

OSHA Injury & Illness Annual Recordkeeping Criteria for 2020

January 28, 2021



Session Agenda

- Overview of OSHA's 1904 recordkeeping regulation
- Severe injury reporting requirements
- Completion and maintenance of OSHA 300, 300A & 301 forms
- Electronic submission of records
- COVID-19 guidance



OSHA Recordkeeping Links

- **OSHA 29 CFR 1904** regulations for **reporting** and **recording** requirements
<https://www.osha.gov/laws-regs/regulations/standardnumber/1904>
- OSHA **Recordkeeping & Reporting** landing page <https://www.osha.gov/recordkeeping/>
- Be sure to check your state OSH recordkeeping requirements:
<https://www.osha.gov/stateplans>



OSHA Recordkeeping

Why the need to record and report workplace injuries and illnesses?

- Injury and illness information is critical data that helps employers, workers and OSHA evaluate the **safety of a workplace**, understand **industry hazards**, and implement **worker protections** to **reduce and eliminate hazards**.
- All with the purpose and intention of **preventing** future workplace injuries and illnesses and **improving** overall employee safety and health.



Recordkeeping Assignment

Who in your company is assigned to OSHA recordkeeping requirements?

- Should be implemented and maintained by **experienced, qualified individuals**.
- Injury and illness data is critical to the **company**, federal/state/local **regulatory compliance** and **legal matters**.
- Injury and illness records need to be made available **upon request** and can under certain circumstances be requested by employees, ex-employees or their representatives **for up to 5 years**.
- **Housekeeping** of records and **privacy concerns** becomes as critical as the data itself.



Determining Case Recordability

What workplace injuries and illnesses should be recorded?

- Any work-related **fatality**.
- Any work-related injury or illness that results in **loss of consciousness, days away from work, restricted work, or transfer to another job**.
- Any work-related injury or illness requiring medical treatment **beyond first aid**.
- Any work-related diagnosed case of cancer, chronic irreversible diseases, fractured or cracked bones or teeth, and punctured eardrums.
- Special recording criteria for work-related cases involving needlesticks and sharps injuries, medical removal, hearing loss and tuberculosis



Establishments vs. Firms

- **Establishment-** A single physical location where business is conducted or where services or industrial operations are performed.
- **Firm-** Comprised of one or more establishments.



More than 10 Employees?

- **The OSHA recordkeeping rule** states that certain employers with **more than 10 employees** are required to keep records of serious work-related injuries and illnesses
- Employee counts are based on **annual peak employment**, meaning the number of employees **at any time** during the previous calendar year, including **full-time, part-time, seasonal, and temporary workers**.
- Employee counts are based on the **firm**, not **establishments**.
- Injury and illnesses records are **maintained** at the **establishment** level, not the **company** level



“Partially” Exempt Industries

- **Certain low-risk industries are partially exempted** from the recordkeeping rule:
<https://www.osha.gov/recordkeeping/ppt1/RK1exempttable.html>
- Does not mean exempt from OSHA **regulations!**
- Even if a company is exempt from OSHA injury and illness **recording** requirements, they are not exempt from OSHA **reporting** requirements!



Severe Injury Reporting

All employers are required to notify OSHA when a serious qualifying event occurs:

- Any work-related **fatality** must be reported within **8 hours**
- Any work-related **in-patient hospitalization, amputation, or eye loss** must be reported within **24 hours.**



How to Report to OSHA

Employers have three basic options for reporting a serious qualifying event:

- By **telephone** to the nearest OSHA **area** office during normal business hours
- By **telephone** to the 24-hour OSHA hotline at 1-800-321-OSHA (6742)
- **Online:** <https://www.osha.gov/report.html>



OSHA Recordkeeping Forms

Three Important OSHA Forms:

- **301-Injury & Illness Incident Report**
- **300-Log of Work-Related Injuries & Illnesses**
- **300a-Summary of Work-Related Injuries & Illnesses**

Equivalent forms- Employers may use equivalent forms in place of the OSHA forms, meaning one that has the same information, is as readable and understandable, and is completed using the same instructions as the OSHA form it replaces.

