

# OSHA Recording and Reporting Occupational Injuries and Illnesses for General Industry & Construction Employers - 29 CFR 1904

Keeping good injury and illness records is required by law, but more importantly, it makes good business sense. These records are as important to your safety and health program as records of costs, sales and profits are to your business.

This session will help develop skills to accurately report occupational injuries and illnesses. Resources and reference materials will be identified.



## Objectives

After attending this workshop, you should be able to:

- Identify requirements of the OSHA recording rule.
- Complete an OSHA 300 Log

Rule  
1904.0

## WHY HAVE A RECORDKEEPING REQUIREMENT?

- ✓ Obtain accurate information regarding workplace injuries and illnesses
- ✓ Provide a management tool for administering the company safety and health program
- ✓ Raise employer and employee awareness of workplace hazards
- ✓ Provide compliance staff with information to facilitate inspections

### It's No Fault!

The use of the 300 form in recordkeeping is completely separate from the use of the form by insurers in determining eligibility for disability and medical benefits under the Workers Compensation System.

A decision to deny workers' compensation benefits does not necessarily mean that the case should be removed from the 300 Log. Recordability and compensability are different decision processes.



## WHO DO THE RULES APPLY TO?

- Applies to:
  - Agriculture, construction, manufacturing, transportation & wholesale trades
  - Employers with 11 or more employees
- Does Not Apply to:
  - Self employed
  - Sole owner
  - Overseas locations

Rule  
1904.1

## PARTIALLY EXEMPT EMPLOYERS ARE :

- ✓ Employers with 10 or fewer employees during the last calendar year (count peak employment including temporary employees)



Size Applies To...

The Firm –  
200  
employees

Establishment  
#1 – (60)

Establishment  
#2 – (35)

Establishment  
#3 – (1)



- ✓ Employers with certain Standard Industrial Classification (SIC) codes listed in the standard, primarily retail and service sectors, need not keep injury and illness records for any establishment on the list (regardless of size) unless the BLS or OSHA asks them in writing to do so.

SIC  
2010



**Non-Mandatory Appendix A to Subpart B - Partially Exempt Industries**

525	Hardware Stores	731	Advertising Services
542	Meat and Fish Markets	732	Credit Reporting &Collection Services
544	Candy, Nut, and Confectionery Stores	733	Mailing, Reproduction, & Stenographic Services
545	Dairy Products Stores	737	Computer & Data Processing Services
546	Retail Bakeries	738	Miscellaneous Business Services
549	Miscellaneous Food Stores	764	Re-upholstery and Furniture Repair
551	New and Used Car Dealers	78	Motion Picture
552	Used Car Dealers	791	Dance Studios, Schools, and Halls
554	Gasoline Service Stations	792	Producers, Orchestras, Entertainers
557	Motorcycle Dealers	793	Bowling Centers
56	Apparel and Accessory Stores	801	Offices & Clinics Of Medical Doctors
573	Radio, Television, & Computer Stores	802	Offices and Clinics Of Dentists
58	Eating and Drinking Places	803	Offices Of Osteopathic
591	Drug Stores and Proprietary Stores	804	Offices Of Other Health Practitioners
592	Liquor Stores	807	Medical and Dental Laboratories
594	Miscellaneous Shopping Goods Stores	809	Health and Allied Services, Not Elsewhere Classified
599	Retail Stores, Not Elsewhere Classified	81	Legal Services
60	Depository Institutions (banks & savings	82	Educational Services (schools, colleges, universities and libraries)
61	Non-depository	832	Individual and Family Services
62	Security and Commodity Brokers	835	Child Day Care Services
63	Insurance Carriers	839	Social Services, Not Elsewhere Classified
64	Insurance Agents, Brokers & Services	841	Museums and Art Galleries
653	Real Estate Agents and Managers	86	Membership Organizations
654	Title Abstract Offices	87	Engineering, Accounting, Research, Management &Related Services
67	Holding and Other Investment	899	Services, not elsewhere classified
722	Photographic Studios, Portrait		
723	Beauty Shops		
724	Barber Shops		
725	Shoe Repair and Shoeshine Parlors		
726	Funeral Service and Crematories		
729	Miscellaneous Personal Services		

**Newly Covered Industries**

553 Auto and home supply stores	655 Land sub dividers and developers
555 Boat Dealers	721 Laundry, cleaning, and garment services
556 Recreational vehicle dealers	734 Services to dwellings and other buildings
559 Automotive dealers not elsewhere classified	735 Miscellaneous equipment rental & leasing
571 Home furniture and furnishing stores	736 Personnel supply services
572 Household appliance stores	736 Job training and vocational rehabilitation services
593 Used merchandise stores	836 Residential care
596 Non-store retailers	842 Arboreta and botanical or zoological gardens
598 Fuel dealers	
651 Real estate operators and lessors	

If your company has several business establishments engaged in different business activities, some of the establishments may be required to keep records while others may be exempt.

**All Employers**

**PARTIAL EXEMPTION Does not eliminate requirement to report serious injuries, fatalities and catastrophes to OSHA**





OSHA 301 or equivalent --is the Injury and Illness Incident Report. An OSHA 301 or equivalent form must be completed for each recordable injury or illness on the OSHA 300 log.

