



COTTINGHAM & BUTLER

RISK MANAGEMENT SAFETY WEBINAR

OSHA 300A, WORK COMP LOSS LEADER
PLAN FOR 2020



TODAY'S PRESENTER



SARAH OLSON

Safety Consultant

solson@smcsafety.com

POLL

Who keeps the OSHA log at my location?

- a) I do
- b) HR / Safety
- c) Someone does, but I don't know who
- d) What? We need to keep an OSHA log?

PURPOSE (OF THE RULE)

To require employers to record and report work-related fatalities, injuries and illnesses

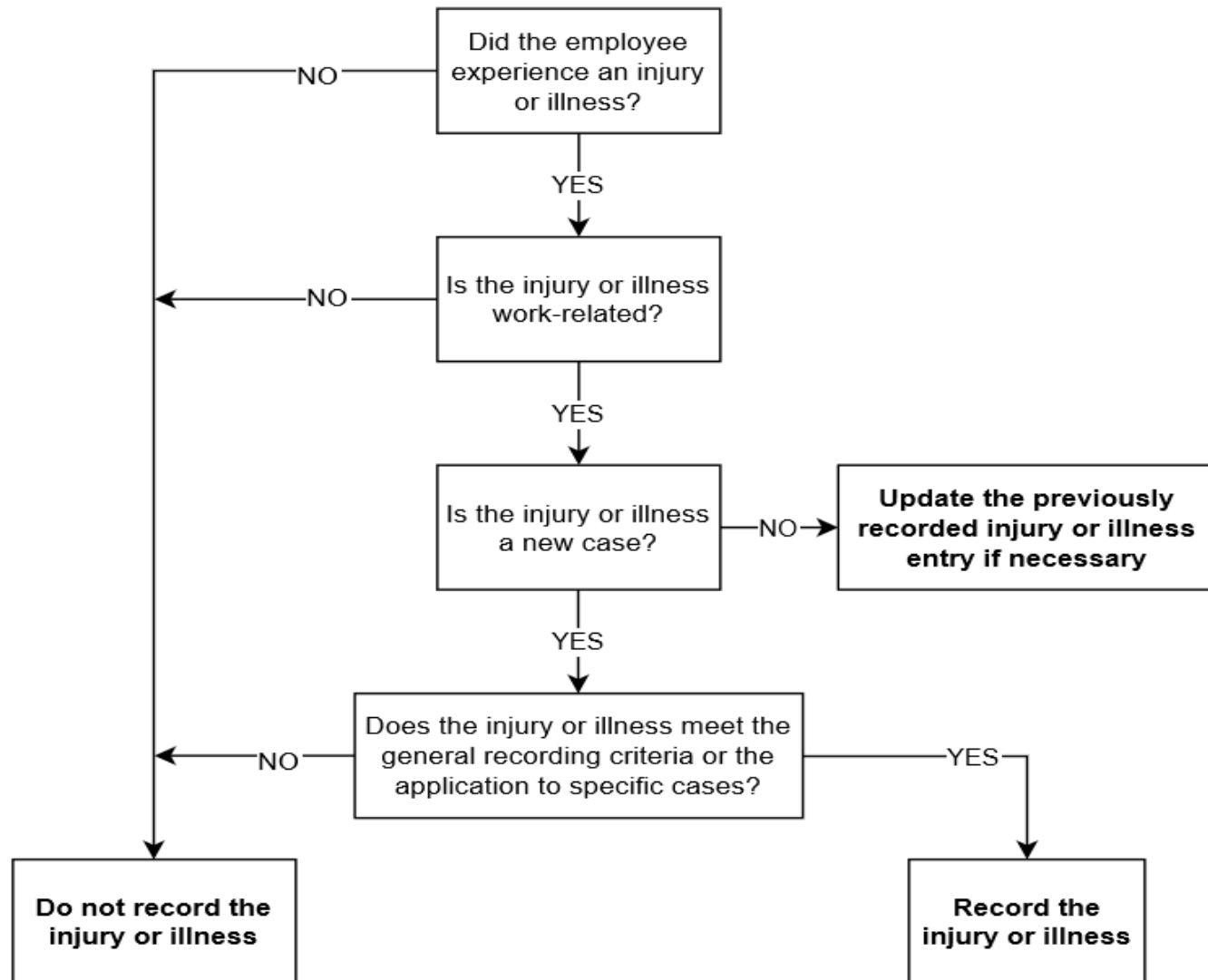
Recording does not mean the employer or employee was at fault, an OSHA rule has been violated, or that the employee is eligible for workers' compensation or other benefits.

