


SCOR

SAFETY COMPLIANCE FOR OSHA REGULATIONS

A Cottingham & Butler Program

OSHA 300 Reporting

CFR 1904

TODAY'S PRESENTER

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POLL

Who keeps the OSHA log at my location?

a) I do

b) HR / Safety

c) Someone does, but I don’t know who

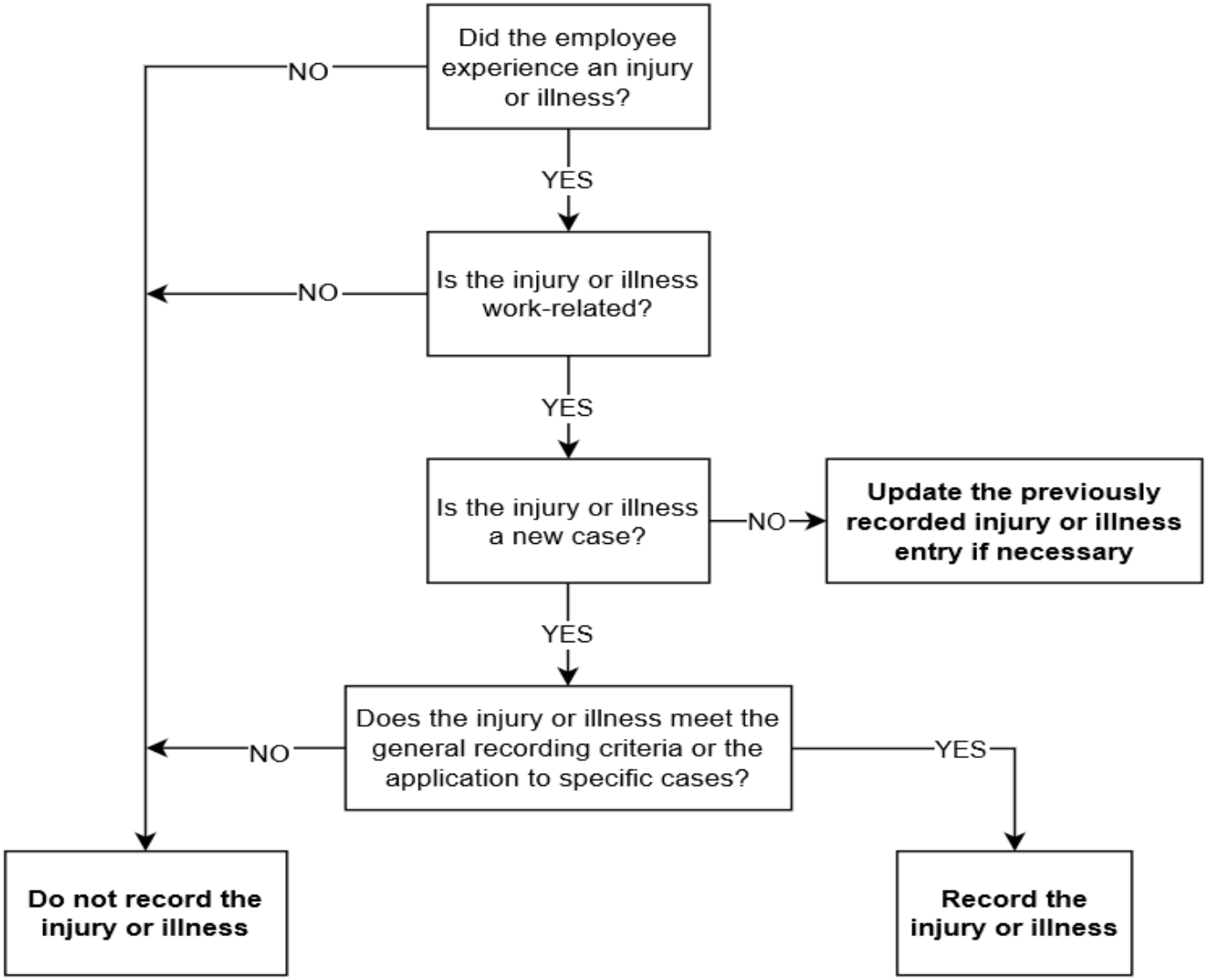
d) We don’t keep an OSHA log

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

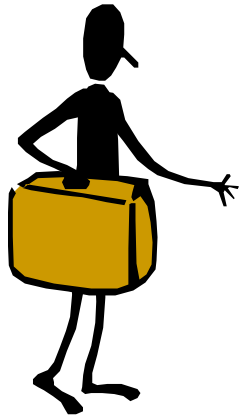
- Present as a member of the general public
- Symptoms arising in work environment that are solely due to non-work-related event or exposure
- Voluntary participation in wellness program, medical, fitness or recreational activity
- Eating, drinking or preparing food or drink for personal consumption