## 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  
Revised 10/01/00 OSHA 301-106 (REV. 10/01/00)

**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 Illness 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. The completed 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.**

**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 workplace, where was it given?  
Facility \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

8) Was employee treated in an emergency room?  
 No  
 Yes

9) Was employee hospitalized overnight or not hospitalized?  
 No  
 Yes

**Information about the case**

10) Date work occurred for Log: \_\_\_\_\_ (Do not include number from the Log if job occurred during)

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?** (Do not list the activity, as well as the tools, equipment, or material the employee was using. If applicable, Examples: "falling a ladder while carrying roofing materials"; "operating a lathe on loose hand spinner"; "sliding on concrete by running.")

15) **What happened?** (Do not describe the injury or illness. Examples: "When ladder slipped on wet floor, worker fell 30 feet"; "While using spray on wall chisel on rubber gasket block during engine repair"; "While on elevated structure, loose nail on toe struck.")

16) **What was the injury or illness?** (Do not list the type of medical condition but list the body part affected, for example of the hand "hand"; "back"; "eye area." Examples: "fractured hand"; "chemical burn, hand"; "sepal laceration of abdomen.")

17) **What object or substance directly caused the injury?** (Examples: "concrete floor"; "skid shoe"; "fall of a crane arm.") (If this question does not apply to the incident, leave it blank.)

18) If the employee also, when the incident occurred, was a driver: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Public logkeeping burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and reviewing and certifying the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Washington Headquarters Service, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Project Director, Paperwork Project, Washington, DC 20503. The collection of information will not be collected if you do not send this notice of objection to the collection of information within 30 days of the date this notice of objection is published in the Federal Register.

The OSHA 300 Log and 301 Incident Report must be completed within seven (7) calendar days of receiving information that a recordable injury or illness has occurred.

Computers can be used to keep records if it can produce equivalent forms when needed.

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Get the forms package at <http://www.osha.gov/recordkeeping/RKforms.html>

### 1904.30, Multiple Business Establishments

- *Keep separate 300 Forms for each establishment in operation for more than one year*
- *Keep only one form for short-term establishments*
- *Link employee with one establishment*

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Multiple Business Establishments

#### Who Records the Injury/Illness?

The Yale Manufacturing Company has its national headquarters in New York. On 12/3, Tim Allen, Vice-president of operations is in Chicago for a meeting. While getting out of his car to go into the office, he slips on some ice in the employee parking lot and breaks his right ankle. He had a cast applied and off work for nine days. Returned to his regular duties on 3/1.

Question: Does the New York Office or the Chicago Office responsible for recording the injury?

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 1904.33, Retention and Updating

- *Retain forms for 5 years following the year they cover*
  - *OSHA 300 Log*
  - *Privacy Case List (if it exists)*
  - *Annual Summary*
  - *OSHA 301 Incident Report*
- *Update the 300 Form during that period*

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 1904.34, Change of Ownership

- If your business changes ownership, you are responsible for recording and reporting work-related injuries and illnesses only for that period of the year during which you owned the establishment.
- You must transfer the Part 1904 records to the new owner. The new owner must save all records of the establishment kept by the prior owner, as required by § 1904.33 of this Part, but need not update or correct the records of the prior owner.

Notes: \_\_\_\_\_

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## 1904.35, Employee Involvement

- *Inform employees how they report an injury or illness to you*
  - *Set up a way to report*
  - *Tell each employee how to do so*
- *Provide limited access to records to employees, former employees and their personal and authorized representatives.*

Notes: \_\_\_\_\_

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## 1904.36, Discrimination

- Section 11(c) of the Act
  - prohibits you from discriminating against an employee for reporting a work-related fatality, injury or illness.
  - protects the employee who files a safety and health complaint, asks for access to the Part 1904 records, or otherwise exercises any rights afforded by the OSH Act

Notes: \_\_\_\_\_

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## 1904.40, Providing Records

- Provide copies of records within 4 business hours
- Use business hours of the establishment where records are located.

Notes: \_\_\_\_\_

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## 1904.41 and 1904.42, Survey Forms

- 1904.41, OSHA's Data Initiative Form. If received, complete it and send to OSHA or OSHA's designee, as stated on the survey form.
- 1904.42, BLS Survey. If received, complete and return the Survey of Occupational Injuries and Illnesses Form from the Bureau of Labor Statistics (BLS), or a BLS designee,

Notes: \_\_\_\_\_

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# OSHA 7- Step Injury and Illness Recordkeeping Decision Process

If you give a "Yes" response, continue to next step. Except for Step 4, any NO response STOPS the process at that point.

Step 1

Was an employee involved?

## Basic Requirements [1904.31]

Record injuries and illnesses of all employees on your payroll, whether they are labor, executive, hourly, salary, part-time, seasonal, or migrant workers. Also includes those not on your payroll if you supervise them on a day-to-day basis.

YES

Step 2

Did the employee experience an injury or illness?

## Definition [1904.46]

An injury or illness is an **abnormal condition or disorder**. Injuries include cases such as, but not limited to, a cut, fracture, sprain, or amputation. Illnesses include both acute and chronic illnesses, such as, but not limited to, a skin disease, respiratory disorder, or poisoning.

YES

Step 3

Is the injury or illness work-related?

