Understanding the OSHA 300 Log and Upcoming OSHA Rule for Tracking Workplace Injuries and Illnesses

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Cottingham & Butler

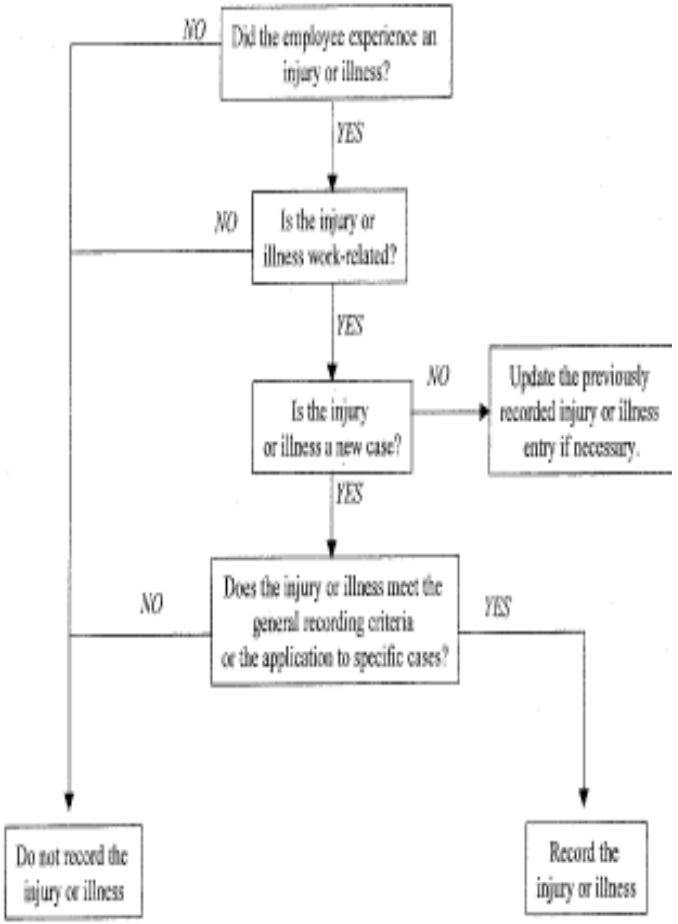
1904.4 – RECORDING CRITERIA

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 – 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



1904.5 – EXCEPTIONS

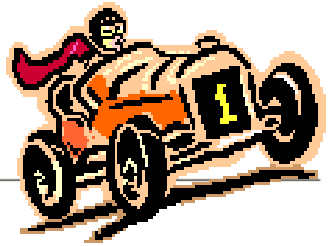
- Present as a member of the **general public**

- 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



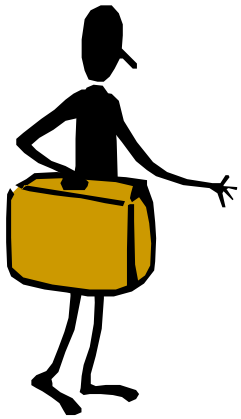
- **Personal tasks** outside assigned working hours
- Personal **grooming**, self medication for non-work-related condition, or intentionally **self-inflicted**
- **Motor vehicle** accident in parking lot/access road during commute
- Common **cold or flu**
- **Mental illness**, unless employee voluntarily 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

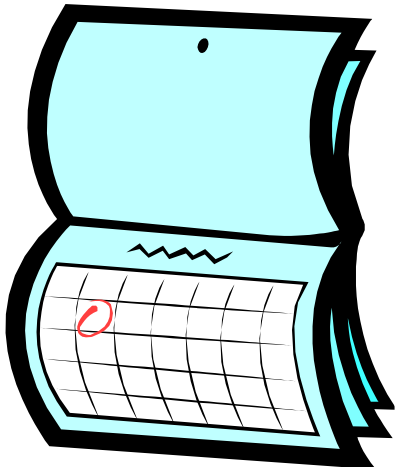
An injury or illness is recordable if it results in one or more of the following:

- 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

OSHA recordable - WC claims

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



1904.7(B)(3) – DAYS AWAY CASES

Day counts (days away or days restricted)

- 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

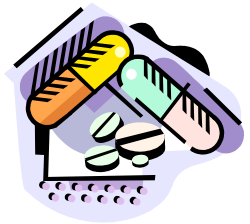
Medical treatment is the management and care of a patient to combat disease or disorder.

It does not include:

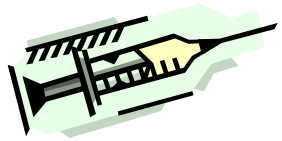
- Visits to a PLHCP solely for observation or
- Diagnostic procedures
- First aid

1904.7(B)(5) – FIRST AID

- Using nonprescription medication at nonprescription strength



- Tetanus immunizations
- Cleaning, flushing, or soaking surface wounds



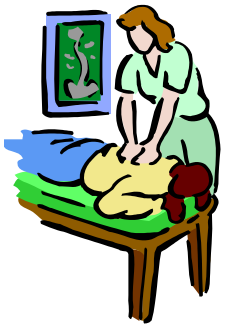
- Hot or cold therapy
- Wound coverings, butterfly-bandages

- 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

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. 1218-0176

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: 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:		Check the "injury" column or choose one type of illness: (M)					
								Remained at Work									
(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)	Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other record-able cases (J)	Away from work (K)	On job transfer or restriction (L)	Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
____	____________	________	___/___ month/day	____________	______________________	☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐	☐
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												Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

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.