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

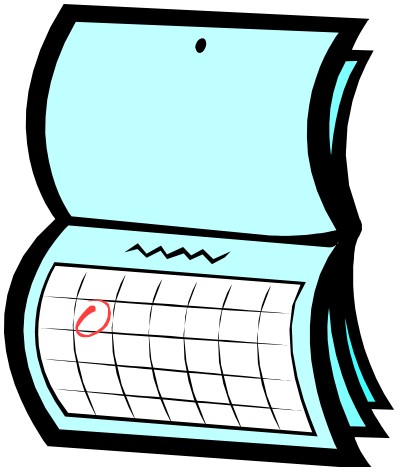
OSHA recordable / WC claims – not always the same

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 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. 1218-0176

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:					
								Remained at Work				(M)					
(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*)	(G) Death	(H) Days away from work	(I) Job transfer or restriction	(J) Other record-able cases	(K) Away from work	(L) On job transfer or restriction	(1) Injury	(2) Skin disorder	(3) Respiratory condition	(4) Poisoning	(5) Hearing loss	(6) All other illnesses
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					Page totals ➤	____	____	____	____	____	____	____	____	____	____	____	____
												(1) Injury	(2) Skin disorder	(3) Respiratory condition	(4) Poisoning	(5) Hearing loss	(6) All other illnesses

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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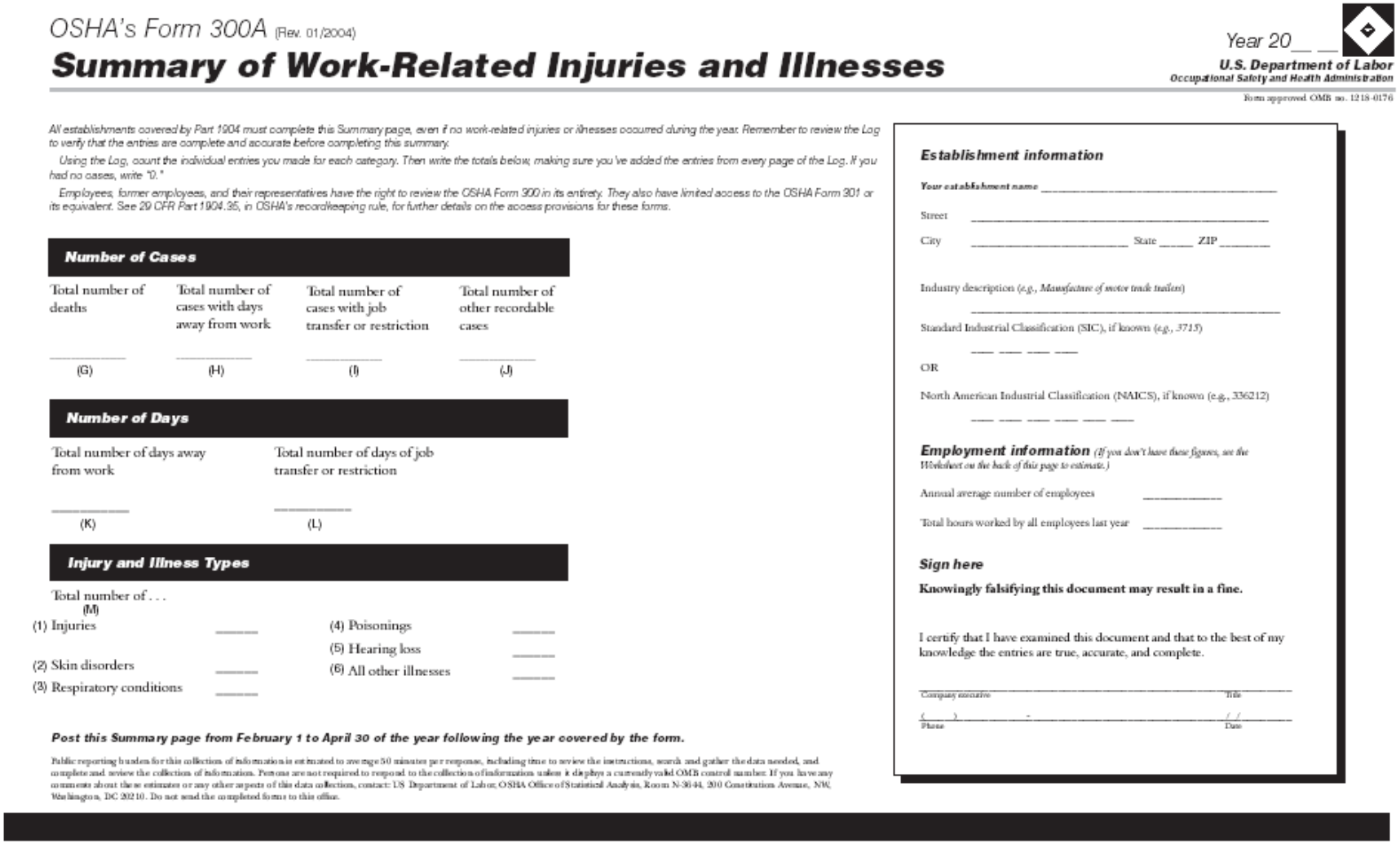
OSHA FORM 300A