## Determination of Work-Relatedness [1904.5] Work-relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the **work environment unless an exception specifically applies.**

A case is presumed work-related if, and only if, an event or exposure in the work environment is a discernable cause of the injury or illness or a significant aggravation to a pre-existing condition.

YES

Step 4

Did injury or illness meet any of the 9 exceptions?

## Exceptions to Work Relatedness [1904.5(b)(2)]

1. Present as member of general public
2. Symptoms surface at work, but solely non-work-related
3. Voluntary participation in medical, fitness event
4. Personal consumption
5. Personal tasks outside of working hours
6. Personal grooming or intentionally self-inflicted
7. Motor vehicle during commute
8. Common cold or flu
9. Mental illness

No

YES → **Stop! Not Recordable**

Step 5

Is the injury or illness a new case?

## Determination of a new case [1904.6]

Consider an injury or illness a "new case" if the employee has not previously experienced a recorded injury or illness of the same type that affects the same part of the body, **OR** the employee previously experienced a recorded injury or illness of the same type that affected the same part of body but had recovered completely (all signs and symptoms had disappeared) from the previous injury or illness and an event or exposure in the work environment caused the signs or symptoms to reappear.

YES

Go to Page 2

From Page 1

Step 6

Does the injury or illness meet the general criteria or the application to specific cases?

**General Recording Criteria 1904.7**

It 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

OR

**Application to Specific Cases**

**1904.8 – 1904.11**

It is recordable if it meets the recording criteria for one of the following:

- Needlestick & Sharps
- Medical removal
- Hearing loss
- Tuberculosis

YES

Step 7

RECORD THE INJURY OR ILLNESS

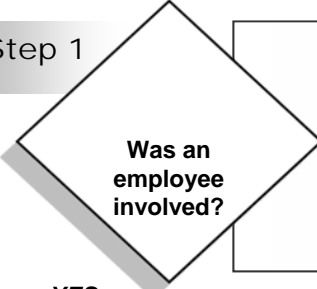
**1904.29 – Forms:**

- ✓ OSHA Form 300, *Log of Work-Related Injuries and Illnesses*
- ✓ OSHA Form 301, *Injury and Illness Incident Report*

Note: Some employers may be required to complete a Privacy Case Log.

At the end of the year, complete OSHA Form 300A, *Summary of Work-Related Injuries and Illnesses*

Step 1



**Basic Requirements [1904.31]**

Record injuries and illnesses of all employees on your payroll, whether they are labor, executive, hourly, salary, part-time, seasonal, or migrant workers. Also includes those not on your payroll if you supervise them on a day-to-day basis.

YES

Rule 1904.31



Notes: \_\_\_\_\_

**COVERED EMPLOYEES**



- All employees on your payroll, and/or



- All employees you supervise on a day-to-day basis even if they aren't on your payroll



**Workshop: Is this an employee?**

Determine whether or not the persons described are "employees" for recordkeeping purposes. Circle the number of those that are "employees". When making the decision, do not consider the size of establishment or the SIC.

1. Temporary worker, supervised by employer, injured when running a machine.
2. Construction worker, an independent contractor, was injured when building a new addition.
3. President of corporation located in Kentucky was attending a business related meeting in Michigan. The President was injured from a fall that occurred during the meeting.
4. The company nurse who was a unpaid volunteer for the American Red Cross received injury while drawing blood.
5. The self-employed owner of a company, was injured.

Step 2

Did the employee experience an injury or illness?

YES

Definition [1904.46]

An injury or illness is an abnormal condition or disorder. Injuries include cases such as, but not limited to, a cut, fracture, sprain, or amputation. Illnesses include both acute and chronic illnesses, such as, but not limited to, a skin disease, respiratory disorder, or poisoning.

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Step 3

Is the injury or illness work-related?

YES

**Determination of Work-Relatedness [1904.5]** Work-relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the work environment unless an exception specifically applies.

A case is presumed work-related if, and only if, an event or exposure in the work environment is a discernable cause of the injury or illness or a significant aggravation to a pre-existing condition.

Rule 1904.5 Work Related

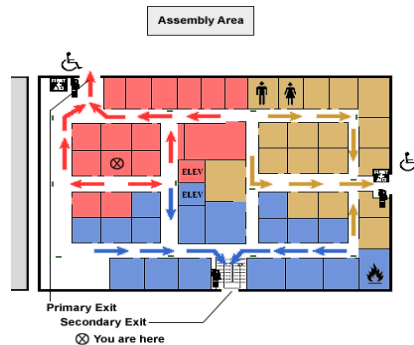
An injury or illness is work-related if an event or exposure in the work environment either caused or contributed to the resulting condition or significantly aggravated a pre-existing injury or illness.

You presume work-relatedness for injuries and illnesses resulting from events or exposures occurring in the work environment, unless an exception specifically applies.

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The **Work Environment** consists of...

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### Think Like This ...

It's in the work environment **IF** the injury would not have occurred but for the conditions and obligations of employment that placed the employee in the position in which he or she was injured or made ill.



### Significant Aggravation is ...



Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Recordable if the employee was engaged in work activities “in the Interest of their employer”.***

**Home away from home**

You must evaluate the employee’s activities after they check into the hotel, motel, or other temporary residence for their work-relatedness in the same manner you would evaluate the activities of a non-traveling employee. If the employee has established a “home away from home” and is reporting to a fixed worksite each day, you do not consider injuries or illnesses work-related if they occur while the employee is commuting between the temporary residence and the job location.

