



OSHA 300 Log OSHA Recordkeeping Forms

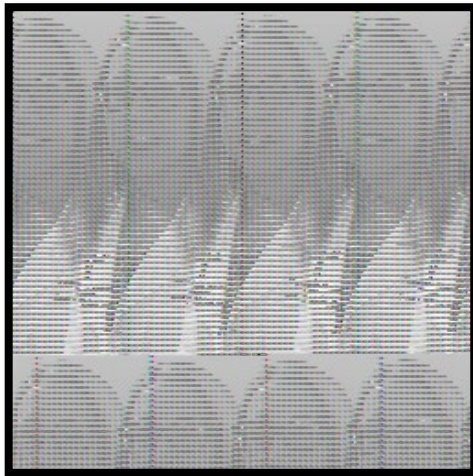


Physicians Health Center
OCCUPATIONAL MEDICAL SPECIALISTS



EASTERN
Insurance Group, Inc.

Presenters



Dr. Susan Nelson
Medical Director
Physicians Health Center



Eddie Martinez
Vice President – Safety
and
Claims Management
Eastern Insurance Group



The number one question on the
OSHA 300 Log

WHY?

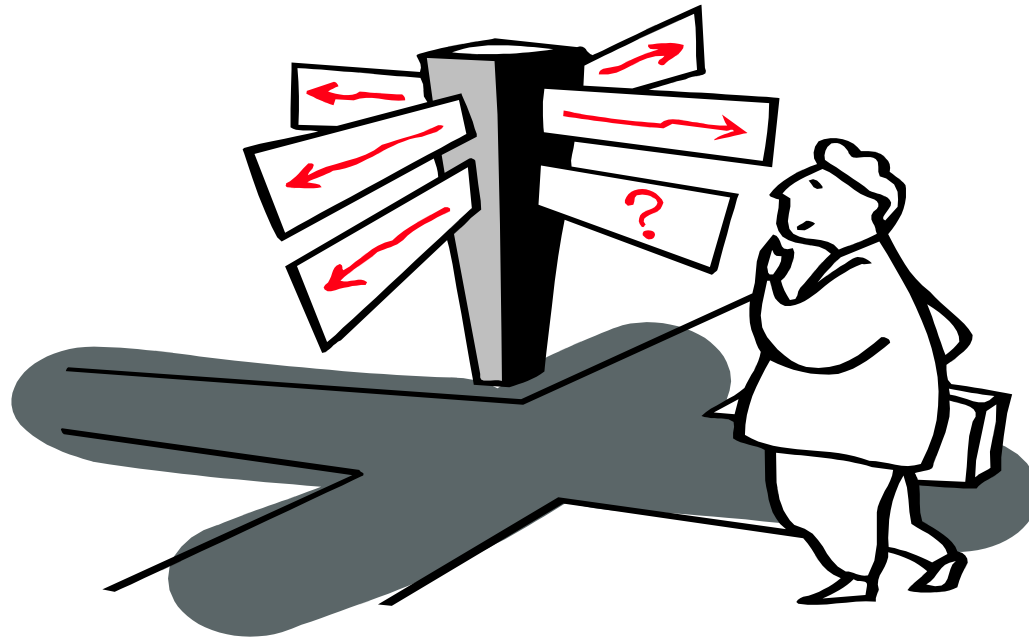
1904.4 – Recording Criteria

Covered employers must record each fatality, injury or illness that:

- is work-related, and
- is a new case, and
- meets one or more of the criteria contained in sections 1904.7 through 1904.11.

OSHA INJURY AND ILLNESS RECORDKEEPING

5 STEP PROCESS



Did the employee **experience an injury or illness?**

YES

Is the injury or illness **work-related?**

YES

Is the injury or illness **a new case?**

YES

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

YES

RECORD THE INJURY OR ILLNESS

STEP 1:

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.

STEP 1:

Did the employee **experience an injury or illness?**

Scenario A:

A worker reports to nurses' station with complaint of painful wrists. Employee given 2 Advil™ and returned to job.

**Stop Here
OR
Go On To The Next Step?**

Answer: Go on to the next step.

Why: Painful wrists was the injury experienced.

STEP 1:

Did the employee **experience an injury or illness?**

Scenario B:

There is a chlorine gas leak at XYZ establishment and the two employees in the area are rushed to the hospital. They are told to stay home the next day as a precautionary measure.

Stop Here
OR
Go On To The Next Step?

Answer: It depends !! We need more information.

Why: We need to know if either employee exhibited signs or symptoms of an injury/illness. If yes, then go to the next step. If no, STOP. We have an event or exposure only.

Did the employee **experience an injury or illness?**



YES

Is the injury or illness **work-related?**

STEP 2:
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 of a significant aggravation to a pre-existing condition.

1904.5 – Work Environment

The **work environment** is defined as the establishment and other locations where one or more employees are working or present as a condition of employment

The work environment includes not only physical locations, but also the equipment or materials used by employees during the course of their work

1904.5 – Significant Aggravation

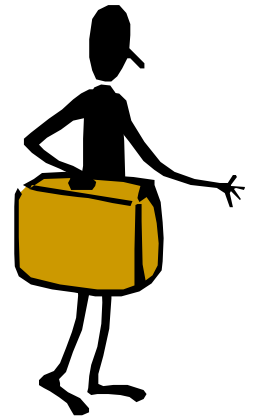
A pre-existing injury or illness is **significantly** aggravated when an event or exposure in the work environment results in any of the following (which otherwise would not have occurred):

- Death
- Loss of consciousness
- Days away, days restricted or job transfer
- Medical treatment

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



1904.5 – Work at Home

Injuries and illnesses that occur while an employee is working at home are work-related if they:

- occur while the employee is performing work for pay or compensation in the home, and
- are directly related to the performance of work rather than the general home environment



Did the employee **experience an injury or illness?**

YES

Is the injury or illness **work-related?**

YES

Is the injury or illness **a new case?**

STEP 3:

Is the injury or illness **a new case?**

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.

