

SafeX

OSHA RECORDKEEPING

WELCOME

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SafeX

PURPOSE & SCOPE

Purpose

Scope

Require employers to record and report fatalities, injuries, illnesses

- Not admission of fault
- Workers' compensation decision is separate


- Employers covered by OSH Act
- Few exemptions

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**WARNING:
SEPARATE
DECISIONS**
OSHA
RECORDABILITY AND
WORKERS' COMP



Workers' Compensation determinations do NOT impact OSHA recordability.

- Some cases may be OSHA recordable and compensable.
- Some cases may be compensable, but **not** OSHA recordable.
- Some cases may be OSHA recordable, but **not** compensable.

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EXEMPTIONS

10 or fewer employees during 2023, no 2024 OSHA records

10 or fewer employees during 2024, no 2025 OSHA records

• Entire company, no location

Appendix A

• Does NOT include any NAIC manufacturing, construction

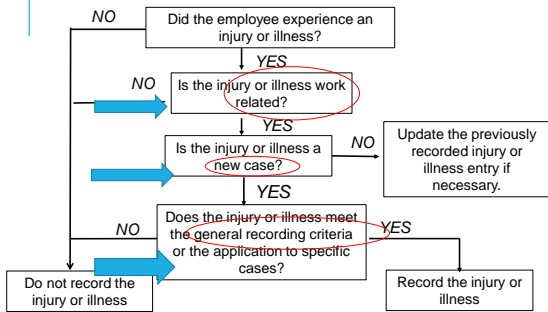
This refers to OSHA 300, 301 and 300A only.



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DECISION TREE

Basic Recording Requirements



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WORK RELATED



Event or exposure in work environment ...

- caused/contributed to condition or
- aggravated a pre-existing injury or illness



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WHAT IS WORK ENVIRONMENT?



- Physical locations
- Equipment/materials used during course of work
- Employees are present as condition of employment
- Company Parking Lots
- Single physical location
- Construction sites
 - >1 year



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MULTIPLE BUSINESS ESTABLISHMENTS

- Employers must keep a separate log and summary for each establishment.
- Establishment is defined as:
 - A single physical location where business is conducted or where services or industrial operations are performed.
- Establishment logs can be maintained in a central location, but, updated copies must be provided to each establishment quarterly and incident information to the central location within 6 days.



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NOT RECORDABLE!! (NOT WORK RELATIONSHIP)

- | | |
|--|--|
| <ul style="list-style-type: none"> ▪ Member of general public ▪ Result solely from non-work-related event ▪ Voluntary participation in recreation/wellness ▪ Mental illnesses <ul style="list-style-type: none"> • Unless voluntarily provides opinion | <ul style="list-style-type: none"> ▪ Eating, drinking and preparing own food ▪ Personal tasks outside of working hours ▪ Personal grooming, self medication ▪ MV accident during commute ▪ Common cold, flu |
|--|--|



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POLL # 1
WORK RELATED
AND WORK
ENVIRONMENT?

Jim, is a maintenance supervisor. He was at home after his regular shift. There was a plant emergency and Jim was requested to return to the plant to assist with resolving the emergency.

About a mile from work, he was involved in a motor vehicle accident and the injury required overnight hospitalization.

Is this work related?

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POLL #1

Is this Work Related?

- 1. Yes
- 2. No

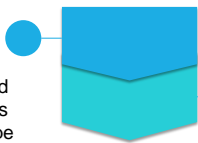


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NEW CASE DETERMINATION

Not previously experienced injury/illness of same type and same body part



Completely recovered from previous situation

Do NOT log again if not new case!



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POLL #2



Luke has been on restricted duty due to a shoulder injury. While on restricted duty he stumbled, twisted his ankle and sustained a foot injury. The physician gave him additional restrictions.

Is this a new case?



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POLL #2



Is this a new case?