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.

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-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 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 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 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 301

UPDATED 1904.39 – FATALITY/CATASTROPHE REPORTING

(As of 1/1/15)

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 unless in a construction work zone

Still must record within OSHA records

1904.35 EMPLOYEE INVOLVEMENT

(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 by the end of the next business day

1904.35 EMPLOYEE INVOLVEMENT

(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

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.

POLL

Did my company / business electronically submit 2017 OSHA 300A data to OSHA and BLS?

a) Only BLS

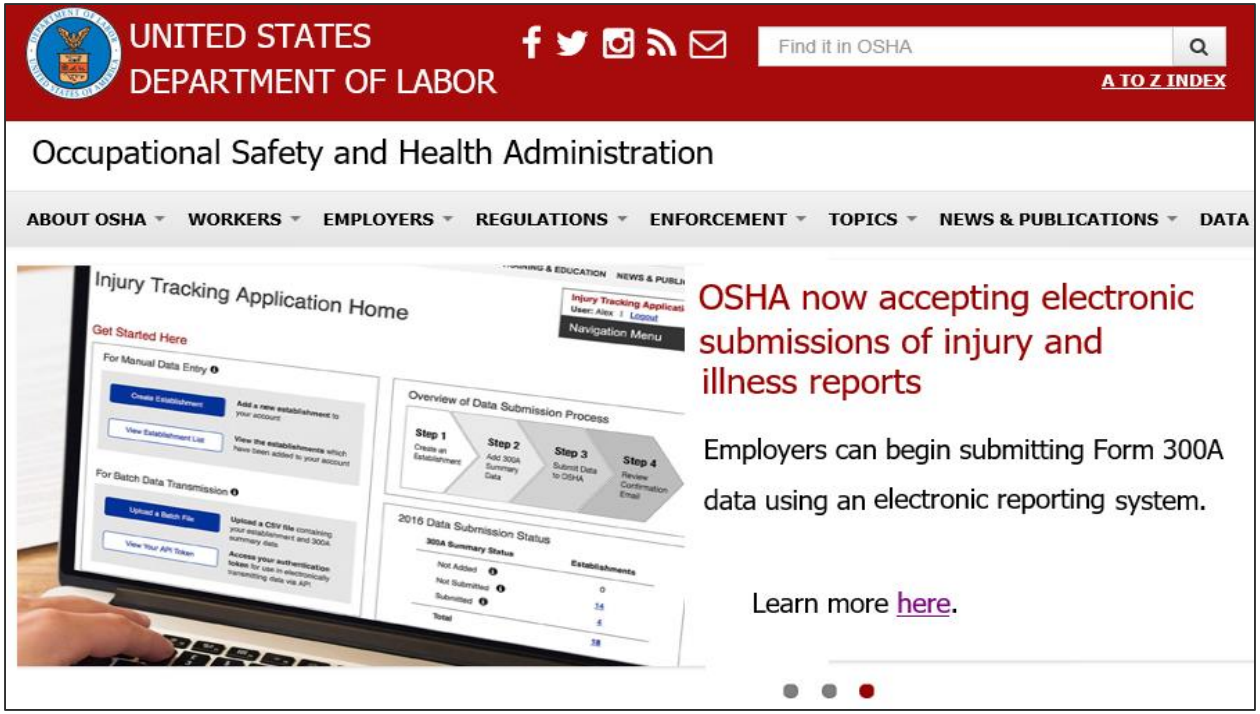
b) Only OSHA

c) Submitted to both OSHA and BLS

d) Don’t know

Updated May 2016

Electronic submission of injury and illness records to OSHA



1904.41

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/)