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Detour for personal reasons:  
Injuries or illnesses are not work-related if they occur while the employee is on a personal detour from a reasonably direct route of travel.



**Work at home**

Injuries and illnesses that occur while an employee works at home, including work in a home office, is work-related if the injury or illness relates directly to the work rather than to the general home environment or setting.

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Step 4

Did injury or illness meet any of the 9 exceptions

No

**Exceptions to Work Relatedness [1904.5(b)(2)]**

1. Present as member of general public
2. Symptoms surface at work, but solely non-work-related
3. Voluntary participation in medical, fitness event
4. Personal consumption
5. Personal tasks outside of working hours
6. Personal grooming or intentionally self-inflicted
7. Motor vehicle during commute
8. Common cold or flu
9. Mental illness

YES → **Stop! Not Recordable**

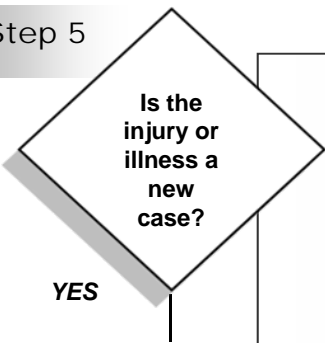
**DO NOT RECORD INJURIES AND ILLNESSES IF . . .**

1. At the time of the injury or illness, the employee was present in the work environment as a member of the general public rather than as an employee.
2. The injury or illness involves signs or symptoms that surface at work but result solely from a non-work-related event or exposure that occurs outside the work environment.
3. The injury or illness results solely from voluntary participation in a wellness program or in a medical, fitness, or recreational activity such as blood donation, physical examination, flu shot, exercise class, racquetball, or baseball.
4. The injury or illness is solely the result of an employee eating, drinking, or preparing food or drink for personal consumption (whether bought on the employer's premises or brought in). For example, if the employee is injured by choking on a sandwich while in the employer's establishment, the case is not work-related. Note: If the employee is made ill by ingesting food contaminated by workplace contaminants (such as lead), or gets food poisoning from food supplied by the employer, the case is work-related.
5. The injury or illness is solely the result of an employee doing personal task (unrelated to their employment) at the establishment outside of the employee's assigned working hours.
6. The injury or illness is solely the result of personal grooming, self-medication for a non-work-related condition, or is intentionally self-inflicted.
7. The injury or illness is caused by a motor vehicle accident and occurs on a company parking lot or company access road while the employee is commuting to or from work.
8. The illness is the common cold or flu (Note: contagious diseases such a tuberculosis, brucellosis, hepatitis A, or plague are work-related if the employee is infected at work).
9. The illness is a mental illness. Mental illness is not work-related unless the employee voluntarily provides the employer with an opinion from a physician or other licensed psychologist, psychiatric nurse practitioner, etc.) stating that the employee has a work-related mental illness.



**Make a mark next to the situations that are considered work-related.**

- Employee is swimming with his family at the pool where he is employed, slips and breaks his arm.
- Employee is diagnosed with a mental illness.
- Employee is working at home documenting field work. She picks up a case of files necessary to complete the job and injures her back.
- Employee trips on the curb when walking from the public parking area toward his office.
- Employee is injured in the lunch room at the worksite when he slips on some water while walking up to a fellow employee.
- Employee is doing stretching exercises in the company lounge as part of the companies voluntary wellness program when she is injured.
- Employee is driving a company truck delivering gravel to a worksite when injured.
- Employee gets food poisoning from pizza provided by her employer as a safety reward.
- Employee is cleaning his ears and punctures his eardrum with a Q-tip while sitting at his desk.



**Determination of a new case**

Consider an injury or illness a “new case” if the employee has not previously experienced a recorded injury or illness of the same type that affects the same part of the body, **OR** the employee previously experienced a recorded injury or illness of the same type that affected the same part of body but had recovered completely (all signs and symptoms had disappeared) from the previous injury or illness and an event or exposure in the work environment caused the signs or symptoms to reappear.

**Rule 1904.6 New Cases**

**An injury or illness is a “new case” if:**

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- The employee has no previous recorded injury or illness of the same type that affects the same part of the body, or
- The employee previously had a recorded injury or illness of the same type that affected the same part of the body but recovered completely (all signs and symptoms disappeared) from the previous injury or illness and an event or exposure in the work environment caused the signs or symptoms to reappear.

For occupational illnesses where the signs or symptoms may recur or continue in the absence of a workplace exposure, record the case only once. Examples include occupational cancer, asbestosis, byssinosis and silicosis.



**Workshop: Is it a New Case?**

Make a check mark by situations considered to be “new cases” if they occurred at the work.

- Employee fell and broke an arm.
- An employee had previously suffered from a back injury and has had no restrictions for the past two years. He tried to move a box of metal parts and is now unable to work and will require surgery.
- Employee was diagnosed with occupational cancer last year. She has not previously had lost time due to this illness, but is now off work due to chemotherapy treatments she is receiving.
- Employee has had previous problems with asthma. He is an electrician and has an asthma attack requiring medical attention after being exposed to dust in the attic he is rewiring.

Step 6

Does the injury or illness meet the general criteria or the application to specific cases?