- 1. Yes
- 2. No



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RECORDABLE INJURIES OR ILLNESSES



- Death
- Days away from work
- Restricted work
- Transfer to another job
- Medical treatment beyond first aid
- Loss of consciousness
- Significant injury or illness diagnosed by PLHCP
 - Cancer
 - Chronic Irreversible Disease
 - Fractured or Cracked Bone
 - Punctured Eardrum



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WHAT'S FIRST AID?

- Non-prescription medications
- Tetanus immunizations
- Cleaning, flushing soaking, or covering wounds
- Non-rigid support
- Removing splinters or foreign material by irrigation, tweezers, swabs
- Removing foreign body from the eye using only irrigation or cotton swab.
- Eye patches
- Drilling nail to relieve pressure
- Draining fluid from blister
- Hot or cold therapy
- Steri-strips/butterflys
- Massages, ART (Physical Therapy and Chiropractic Treatment are considered Medical Treatment)
- Finger guards
- Drinking fluids for heat stress relief



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POLL # 3 MEDICAL TREATMENT BEYOND FIRST AID?



As part of a wellbeing program, a Certified Athletic Trainer (CAT) recommends and leads daily pre-shift exercise to all employees.



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POLL #3

Is this medical treatment beyond first aid?

1. Yes
2. No



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'COUNTING DAYS'

- Recording days away from work
- Weekends, holidays, vacation
- Friday injuries
- Voluntary termination of employment
- Days away into the next calendar year
- Partial workdays
- Restricted duty or temp transfers
- Maximum days 180



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POLL # 4 DAYS AWAY?



Fred tripped and fell and broke his arm.

The physician indicated Fred could return to work in three days.

Fred was terminated for a positive drug test following the accident.

How many days away must be recorded?



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POLL #4

How many lost time days would you record?

- 0
- 3
- No idea



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PRIVACY CASES

Case number instead of employee name

Injury/Illness

- to an intimate body part
- reproductive system
- Result of sexual assault

Mental illness

HIV infection, hepatitis or TB

Needlestick, sharp injuries

Employee requests for illnesses (not injuries)



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NEEDLESTICKS AND SHARPS

Record all injuries/cuts from sharp objects contaminated with blood and other potentially infectious materials

No name of injured

Record as injury

300 Log can serve as sharps injury log if device is noted and sharps injuries are highlighted or segregated

In addition to recording, all sharps injuries must be reported to PERRP electronically or by the approved form



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HEARING LOSS

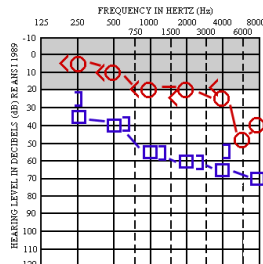
STS of 10 db averaged at 2K, 3K & 4K Hz

Overall hearing is 25 db compared to audiometric zero

Work related

Record in hearing loss column

Decision Tree



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OTHER SITUATIONS



Medical Removal

- OSHA standard medical removal
- Record as poisoning
- Benzene, Cadmium, Formaldehyde, Lead, Methylene dianiline, Methylene Chloride, Vinyl Chloride

Tuberculosis

- Occupational exposed to known case
- Positive skin test or diagnosis
- Record as respiratory condition

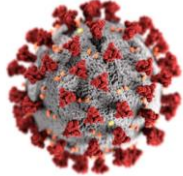


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COVID 19



- Positive diagnosis from workplace exposure
- Restricted work
- Lost time
- Hospitalization
- Fatality



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"THE PAPERWORK" - OSHA



OSHA 300 - Log of Work-Related Injuries and Illnesses

OSHA 300A - Summary of Work-Related Injuries and Illnesses

OSHA 301 - Injury and Illness Incident Report

<http://osha.gov/recordkeeping/RKforms.html>



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POSTING, RETENTION AND UPDATING

- Update within 7 days
- Post the annual summary Feb. 1– Apr. 30
- Retain 300 Log, privacy case list, annual summary, 301 report for 5 years
- Update 300 during 5-year storage period
- Certification
- Company Executive



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WHEN TO REPORT?