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 general recordkeeping criteria

1904.4(B)(2) – IS THE INJURY / ILLNESS RECORDABLE?



1904.5 – 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

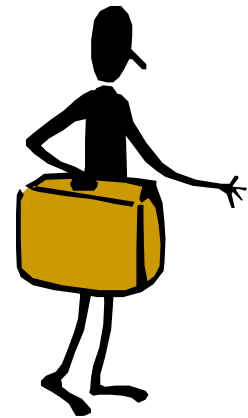


1904.5 - EXCEPTIONS

- **Personal tasks** outside assigned working hours
- Personal **grooming**, self medication for non-work-related condition, or intentionally **self-inflicted**
- **Motor vehicle** accident in parking lot/access road during commute
- Common **cold** or **flu**
- **Mental illness**, unless employee voluntarily provides a medical opinion from a physician or licensed health care professional (PLHCP) having appropriate qualifications and experience that affirms work-relatedness

1904.5 – TRAVEL STATUS

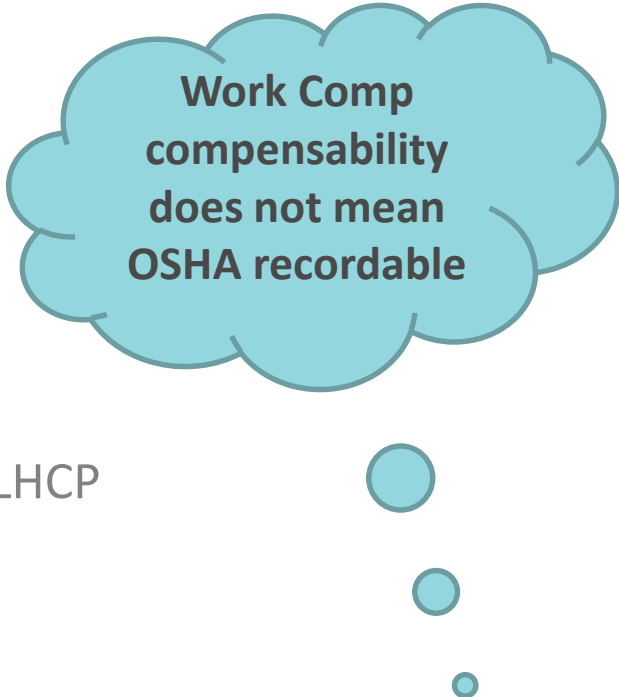
- An injury or illness that occurs while an employee is on travel status is work-related if it occurred while the employee was **engaged in work activities** in the interest of the employer
- **Home away from home**
- **Detour** for personal reasons is not work-related



1904.7 – GENERAL RECORDING CRITERIA

An injury or illness is recordable if it results in one or more of the following:

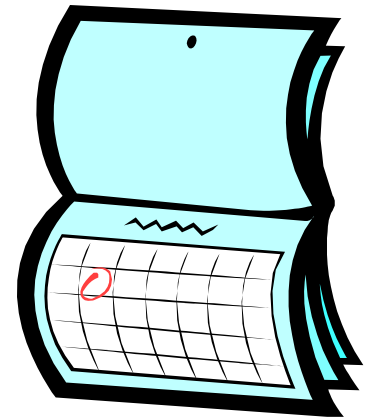
- Death
- Days away from work
- Restricted work activity
- Transfer to another job
- Medical treatment beyond first aid
- Loss of consciousness
- Significant injury or illness diagnosed by a PLHCP