YES

General Recording Criteria 1904.7

It 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

OR

Application to Specific Cases

1904.8 – 1904.11

It is recordable if it meets the recording criteria for one of the following:

- Needlestick & Sharps
- Medical removal
- Hearing loss
- Tuberculosis

Rule 1904.7 General Recording Criteria

An injury or illness meets the general recording criteria, and is recordable, if it results in any of the following:

- death,
- days away from work,
- restricted work or transfer to another job,
- medical treatment beyond first aid, or
- loss of consciousness.

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What about a death?

You must record an injury or illness that results in death by entering a check mark on the OSHA 300 Log in the space for cases resulting in death.

You must also report any work-related fatality within eight (8) hours.

## Days Away: How do I count the days?

Rule  
1904.7  
General  
Recording  
Criteria

*When an injury or illness involves one or days away from work, you must record the injury or illness on the OSHA 300 Log with a check mark in the space for cases involving days away and an entry of the number of calendar days away from work in the number of days column.*

If the employee is out for an extended period of time, you must enter an estimate of the days that the employee will be away, and update the day count when the actual number of days is known.

Notes: \_\_\_\_\_

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Begin counting days away on the day after the injury occurred or the illness began. End the count of days away from work on the date the physician or other licensed health care professional recommends that the employee return to work. This applies regardless of whether the employee returns earlier or later than recommended. If there is no recommendation from the physician or licensed health care professional, enter the actual number of days the employee is off work.

Notes: \_\_\_\_\_

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You must count the number of calendar days the employee was unable to work as a result of the injury or illness, regardless of whether or not the employee was scheduled to work on those day(s). Include weekend days, holidays, vacation days or other days off in the total number of days recorded if the employee would not have been able to work on those days because of a work-related injury or illness.

Notes: \_\_\_\_\_

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You may stop tracking the number of calendar days away from work once the total reaches **180** days away from work and/or days of job transfer or restriction. Entering 180 in the total days away column is adequate.



**Rule  
1904.7  
General  
Recording  
Criteria**

If the employee leaves your company for some reason unrelated to the injury or illness, such as retirement, a plant closing, or to take another job, you may stop counting days away from work or days of restriction/job transfer. If the employee leaves your company because of the injury or illness, you must estimate the total number of days away or days of restriction/job transfer and enter the day count on the 300 Log.

You must enter the number of calendar days away for the injury or illness on the OSHA 300 Log that you prepare for the year in which the incident occurred. If the time off extends into a new year, estimate the number of days for that year and add that amount to the days from the year of occurrence. Do not split the days between years and enter amounts on the logs for two different years. Use this number to calculate the total for the annual summary, and then update the initial log entry later when the day count is known or reaches the 180-day cap.

**Notes:** \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**Notes:** \_\_\_\_\_  
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\_\_\_\_\_

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## What about when there is a restriction in work or job transfer?

*When an injury or illness involves restricted work or job transfer but does not involve death or days away from work, you must record the injury or illness on the OSHA 300 Log by placing a check mark in the space for job transfer or restriction and an entry of the number of restricted or transferred days in the restricted workdays column.*

## What do you mean by restricted work?



Restricted work occurs when, as the result of a work related injury or illness:

- a. You keep the employee from performing one or more of the routine functions of their job, or from working the full day that they would otherwise work; or
- b. A physician or other licensed health care professional recommends that the employee not perform one or more of the routine functions of their job, or not work the full workday that they would otherwise work.

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A recommended work restriction is recordable only if it affects one or more of the employee's routine job functions. To determine whether this is the case, you must evaluate the restriction in light of the routine functions of the injured or ill employee's job.

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A partial day of work is recorded as a day of job transfer or restriction for recordkeeping purposes, except for the day on which the injury occurred or the illness began. Record job transfer and restricted work cases in the same box on the OSHA 300 log.

**Rule  
1904.7  
General  
Recording  
Criteria**

You count days of job transfer or restriction in the same way you count days away from work. The only difference is that, if you permanently assign the injured or ill employee to a job modified or permanently changed to eliminate the routine functions the employee was restricted from performing, you may stop the day count when the modification or change is permanent. **You must count at least one day of restricted work or job transfer for such cases.**

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**Workshop: Recording Number of Days:**

Determine the amount of time lost as a result of the injury/illness and record on the OSHA log.

**Scenario**

An assembler in the Electrical Department at the Tool-N-Die Company slipped on oil on the floor on Monday, May 14 at 7:05 a.m. just 5 minutes after starting work. Pat Nobody suffered a bad sprain (right leg) and went to the doctor. Pat returned to work on the 18th as directed by the doctor.

On Monday, the 21st, Pat phoned in. The leg was still a problem and Pat was returning to the doctor's office. The doctor told Pat to stay away for the 21<sup>st</sup> and 22<sup>nd</sup>. He was to return to normal duty on the 23<sup>rd</sup> with restrictions to stay off the foot. Pat was given restricted duty and placed on inspection work instead of on the assembly line. As an inspector, Pat could remain seated with the right leg raised on a support. The 28<sup>th</sup> was a recognized holiday. Pat was able to return to regular job duties on the 30th.