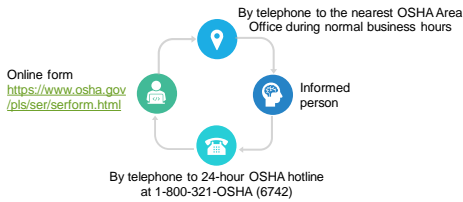
- Fatality occurs within 30 days of work-related incident
 - Report within 8-hours of finding out
 - Private Employers: Not MV, unless construction zone
- Hospitalization, amputation or eye loss that occurs within 24 hours of work-related incident
 - Report within 24 hours of finding out
- Effective 1/1/2019 – PERRP adopted same requirements.



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HOW TO REPORT



PERRP reports must be made in person or by phone to **800-671-6858**.



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WHAT TO REPORT?

- Establishment name
- Location of work-related incident
- Time of incident
- Type of event
- Number of employees who suffered
- Names of employees who suffered
 - Name, gender, age, next of kin
- Contact person and phone #
- Brief description of incident



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TIMING





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Visit/Inspection within 5 days

Rapid Response Investigation

Call within 1 day

Employer abatement documentation within 5 days



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ANNUAL INJURY TRACKING APPLICATION JOURNEY

1. Submit Recordkeeping Information - 2017
2. Login.gov connect ITA account - Due by March 2, 2023
3. Submit 300A (20-249 employees)
4. Submit 300 and 301 data >100 employees in high hazard industry – due March 2 2025 for 2024 data
5. [1904 Subpart E App B - Appendix B to Subpart E of Part 1904— Designated Industries for § 1904.41\(a\)\(2\) Annual Electronic Submission of Information From OSHA Form 300 ... | Occupational Safety and Health Administration](#)
6. Include your Employer Identification Number



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COMMON OSHA 300 OVERSIGHTS

Identify the person			Describe the case			
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g. Worker)	(D) Date of injury or onset of illness (mm/dd/yyyy)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and approximate date directly injured or made person ill (e.g. Second degree burns on right forearm from scalding hot)	

Temp Worker

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COMMON OSHA 300 OVERSIGHTS

Identify the case										
CHECK ONLY ONE box for each case based on the most serious outcome for the injured or ill worker					Check the "Injury" column, or choose one type of illness					
Death	Days away from work	Restricted work	Job transfer or restriction	Other recordable cases	OSHA 300 number or restriction (days)	(7) Injury	(8) Skin Disorder	(9) Respiratory Condition	(10) Poisoning	(11) Hearing Loss or other illnesses
(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)

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OSHA 300A OVERSIGHTS

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
0	0	0	0
(5)	(6)	(7)	(8)
Number of Days			
Total number of days away from work	Total number of days of job transfer or restriction		
0	0		
(9)	(10)		
Injury and Illness Types			
Total number of ...	(4) Poisoning		
(1) Injury (M)	0		
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other illnesses	0
	0		0

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OSHA 300A OVERSIGHTS

Establishment information

Your establishment name _____
 State _____
 City _____ State _____ Zip _____
 Industry description (e.g., Manufacturer of motor truck bodies) _____

Standard Industrial Classification (SIC) if known (e.g., SIC 3711) _____
 OR North American Industrial Classification (NAICS) if known (e.g., NAICS) _____

Employment information

Annual average number of employees _____
 Total hours worked by all employees last year _____

Sign here

Knowledge 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 _____
 _____ Date _____

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MORE INFORMATION IS AVAILABLE!

- Occupational Safety and Health Administration Recordkeeping FAQ:
- Recordkeeping - Detailed Guidance for OSHA's Injury and Illness Recordkeeping Rule | Occupational Safety and Health Administration
 - Frequently Asked Questions for OSHA's Injury and Illness Recordkeeping Rule for Federal Agencies | Occupational Safety and Health Administration



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