**Work Comp
compensability
does not mean
OSHA recordable**

1904.7(B)(3) - DAYS AWAY CASES

- Record if the case involves one or more days away from work
- Check the box for days away cases and count the number of days
- Do not include the day of injury/illness
- Count the number of calendar days the employee was unable to work (include weekend days, holidays, vacation days, etc.)
 - Cap day count at 180 days away and/or days restricted
 - May stop day count if employee leaves company for a reason unrelated to the injury or illness
 - If a medical opinion exists, employer must follow that opinion



1904.7(B)(4) - RESTRICTED WORK CASES

Restricted work activity exists if the employee is:

- Unable to work the full workday he or she would otherwise have been scheduled to work; or
- Unable to perform one or more routine job functions

An employee's routine job functions are those activities the employee regularly performs at least once per week

1904.7(B)(5) – MEDICAL TREATMENT

Medical treatment is the management and care of a patient to combat disease or disorder.

It does not include:

- Visits to a PLHCP solely for observation or counseling
- Diagnostic procedures
- First aid



1904.7(B)(5) – FIRST AID

- Using nonprescription medication at nonprescription strength
- Tetanus immunizations
- Cleaning, flushing, or soaking surface wounds
- Hot or cold therapy
- Wound coverings, butterfly-bandages
- Ace bandages



1904.7(B)(5) – FIRST AID

- Drilling of fingernail or toenail, draining fluid from blister
- Eye patches
- Removing foreign bodies from eye using irrigation or cotton swab
- Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means
- Finger guards
- Massages
- Drinking fluids for relief of heat stress



1904.7(B)(6) – LOSS OF CONSCIOUSNESS

All work-related cases involving loss of consciousness must be recorded



1904.7(B)(7) – SIGNIFICANT DIAGNOSED INJURY OR ILLNESS

The following work-related conditions must always be recorded at the time of diagnosis by a PLHCP:

- Cancer
- Chronic irreversible disease
- Punctured eardrum
- Fractured or cracked bone or tooth

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

Form approved OMB no. 1218-0170

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.

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					
					Death	Days away from work	Job transfer or restriction	Other recordable cases	(K) days	(L) days	(1) days	(2) days	(3) days	(4) days	(5) days	(6) days		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐			☐	☐	☐	☐	☐	☐		
					☐	☐	☐	☐										

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 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)	(N)
(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 existing data sources, 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 this estimate or any other aspect 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 track 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 instructions 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

These 2 sections should equal the same number

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

1904.30 – MULTIPLE BUSINESS ESTABLISHMENTS

- Keep a separate OSHA Form 300 for each establishment that is expected to be in operation for more than a year
- Each employee must be linked with one establishment
- Employers do not have to have an OSHA 300 Log if the employment was less than 10 throughout the entire calendar year for the entire firm.

However, if one location has 7 employees and another location has 5 employees that would be 12 and both locations would need an OSHA 300 Log.

1904.31 – COVERED EMPLOYEES

- Employees on payroll
- Employees not on payroll who are supervised on a day-to-day basis
- Exclude self-employed and partners
- Temp agencies should not record the cases experienced by temp workers who are supervised by the using firm
 - Only 1 location should account for the employee

1904.32 – ANNUAL SUMMARY (OSHA 300A OR EQUIVALENT)

A company executive must certify the summary:

- An owner of the company
- An officer of the corporation
- The highest ranking company official working at the establishment, or
- His or her supervisor

Must post for 3-month period from February 1 to April 30 of the year following the year covered by the summary



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

POLL

Did my company / business electronically submit 2018 OSHA 300A data to OSHA and BLS?

- a) Only BLS
- b) Only OSHA
- c) Submitted to both OSHA and BLS
- d) Don't know

Updated May 2016

Electronic submission of injury and illness records to OSHA

UNITED STATES
DEPARTMENT OF LABOR

Find it in OSHA

A TO Z INDEX

Occupational Safety and Health Administration

ABOUT OSHA ▾ WORKERS ▾ EMPLOYERS ▾ REGULATIONS ▾ ENFORCEMENT ▾ TOPICS ▾ NEWS & PUBLICATIONS ▾ DATA

Injury Tracking Application Home

Get Started Here

For Manual Data Entry

- Create Establishment: Add a new establishment to your account.
- View Establishment List: View the establishments which have been added to your account.