Calculations: Use this calendar to calculate the number of days away from work, and the number of days restricted.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Number of days away from work \_\_\_\_\_

Number of days which are restricted \_\_\_\_\_

## What about medical treatment?

***If a work-related injury or illness results in medical treatment beyond first aid, you must record it on the OSHA 300 Log.***

If the employee received medical treatment but remained at work without transfer or restriction and the injury or illness did not involve death, one or more days away from work, one or more days of restricted work, or one or more days of job transfer, you enter a check mark in the box for other recordable cases.

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: You must record the case even if the injured or ill employee does not follow the physician or other licensed health care professional's recommendation.

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

*The rule identifies what is **NOT** considered medical treatment. If it the treatment is not listed, it is considered medical treatment.*

For this rule, medical treatment does not include:

- Visits to a physician or other LHCP solely for observation or counseling
- Diagnostic procedures, such as x-rays and blood tests, including the administration of prescription medications solely for diagnostic purposes (e.g., eye drops to dilate pupils).

## First Aid (All Inclusive)

Rule  
1904.7  
General  
Recording  
Criteria

- Using **nonprescription medications** at nonprescription strength (for medications available as both prescription and non-prescription drugs. A recommendation by a physician or other licensed health care professional to use a non-prescription drug at prescription strength is considered medical treatment for recordkeeping purposes).
- Administering tetanus or diphtheria **immunizations** (other immunizations, such as Hepatitis B vaccine or rabies vaccine, are considered medical treatment)
- Cleaning, flushing or soaking **wounds on the surface** of the skin
- Using **wound coverings** such as bandages, Band-Aids, gauze pads, butterfly bandages, Steri-Strips, etc. (other wound closing devices such as sutures, staples, etc. are considered medical treatment)
- Using hot or cold **therapy**
- Using any **non-rigid means of support** such as elastic bandages, wraps, non-rigid back belts, etc. (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for recordkeeping purposes)
- Using **temporary immobilization devices while transporting** an accident victim (e.g. splints, slings, neck collars, back boards, etc.)
- Drilling of a fingernail or toenail to **relieve pressure**, or **draining fluid** from a blister
- Using eye patches
- Removing foreign bodies from the eye using only irrigation or a cotton swab
- Removing splinters or foreign material from areas other than the eyes by irrigation, tweezers, cotton swabs or other simple means
- Using finger **guards**
- Using **non-therapeutic massages** (physical therapy or chiropractic treatment are considered medical treatment for recordkeeping purposes)
- Drinking **fluids for relief** of heat disorders



**NOT RECORDABLE****Reference**

- Visits to a physician or other LHCP solely for observation or counseling.
- Diagnostic procedures, such as x-rays and blood tests, including the administration of prescription medications solely for diagnostic purposes (e.g., eye drops to dilate pupils).

**First Aid (All Inclusive)**

- Using nonprescription medications at nonprescription strength (for medications available as both prescription and non-prescription drugs. A recommendation by a physician or other licensed health care professional\* to use a non-prescription drug at prescription strength is considered medical treatment for recordkeeping purposes).
- Administering tetanus or diphtheria immunizations (other immunizations, such as Hepatitis B vaccine or rabies vaccine, are considered medical treatment).
- Cleaning, flushing or soaking wounds on the surface of the skin.
- Using wound coverings such as bandages, Band-Aids, gauze pads, butterfly bandages, Steri-Strips, etc. (other wound closing devices such as sutures, staples, etc. are considered medical treatment).
- Using hot or cold therapy.
- Using any non-rigid means of support such as elastic bandages, wraps, non-rigid back belts, etc. (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for recordkeeping purposes).
- Using temporary immobilization devices while transporting an accident victim (e.g. splints, slings, neck collars, back boards, etc.).
- Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister.
- Using eye patches.
- Removing foreign bodies from the eye using only irrigation or a cotton swab.
- Removing splinters or foreign material from areas other than the eyes by irrigation, tweezers, cotton swabs or other simple means.
- Using finger guards.
- Using non-therapeutic massages (physical therapy or chiropractic treatment are considered medical treatment for recordkeeping purposes).
- Drinking fluids for relief of heat disorders.

**RECORDABLE** Medical Treatment

- All treatment that does not fall into first aid as listed above
- Using prescription medications or use of a non-prescription drug at prescription strength
- Using wound closing devices such as sutures, staples, etc.
- Using any devices with rigid stays or other systems designed to immobilize parts of the body

Any serious or significant work-related disorder that is diagnosed by a physician or other licensed health care provider<sup>1</sup> or identified by a positive medical test. These include work-related cases involving cancer, chronic irreversible disease, a fractured or a cracked bone or a punctured eardrum.

Fatalities (even if they do not require reporting).

Occupational injuries/illnesses that require days away from work; restricted work or days of job transfer; loss of consciousness.

Occupational injuries/illnesses that meet special recording criteria such as needlestick and sharps injuries; medical removal under OSHA standards; occupational hearing loss; or work-related tuberculosis.

1

In Illinois, "other licensed health care professional" includes a physicians' assistant or a nurse practitioner. Contact the Bureau of Licensing and Registration in your State to see who is included in this category as it may be different.



## Workshop: Is It Recordable or Non Recordable?

**Instructions:** Assume all incidents are work-related. Next to each instance, place a check in the box to indicate whether this is considered recordable or not recordable.