OSHA's Form 301
Injury and Illness Incident Report

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

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. 1318-0176

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 the printout or insert additional form pages in the PDF, and then use as many as you need.

Information about the employee

1) Full name _____

2) Street _____

3) City _____ State _____ ZIP _____

4) Date of birth _____
 Month _____ Day _____ Year _____

5) Date hired _____
 Male Month _____ Day _____ Year _____
 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 _____
 Month _____ Day _____ Year _____

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 ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

15) What happened? Tell us how the injury occurred. Example: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed sprains 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, in more specific than "hurt," "pain," or "sore." Example: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

17) What object or substance directly harmed the employee? Example: "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 _____
 Month _____ Day _____ Year _____

Completed by _____
 Title _____
 Phone _____ Date _____
 Month _____ Day _____ Year _____

Page 1 of 1

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a valid OMB control number. If you have any comments about this burden estimate or any other aspect of this data collection, including suggestions for reducing this burden, contact OSHA Office of Statistical Analysis, Room N-1044, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Form 301

301- Injury & Illness Incident Report

- Captures **basic information** about the initial stage of the incident such as date, name of employee and description of the incident.
- Document the information on this form within **7 calendar days** after you receive information about the case and decide if recordable under OSHA recordkeeping requirements

OSHA's Form 301
Injury and Illness Incident Report

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "interactive" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

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. 1218-0136

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 the printout or insert additional form pages in the PDF, and then use as many as you need.

Completed by: _____
Title: _____
Phone: _____ Date: _____
Month Day Year

Information about the employee

1) Full name: _____
2) Street: _____
3) City: _____ State: _____ ZIP: _____
4) Date of birth: _____
Month Day Year
5) Date hired: _____
Month Day Year
 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: _____
Month Day Year
12) Time employee began work: _____
Month Day Year 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 chlorides from hand sprayer"; "dally 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 chlorides when gasket broke during replacement"; "Worker developed seizures in work 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 "back," "palm," or "arm." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

17) What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorides"; "rotal 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: _____
Month Day Year

Page 1 of 1 Save Input Add a Form Page Reset

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this collection of information, including suggestions for reducing the burden, contact: OIG Department of Labor, OSHA, Office of Statistical Analysis, Room 10-044, 200 Constitution Avenue, NW, Washington, DC 20250. Do not send the completed forms to this office.

Form 300a

300a-Summary of Work-Related Injuries & Illnesses

➤ Form 300a takes data from the 300 Log and is used to show the totals for the year in each category:

- Number of Cases
- Number of Days
- Injury & Illness Types

➤ **Total Recordable Case** and **DART** rates can be derived from these totals

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. 12184-028

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 38 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 20202. Do not send the completed forms to this office.

Establishment information

Your establishment name _____

Street _____

City _____ State _____ ZIP _____

Industry description (e.g., Manufacturer 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 _____

Date _____ / / _____

Place _____

Form 300a

Completed form 300a must be **certified** and **signed** by **Company Executive**, defined by OSHA as:

- An **owner** of the company (sole proprietorship or partnership only)
- An **officer** of the corporation
- The **highest-ranking company official** working at the **establishment**
- The **immediate supervisor** of the highest-ranking company official working at the establishment



Form 300a

- 300a Summary must be posted in a visible area annually from **February 1 through April 30** in each **establishment**
- Employers must fill out and post the 300a Summary even if **no recordable work-related injuries or illnesses occurred during the year.**
- Must be a **physical posting.** Electronic distribution to employees does not currently meet the posting requirement.



