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Recording and Reporting Occupational Injuries/Illnesses (1904)

- www.osha.gov/topics/recordkeeping
- *The industry that the employer is in (NAICS)*
- *And how many corporate employees. The magic number is **11** or more.*
- *Some employers are **partially exempt**.*

Topics

- For Employers
- Worker Rights
- Fall Prevention
- Hazard Communication
- Heat
- Personal Protective Equipment
- Suicide Prevention
- Trenching and Excavation
- Workers Memorial

By Sector

- Agriculture
- Construction
- Federal Agencies
- Healthcare
- Maritime
- Oil and Gas
- Warehousing

Key Topics

- Recordkeeping Requirements and Forms
- Safety and Health Programs
- Support After a Loss
- Whistleblower Protections



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!!!

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 Illnesses

- ***Skin diseases or disorders (dermatitis, rash)***
- ***Respiratory conditions (silicosis, asbestosis)***
- ***Poisoning (lead, mercury, cadmium, arsenic)***
- ***Hearing Loss***
- ***All other illnesses (heatstroke, sunstroke, heat exhaustion)***

General Recording Criteria

1904.7

- ***Work related Death***
- ***Work related loss of consciousness***
- ***Days away from work (not day of injury)***
- ***Job restrictions/job transfer***
- ***Medical treatment beyond first aid***

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 1 or more employees as a result of a work-related incident within 24 hours***
- ✓ ***1-800-321-OSHA (1-800-321-6742) /Online***

General Reporting Criteria 1904.39

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

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
avulsions, enucleations, degloving,
scalpings, severed ears, or broken or
chipped teeth.

Avulsion

surface trauma where **all layers** of the skin have been torn away, exposing the underlying structures. Similar to an abrasion **but more severe**, as body parts such as an eyelid or an ear can be partially or fully detached from the body.

Zero Recordable Events

- ***You must still keep an OSHA 300A summary for that calendar year and post by February 1-April 30!!!!***
- ***What helped you achieve these accident prevention results?***

300A Summary Form

- **1904.32 (a) (1)**

Review the OSHA 300 Log to verify that the entries are complete and accurate, and correct any deficiencies identified

- **Have company executive/highest ranking official sign it.**
- **Post by February 1 – April 30.**

What does OSHA Cite For?

- **1904.29 (a)** Not having logs/300A forms when required (\$893)
- **1904.32 (a) (1)** Not complete/accurate
- **1904.41** No Electronic Reporting
- **1904.39** Reporting amputation (\$5968)

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, EKG 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