Incident Description		Recordable	
		YES	NO
1	Treatment limited to <u>cleaning, soaking, applying antiseptic and bandaging wound</u>		
2	Medical glue, sutures and staples were applied to <u>close</u> multiple lacerations		
3	Butterfly <u>bandages</u> were applied to multiple lacerations		
4	Applying <u>non-prescription ointments</u> on follow-up visits to prevent skin drying and cracking		
5	Removal of an <u>embedded</u> foreign material from the eye using tweezers		
6	Second or subsequent <u>hot and cold soaks</u>		
7	<u>Drilling a fingernail</u> to drain the fluid and relieve the pressure		
8	One-time administration of <u>oxygen</u> for several minutes		
9	Following a chest x-ray an employee was <u>diagnosed with silicosis</u>		
10	One time administration of <u>prescription</u> medication to alleviate minor discomfort		
11	Additional <u>cleaning and application</u> of antiseptic because the bandage became soiled		
12	<u>Leaches</u> are applied for extended care of bruises		
13	Employee injures back at work and has one <u>chiropractic adjustment</u>		
14	<u>Loss of consciousness</u>		
15	Reaction to flu shot administered in-plant on a <u>voluntary basis</u>		
16	The injury is the result of choking on a sandwich while at work from the <u>employee's brown bag lunch.</u>		
17	Adding drops to eye in order to dilate pupils for <u>diagnostic purposes</u>		
18	Employee has work-related elbow pain and is given non-prescription pain medication <u>at prescription strength</u>		

## What other things have to be recorded?

You must record a case if it involves a significant injury or illness diagnosed by a physician or other licensed health care professional, even if it does not result in death, days away from work, restricted work or job transfer, medical treatment beyond first aid, or loss of consciousness.

Notes: \_\_\_\_\_  
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## Needlestick and Sharps Injuries

***You must record all work-related needlestick injuries and cuts from sharp objects contaminated with another person's blood or other potentially infectious material (as defined by OSHA 29 CFR 1910.1030).***

You must enter the case on the OSHA 300 Log as an injury. To protect the employee's privacy, do not enter the employee's name on the OSHA 300 Log (see the requirements for privacy cases).

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When an injury is diagnosed later as an infectious bloodborne disease, you must update the classification on the 300 log to reflect the new status or classification.

Notes: \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

If covered by 1910.1030, the OSHA 300 Log may be used as the SHARP Log. Must include additional information

- Type & brand of device
- Department
- Explanation of how the event happened

Note: If you are not required to maintain OSHA 300 records, you are not required to keep a SHARP Log.



## Medical Removal Recording Criteria

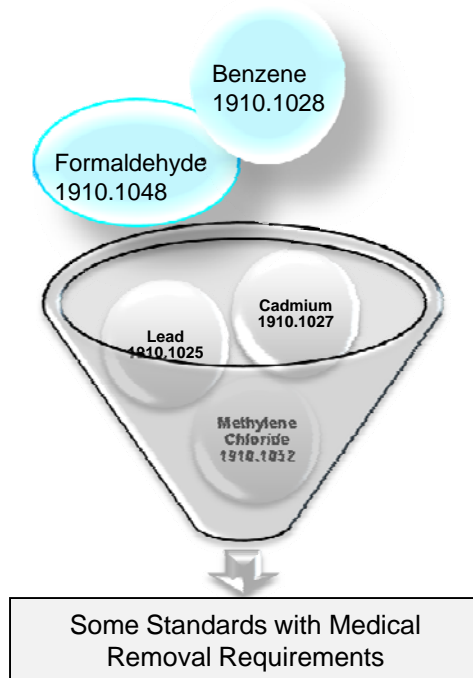
Rule  
1904.9

***If another standard requires the medical removal of an employee, you must record the case on the OSHA 300 Log.***

You must enter each medical removal case on the OSHA 300 Log as either a case involving days away from work or a case involving restricted work activity, depending on how you decide to comply with the medical removal requirement. If the medical removal is the result of a chemical exposure, you must enter the case on the OSHA 300 Log by checking the “poisoning” column.

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the case involves voluntary medical removal before reaching the medical removal levels required by a standard, **do not record** the case on the OSHA 300 log.



## Tuberculosis Recording Criteria

***If your employee has an occupational exposure to anyone with a known case of active tuberculosis (TB), and that employee subsequently develops a tuberculosis infection, as evidenced by a positive skin test or diagnosis by a physician or other licensed health care professional, you must record the case on the OSHA 300 Log by checking the “respiratory condition” column.***

Do not record a pre-employment positive skin test because the exposure was not in your workplace.

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Line out or erase a recorded case if you prove that:

- The worker lives in a household with a person diagnosed with active TB;
- The Public Health Department identifies the worker as a contact of an individual with a case of active TB unrelated to the workplace; or
- A medical investigation shows that the employee's infection was caused by exposure to TB away from work, or proves that the case was not related to the workplace TB exposure.