For Batch Data Transmission

- Upload a Batch File: Upload a CSV file containing your establishment and 300A summary data.
- View Your API Token: Access your authentication token for use in electronically transmitting data via API.

Overview of Data Submission Process

- Step 1: Create an Establishment
- Step 2: Add 300A Summary Data
- Step 3: Submit Data to OSHA
- Step 4: Review Confirmation Email

2016 Data Submission Status

300A Summary Status	Establishments
Not Added	0
Not Submitted	24
Submitted	4
Total	28

OSHA now accepting electronic submissions of injury and illness reports

Employers can begin submitting Form 300A data using an electronic reporting system.

Learn more [here](#).

Who?

- Establishments with 250 or more employees that are currently required to keep OSHA injury and illness records
- Establishments with 20-249 employees that are classified in certain industries with historically high rates of occupational injuries and illnesses.
- If under 20 employees not required to submit, but still keep records as required under the standard unless otherwise notified by OSHA

What/When?

- 2018 Form 300A must submit by March 2, 2019
- Must be able to confirm submission of the data

Where?

- OSHA.gov website (<https://www.osha.gov/injuryreporting/ita/>)

1904.41(a)(2)

Establishments in the following industries with 20 to 249 employees must submit injury and illness summary (Form 300A) data to OSHA electronically

NAICS	Industry
11	Agriculture, forestry, fishing and hunting
22	Utilities
23	Construction
31-33	Manufacturing
42	Wholesale trade
4413	Automotive parts, accessories, and tire stores
4421	Furniture stores
4422	Home furnishings stores
4441	Building material and supplies dealers
4442	Lawn and garden equipment and supplies stores

NAICS	Industry
4451	Grocery stores
4452	Specialty food stores
4521	Department stores
4529	Other general merchandise stores
4533	Used merchandise stores
4542	Vending machine operators
4543	Direct selling establishments
4811	Scheduled air transportation
4841	General freight trucking
4842	Specialized freight trucking

Request from Bureau of Labor Statistics for data

- If you receive a survey, you must complete it
- Must only complete if receiving the survey
- If normally exempt, you must still complete the form and return it based on their request
- State plans do not impact BLS request

USING DATA TO DRIVE ACTION

POLL

Does my company set safety goals on an annual basis?

- a) Yes, target 0 injuries, injury reduction
- b) Yes, both preventive and reactive
- c) Only for the safety team
- d) No annual goals

GOALS AND OBJECTIVES

Why?

- If you don't set goals, your performance won't improve!

What are we talking about?

- Goals - target (long term)...
- Objectives

Both provide ability to measure progress!

WHAT ARE SAFETY TRENDS?

Any trend analysis that is available to use to determine potential action items

- Proclaim Reports
- First Aid Log, OSHA 300
- Near Miss Reports
- Behavior Observations
- Compliance, external or internal audits
- OSHA inspection data



HOW DO I USE THIS DATA?