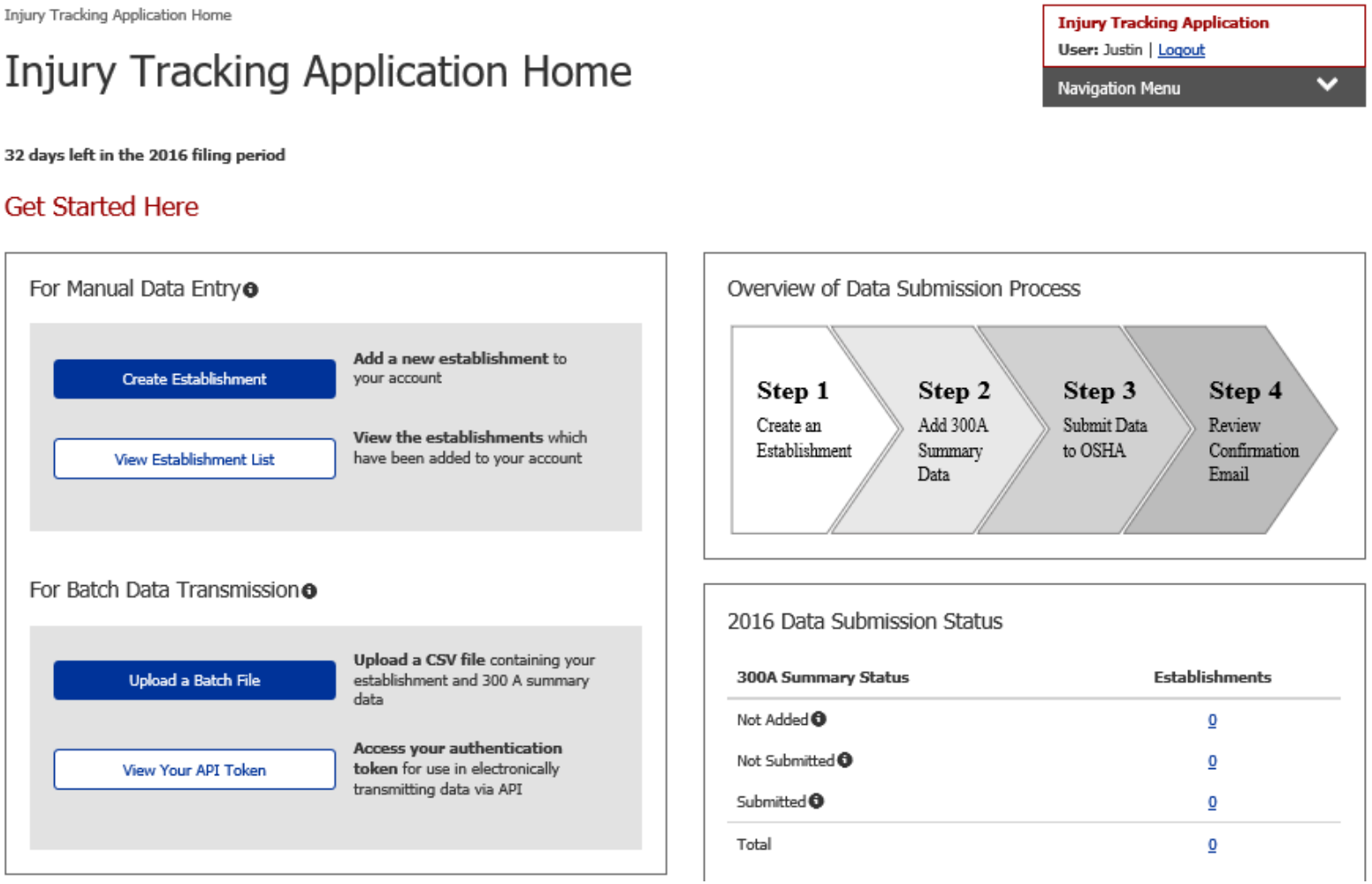
1904.41(a)(2)

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

INPUTTING DATA



1904.42

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

C&B RISK MANAGEMENT CENTER

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QUESTIONS?