Electronic Reporting Requirements

Electronic Reporting Requirements- ERR

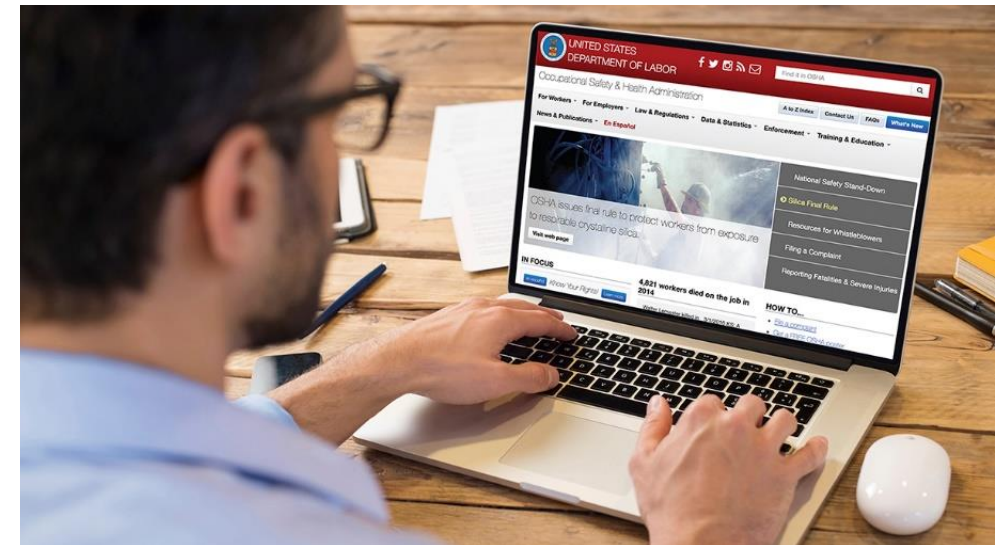
- Establishments with **250 or more employees** currently required to keep OSHA injury & illness records or;
- Establishments with **20-249 employees** classified in [certain industries](#)
- ERR based on the size of the **establishment**, not the **firm**



Electronic Reporting Requirements

Electronic Reporting Requirements, ERR

- Establishments must submit data to OSHA through **Injury Tracking Application, ITA**:
<https://www.osha.gov/injuryreporting/index.html>
- By **March 2, 2021**, and whenever requested by OSHA



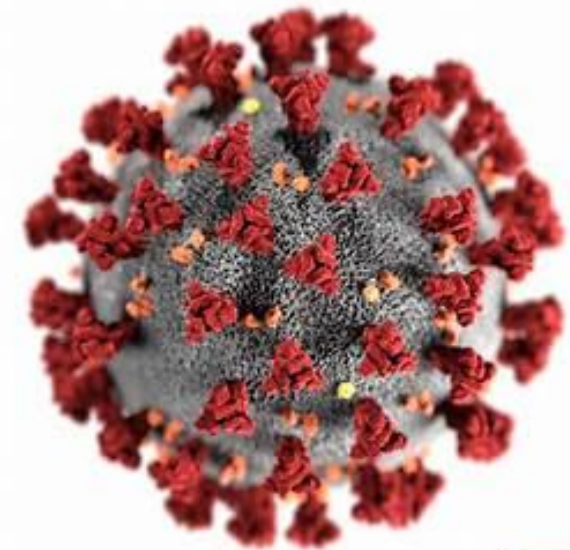
Electronic Reporting Requirements

- ERR is used to improve OSHA's ability to identify establishments that experience **high rates of occupational injuries and illnesses**.
- OSHA uses the data to interact with these establishments, through both **outreach and enforcement initiatives**, with the **goal of reducing injuries and illnesses**.



COVID-19

- **COVID-19** infection is a covered **contagious disease** under the OSHA recordkeeping rule.
- Fluid and rapidly evolving situation.
- The highly infectious and widespread nature of this disease has made it especially difficult for employers and health care workers to determine if an employee was exposed **at work or not**
- Appears to be both acute and chronic



COVID-19

- **OSHA COVID-19 Website**
<https://www.osha.gov/coronavirus>
- **OSHA Coronavirus Reporting & Recoding FAQs**
<https://www.osha.gov/coronavirus/faqs#reporting>
- **Revised OSHA Interim Enforcement Guidance for Recording Cases of Coronavirus Disease 2019 (COVID-19) Memo**
<https://www.osha.gov/memos/2020-05-19/revised-enforcement-guidance-recording-cases-coronavirus-disease-2019-covid-19>



OSHA I&I Recordkeeping 2020

THANK YOU! QUESTIONS?

For more information or questions, feel free to email us at:

sales@tpctraining.com

Or call:

(847) 808-4000



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