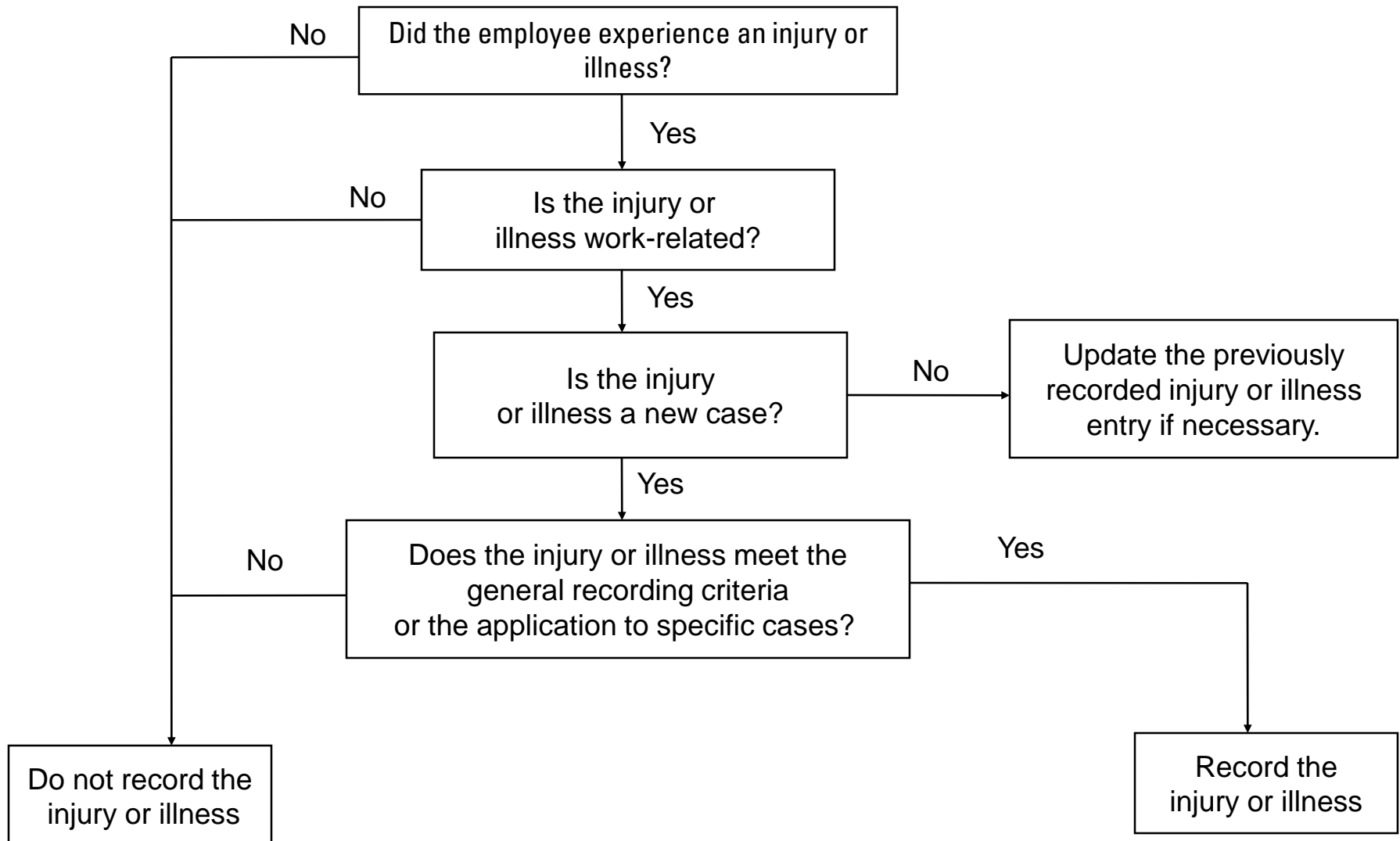
First-Aid Treatment

- **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**

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.

Chart 1. The decision tree for recording work-related injuries and illnesses.



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 07U.S. Department of Labor
Occupational Safety and Health Administration

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 OCOSHCity Pickerington State OH

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) Check the "Injury" column or choose one type of illness:					
						Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)	(K) days	(L) days	Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
07-1	B.J. Bobb	Painter	1/5 month/day	Paint Shop	Dermatitis both hand from exposure to paint thinner.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07-2	Ron Todd	Mechanic	2/3 month/day	Garage	Foreign bodies in eyes, air from impact wrench blew dirt in eyes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07-3	O.L. Mott	Press Operator	4/5 month/day	Stamping Department	Amputation of Left hand in point of operation of a power press.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	60	60	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07-4	R.J. McDuck	Warehouse Worker	4/8 month/day	Warehouse	Stepped on board with nails in it, cutting left foot, requiring 7 stitches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07-6	Don Dawn	Press Operator	7/8 month/day	Press Department	Cut right thumb on sheet metal, requiring 27 stitches.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Page totals						0	3	0	2	74	65	4	1	0	0	0	0

Page totals

Be sure to transfer these totals to the Summary page (Form 3004) before you post it.

Page 1 of 1

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 Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Injury
(1)

Skin disorder
(2)

Respiratory condition
(3)

Poisoning
(4)

Hearing loss
(5)

All other illnesses
(6)

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

Summary of Work-Related Injuries and IllnessesYear 20 07U.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
<u>0</u>	<u>3</u>	<u>0</u>	<u>2</u>
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>74</u>	<u>65</u>
(K)	(L)

Injury and Illness Types

Total number of . . . (M)			
(1) Injuries	<u>4</u>	(4) Poisonings	<u>0</u>
(2) Skin disorders	<u>1</u>	(5) Hearing loss	<u>0</u>
(3) Respiratory conditions	<u>0</u>	(6) All other illnesses	<u>0</u>

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-5644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name OCOSH

Street 13430 Yarmouth Drive

City Pickerington State OH ZIP 43147

Industry description (e.g., Manufacture of motor truck trailers)
Training Center

Standard Industrial Classification (SIC), if known (e.g., 3715)
1 2 3 4

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 40

Total hours worked by all employees last year 90,000

Sign here Moon Mullins

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.

Moon Mullins CEO/President

Company executive Title

614-562-5893 1/31/08

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 X 200,000 ÷ 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) X 200,000 ÷ 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 or by calling a BLS Regional Office.

Worksheet

Total number of injuries and illnesses		X 200,000	÷	Number of hours worked by all employees	=	Total recordable case rate
5				90,000	=	11.1

Number of entries in Column H + Column I		X 200,000	÷	Number of hours worked by all employees	=	DART incidence rate
3				90,000	=	6.7



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

Form approved OMB no. 1218-0176

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.

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 Tom Thumb
Title Safety Manager
Phone (614) 728-3008 Date 02/03/07

Information about the employee

- 1) Full name Ron Todd
2) Street 123 Cherry Street
City Alton State OH ZIP 43119
3) Date of birth 06/19/53
4) Date hired 05/01/73
5) ☒ Male
☐ Female

Information about the physician or other health care professional

- 6) Name of physician or other health care professional Dr. Jay Smith
7) If treatment was given away from the worksite, where was it given?
Facility Mount Carmel Hospital
Street 6900 East Broad Street
City Columbus State OH ZIP 43219
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 07-2 (Transfer the case number from the Log after you record the case.)
11) Date of injury or illness 02/03/07
12) Time employee began work 7:00 ~~midnight~~ PM
13) Time of event 8:30 ~~midnight~~ 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."
Removing brake drums with impact wrench.
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."
Air from the impact wrench blew dirt particles into the eyes.
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."
Foreign bodies embedded in both eyes.
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.
Dirt particles.
18) **If the employee died, when did death occur?** Date of death ____/____/____

(Electronic Submission through the Injury Tracking Application)

- Establishments with 100 or more employees in designated high-hazard industries (listed in Appendix B to Subpart E of 29 CFR Part 1904) must electronically submit to OSHA detailed information about each recordable injury and illness entered on their previous calendar year's OSHA Form 300 Log and Form 301 Incident Report (29 CFR 1904.41)
- The ITA will begin accepting 2023 injury and illness data on January 2, 2024.

1904.41

The final rule retains current requirements for information from **Form 300A** from [establishments](#) with **20-249 employees in certain high-hazard industries** and **establishments with 250 or more employees in industries that must routinely keep OSHA injury and illness records.**