Page ___ of ___

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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 ___/___/___

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

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 _____
(2) Skin disorders _____
(3) Respiratory conditions _____
(4) Poisonings _____
(5) Hearing loss _____
(6) All other illnesses _____

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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

1904.29 - FORMS

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 terminal has 7 employees and another terminal 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
- Temporary help agencies should not record the cases experienced by temp workers who are supervised by the using firm
- Owner-operators (gray area) – You would not record these injuries, as they are an independent contractor.

1904.32 – ANNUAL SUMMARY (OSHA 300A OR EQUIV.)

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

UPDATED 1904.39 – FATALITY/CATASTROPHE REPORTING

Previously, employers had to report the following events to OSHA:

- All work-related fatalities
- All work-related hospitalizations of three or more employees

(1/1/15) Now, employers have to report the following events to OSHA:

- All work-related fatalities
- All work-related in-patient hospitalizations of one or more employees
- All work-related amputations
- All work-related losses of an eye

UPDATED 1904.39 – FATALITY/CATASTROPHE REPORTING

Employers must report work-related fatalities within 8 hours of finding out about it.

For any in-patient hospitalization, amputation, or eye loss employers must report the incident within 24 hours of learning about it.

- Do not need to report highway or public street motor vehicle accidents involving the above (outside of a construction work zone)

- Still must record within OSHA records

New Upcoming OSHA Rule for Tracking Workplace Injuries and Illness

1904.35 EMPLOYEE INVOLVEMENT

Must implement by Aug 10, 2016 - but OSHA will delay enforcement until December 1, 2016 in order to provide outreach information.*

(a) Basic requirement. *Your employees and their representatives must be involved in the recordkeeping system in several ways.*

(1) You must inform each employee of how he or she is to **report a work-related injury or illness** to you.

(2) You must provide employees with the information described in paragraph (b)(1)(iii) of this section.

(3) You must provide **access to** your injury and illness **records** for your employees and their representatives as described in paragraph (b)(2) of this section.

1904.35 EMPLOYEE INVOLVEMENT

*Must implement by December 1, 2016**

(b) Implementation—(1)(i) **You must establish a reasonable procedure for employees to report work-related injuries and illnesses** promptly and accurately.

- (ii) You must **inform each employee** of your procedure for reporting work-related injuries and illnesses;

- (iii) You must inform each employee that:
  - (A) Employees have the right to report work-related injuries and illnesses; and
  - (B) Employers are prohibited from discharging or in any manner discriminating against employees for reporting work-related injuries or illnesses; and

- (iv) You must not discharge or in any manner discriminate against any employee for reporting a work-related injury or illness.

1904.36 PROHIBITION AGAINST DISCRIMINATION

*Must implement by December 1, 2016**

- In addition to § 1904.35, section 11(c) of the OSH Act also **prohibits you from discriminating** against an employee for reporting a work-related fatality, injury, or illness.

FAQ: POST-INCIDENT DRUG TESTING

May an employer require post-incident drug testing for an employee who reports a workplace injury or illness?

The rule does not prohibit drug testing of employees. It only prohibits employers from using drug testing, or the threat of drug testing, as a form of retaliation against employees who report injuries or illnesses. If an employer conducts drug testing to comply with the requirements of a state or federal law or regulation, the employer's motive would not be retaliatory and this rule would not prohibit such testing.

FAQ: SAFETY INCENTIVE/RECOGNITION

Does the rule allow an employer to have an employee incentive program?

This rule does not prohibit incentive programs. However, employers must not create incentive programs that deter or discourage an employee from reporting an injury or illness. Incentive programs should encourage safe work practices and promote worker participation in safety-related activities.

NEW ELECTRONIC RECORDKEEPING REQUIREMENTS

- Employers with 250 or more employees in covered industries must electronically submit their OSHA 300A form for the year 2016 by July 1, 2017.
- These employers must electronically submit their OSHA 300A, OSHA 300 and 301 forms for 2017 by July 1, 2018.
- Beginning in 2019, (and every year thereafter) these employers must submit their OSHA 300A, OSHA 300, and 301 forms (for 2018) by March2.

NEW ELECTRONIC RECORDKEEPING REQUIREMENTS

- Employers with 20-249 employees, in high hazard industries (which trucking has been classified), must electronically submit their OSHA 300A form for the year 2016 by July 1, 2017.
- These employers must electronically submit their OSHA 300A information for 2017 by July 1, 2018.
- Beginning in 2019 (and every year thereafter) these employers must submit their OSHA 300A information (for 2018) by March 2.

- Employers with less than 20 employees will not have to report information electronically, but will still have to have an OSHA 300 Log.

FAQ: SIZE OF ESTABLISHMENT VS. FIRM

Are the electronic reporting requirements based on the size of the establishment or the size of the firm?

- The electronic reporting requirements are based on the size of the establishment, not the firm.

- An establishment is defined as a single physical location where business is conducted

FAQ: HOW TO SUBMIT DATA

Are the electronic reporting requirements based on the size of the establishment or the size of the firm?

- OSHA will provide a secure **website** for the electronic submission of information.
- Establishments must submit the information electronically
- OSHA also intends to provide an interface for entering data from a mobile device.

COMPLIANCE SCHEDULE

Establishments w/ >250 EE	Data collection year	Submission year	Submission deadline
Form 300A	2016	2017	July 1, 2017
Forms 300A, 300, 301	2017	2018	July 1, 2018
Forms 300A, 300, 301	2018	2019	March 2, 2019
Establishments w/ 20-249 EE in High Risk Industries	**Data collection year**	**Submission year**	**Submission deadline**
Form 300A	2016	2017	July 1, 2017
Form 300A	2017	2018	July 1, 2018
Form 300A	2018	2019	March 2, 2019

QUESTIONS?