	(H)	(I)	(J)	(K)	(L)
	X			3	
	X			2	32
		X			14
			X		

A case can only be considered a job transfer or restricted work case (log column I) if it did not involve death or any days away from work.

However, cases with days away from work might also have days with job transfer or restricted work. For these days-away-from-work cases, employers need to enter both the number of days away from work (log column K) and the number of days on job transfer or restricted work (log column L). A more complete treatment about entering data in the log columns, *Recordkeeping 101: Part 2, Classifying recorded injuries*, is online at the address above.

The important concept for coding job transfer and work restrictions is “routine functions.” For OSHA

recordkeeping purposes, an employee’s routine functions are those work activities the employee regularly performs at least once a week.

Job transfer, as the phrase implies, involves assigning an injured or ill employee to a job other than his or her regular job for all or part of the workday. Job transfers are often the result of work restrictions leading to a temporary change in an injured worker’s routine job functions. If the employer assigns, or a physician or other licensed health care professional recommends the employer assigns, an injured worker to work part of the day at his or her routine job functions and to another job for the rest of the day, the injury or illness involves a job transfer.

Job transfer is a temporary work situation. If the employer permanently assigns the injured or ill employee to a job that has been modified or permanently changed in a manner that eliminates the routine functions the employee is restricted from performing, the employer must stop the day count. All job transfer or work restriction cases must have at least one day counted in log column L.

**Recordkeeping 201: Part 3, continues ...**

Restricted work occurs when, as the result of a work-related injury or illness:

- the employer keeps the employee from performing one or more of the routine functions of his or her job;
- the employer keeps the employee from working the full workday that he or she would otherwise have been scheduled to work;
- a physician or other licensed health care professional recommends the employee not perform one or more of the routine functions of his or her job; or
- a physician or other licensed health care professional recommends the employee not work the full workday he or she would otherwise have been scheduled to work.

A partial day of work is recorded as a day of job transfer or restriction for recordkeeping purposes, except for the day on which the injury occurred or the illness began. However, it is not a work restriction if the injured or ill worker remains at his or her regular job but works at a slower pace or produces fewer goods or services than he or she would have produced prior to the injury or illness. Likewise, if a physician or other licensed health care professional tells the worker to “take it easy for the next few days,” but the worker is allowed to do all of his or her routine job functions and work all of his or her normally assigned work hours, then the case does not involve a work restriction and does not have to be recorded as such.

As a final note about recording cases, employers are not to record a case as a job transfer or restricted work case if the only day the job transfer or job restriction applies is the day of injury or onset of illness. Counting the number of days of job transfer or restricted work begins on the day after the day of injury or onset of illness. More information about counting days is available in *Recordkeeping 101: Part 3, The days of our cases* at [www.doli.state.mn.us/pdf/safetylin-sum05-rcd3.pdf](http://www.doli.state.mn.us/pdf/safetylin-sum05-rcd3.pdf).

## **Next installment: New case or a recurrence?**

### **MNOSHA employees welcomed back after Iraq deployment**



Department of Labor and Industry Commissioner Steve Sviggum welcomes Minnesota OSHA Investigators Deborah Fidely (left) and Stephanie Taylor back to the agency following their 22-month military deployments that included more than a year in Iraq with the 1st Brigade Combat Team.

Fidely, a chaplain's assistant, acted as the chaplain's bodyguard, among other duties. She traveled with the chaplain to radio relay points along main support route Tampa to provide ministry. Fidely also assisted during Civil Military Operations (CMO) distributions of school supplies and medical services in various communities.

Taylor, the preventive medicine noncommissioned officer for the brigade, worked to prevent illness, disease and noncombat-related injuries, focused chiefly on the soldiers who lived outside of the

main military bases. She also provided community health outreach at the Tallil Clinic and volunteered some time in the emergency room, intermedicate care ward and patient administration at the Tallil Hospital.

Both women say they value their experiences, are grateful to be home and appreciated all the e-mail, letters and packages sent.