Look for significant variances

Routine occurrences – annually, seasonally

Type of employee

- New hire, temp, new position, return after leave

Differences between injuries and behaviors

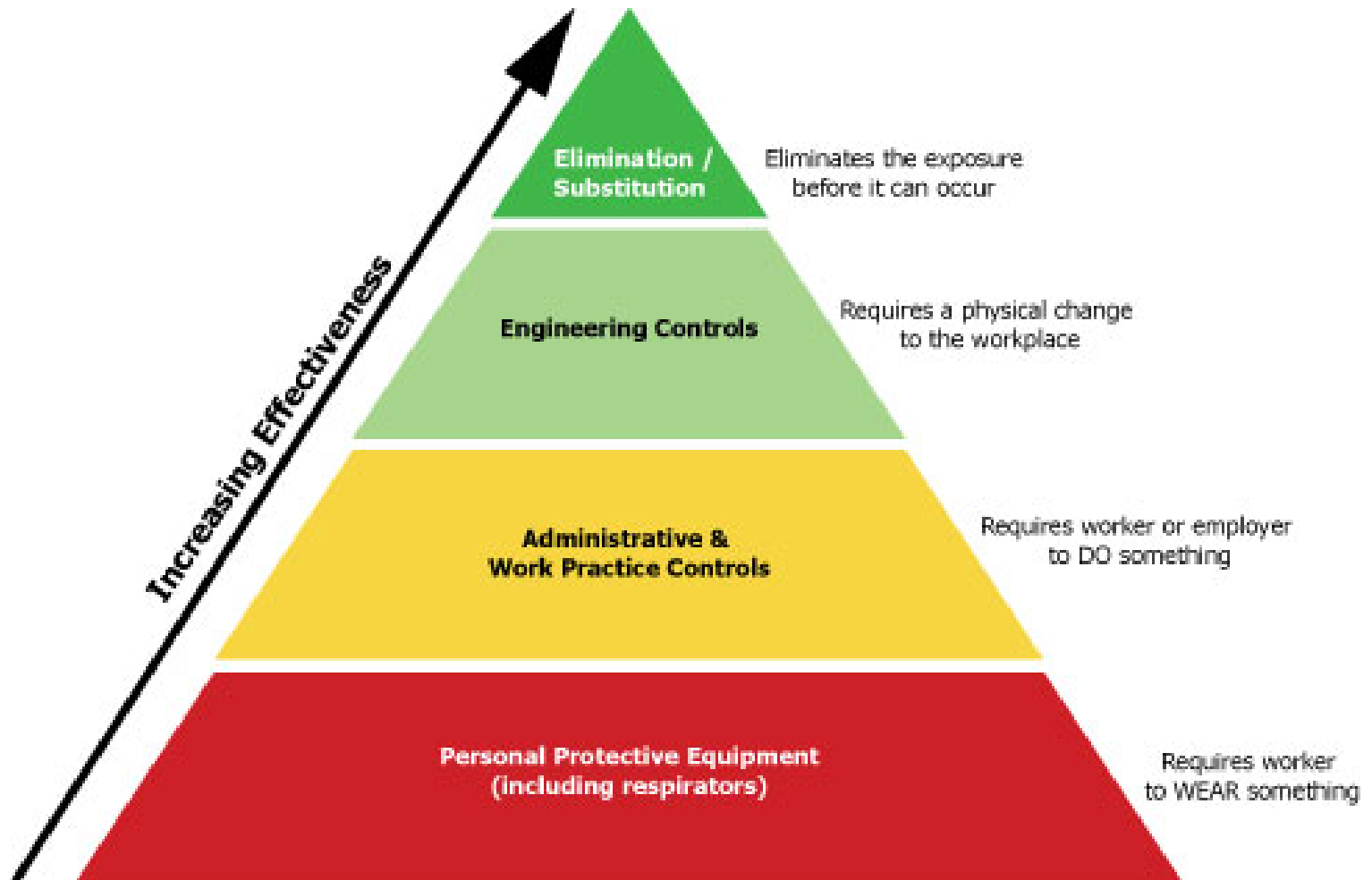
SLICING / DICING THE DATA

Is there a correct way to arrange / sort the data?

- Identified an action
- Identified a trend
- Identify need to collect more data
- Logic – does it make sense?

Data should drive an action to be completed

HIERARCHY OF HAZARD CONTROL



GOALS AND OBJECTIVES

Goals - target (long term)...

- Reduce work comp costs by 50%
- Reduce strain injuries by 75%

Objectives - ways to achieve target

- Investigate different gloves
- Store completely into racks
- Monthly safety breaks issued
- Interactive training

GOALS AND OBJECTIVES

- Clearly defined
- Focused to attack problem areas... objectives
- Aggressive but achievable
- Set at all levels
- Quantifiable
- Jointly developed
- Time sensitive
- Continually measured and quantified

What gets measured gets done!

GOALS AND OBJECTIVES

Remember!

Goals and objectives are only valuable if they are:

- Set
- Communicated
- Understood
- Measurable
- Measured
- Motivate through accountability

QUESTIONS?