# Occupational Hearing Loss Recording Criteria

**Rule  
1904.10**

***If an employee's hearing test (audiogram) reveals Standard Threshold Shift (STS) in hearing, and the employee's total hearing level is 25 decibels (dB) or more above audiometric zero (averaged at 2000, 3000, and 4000 Hz) in the same ear(s) as the STS, you must record the case on the OSHA 300 Log by checking the "hearing loss" column.***

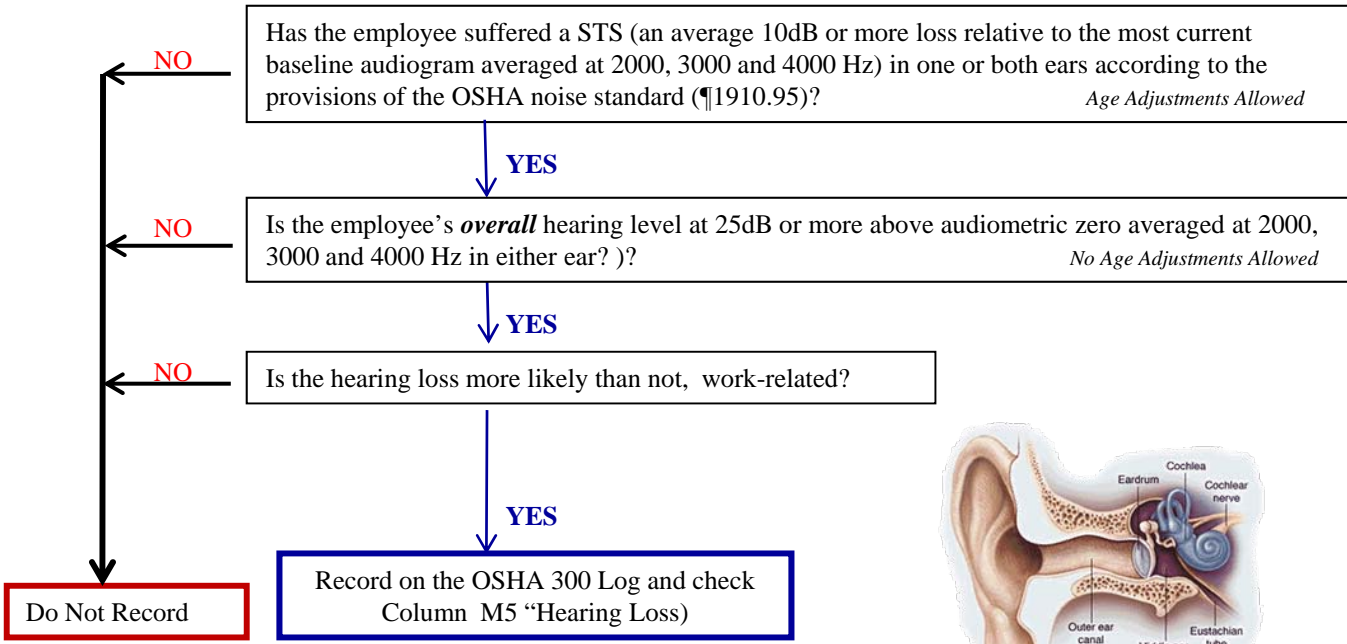
If you retest the employee's hearing within 30 days of the first test, and the retest does not confirm the STS, do not record the hearing loss case on the OSHA 300 log.

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If the retest confirms the STS, you must record the hearing loss illness within seven (7) calendar days of the retest.

Hearing loss is work-related if the employee's workplace exposure to noise is at an 8-hour time-weighted average of 85 dBA or more, or to a total noise dose of 50 percent, as defined in 29 CFR 1910.95.

If a physician or other licensed health care professional determines that the hearing loss is not work-related or has not been significantly aggravated by occupational noise exposure, the case is not work-related. **Do not record** it on the OSHA 300 Log.



## What Are Privacy Case Logs?

Rule  
1904.29

A “Privacy Case Log” is one that you design and keep to protect the privacy of employees. This log is required for certain cases.

- An injury or illness to an intimate body part or reproductive system
- An injury or illness resulting from sexual assault
- Mental illness
- HIV infection, hepatitis, tuberculosis
- Needlestick and sharps injuries
- **Illness** cases where the employee voluntarily request to keep name off

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Privacy Case Log

Case Number \*

Employee Name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*from 300 Log

Step 7

**RECORD THE INJURY OR ILLNESS**

**1904.29 – Forms:**

- ✓ OSHA Form 300, *Log of Work-Related Injuries and Illnesses*
- ✓ OSHA Form 301, *Injury and Illness Incident Report*

Note: Some employers may be required to complete a Privacy Case Log.

At the end of the year, complete OSHA Form 300A, *Summary of 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 \_\_\_\_\_

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

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. You have to use one line for a single case if you need it. 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				Enter the number of cases in column of 1904.2(b)(1)		Check the injury-causes or causes on type of illness:							
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date (injury or onset of illness)	(E) Where the case occurred (e.g., Loading dock level 2)	(F) Describe injury or illness, parts of body affected, or other information the fully injured or sick person(s) (e.g., "Several days from work because of a sprain")	Death	Days away from work	Job transfer or restriction	Other recordable cases	Absent from work	On job transfer or restriction	(1)	(2)	(3)	(4)	(5)	(6)	
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# Annual Summary Required For All Employers Who Keep The 300 Log:

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

An OSHA 300A must be completed at the end of the calendar year.

- Certified by company executive
- Posted from February 1 to April 30.

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_

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. 1213-0176

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		(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 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 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 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 name \_\_\_\_\_ Title \_\_\_\_\_

(\_\_\_\_\_) / / \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_