Did the employee **experience an injury or illness?**

YES

Is the injury or illness **work-related?**

YES

Is the injury or illness **a new case?**

YES

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

Step 4:

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

General Recording Criteria 1904.7

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

Understanding First Aid vs. Recordable Injuries

Cuts, Lacerations, Punctures, Abrasions, and Splinters

First Aid	Recordable
Bandaging	Sutures (stitches)
Steri-strips/Butterfly bandages	Surgical Glue
Application of ointments	Prescription meds
Non-prescription meds at non-prescription strength	Prescription antiseptic or a non-prescription antiseptic at prescription strength
Finger guards	Cutting away dead skin (surgical debridement)

Understanding First Aid vs. Recordable Injuries

Cuts, Lacerations, Punctures, Abrasions, and Splinters

First Aid	Recordable
Removal of foreign bodies from wound by tweezers, cotton swabs	Removal of foreign bodies requiring skilled services due to depth of embedment, size or shape of object(s), or location of wound
Removal of foreign bodies in the eye, not embedded, by irrigation, cotton swabs	
Removal of bandages by soaking	
Drilling a finger or toenail to relieve pressure or draining fluids from blisters	
Removal of foreign bodies from wound by tweezers, cotton swabs	

Understanding First Aid vs. Recordable Injuries

Fractures

First Aid	Recordable
X-ray taken as a precaution and is negative for fracture	X-ray results positive
	Application of a cast or other professional means of immobilizing injured part



Understanding First Aid vs. Recordable Injuries

Strains, Sprains, and Dislocations

First Aid	Recordable
Elastic (Ace) bandage on a strain	Application of a cast or other professional means of immobilizing injured part
Hot or cold compresses	Splint with rigid stays
Massage	Diathermy and whirlpool treatments ordered by a physician or employer
	Physical Therapy
	Chiropractic manipulation

Understanding First Aid vs. Recordable Injuries

Thermal or Chemical Burns

First Aid	Recordable
Treatment for first, second and third degree burns that require “first aid” only.	All first, second and third degree burns that require “medical treatment”



Understanding First Aid vs. Recordable Injuries

Bruises and Contusions

First Aid	Recordable
Soaking therapy or application of hot or cold compresses on any visit	Treatment of a bruise by draining collected blood



Understanding First Aid vs. Recordable Injuries


Medications

First Aid	Recordable
Recommendation or use of non-prescription medicines in non-prescription strength	Recommendation or use of prescription medications (including professional samples).
Tetanus shots, either initial shots or boosters	Administration of a single dose of prescription medication on a visit for minor injury or discomfort.
	Use of a non-prescription medication in a prescription dose/strength

Understanding First Aid vs. Recordable Injuries

- Any injury which involves loss of consciousness or transfer to another job is recordable.
- All occupational fatalities are recordable
- Restricted work occurs when, as the result of a work-related injury or illness:
 1. Physician or other licensed health care professional recommends that the employee not perform one or more of the ***routine functions*** of his or her job.
 2. Physician or other licensed health care professional recommends that the employee not work the full workday that he or she would otherwise have been scheduled to work.

**For recordkeeping purposes, an employee's routine functions are those work activities the employee regularly performs at least once per week.*



Brief Tutorial on Completing the OSHA Recordkeeping Forms

A review of the recordkeeping requirements and forms at a high level:

- Requirement to complete the forms and evaluate specific exceptions
- The forms in OSHA's recordkeeping package
- Recordability criteria for injuries and illnesses
- Recording injuries/illnesses on the forms



Who has to complete the OSHA injury and illness recordkeeping forms?

Many but not all employers. Exceptions are based on:

- Small employer exemption – 10 or fewer employees at all times during the year
- Low-hazard industry exemption – [see list of Partially Exempt Industries \(PDF\)](#)

Fatality and other serious event reporting as well as injury and illness surveys involve other considerations.



What forms must be completed?

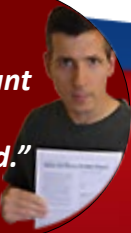
- **OSHA Form 300** – Log of Work-Related Injuries and Illnesses
- **OSHA Form 301** – Injury and Illness Incident Report
- **OSHA Form 300A** – Summary of Work-Related Injuries and Illnesses



What cases need to be recorded on the forms?

- Injuries and illnesses
- Work related
- Meet certain severity criteria

*"It's
important
and
required."*



What is considered an injury or illness?

- An abnormal condition or disorder
- Not an exposure, unless it results in signs or symptoms



What cases are work related?

- Cases caused by events or exposures in the work environment
- Cases contributed to by events or exposures in the work environment
- Cases significantly aggravated by events or exposures in the work environment

(For a list of activities that are not work related, see section [1904.5\(b\)\(2\)](#) [PDF].)




What are the severity criteria for recording a work-related injury or illness?

- Death
- Loss of consciousness
- Days away from work
- Restricted work activity or job transfer
- Medical treatment beyond first aid




OSHA Form 300: Recording a Fatality

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 <input type="text"/> 									
You must record information 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 1904.8 through 1904.12. Feel free to use two						Form approved OMB no. 1218-0176		U.S. Department of Labor Occupational Safety and Health Administration									
Establishment name <input type="text"/>						City <input type="text"/>		State <input type="text"/>									
Identify the person						Describe the case											
Classify the case						Enter the number of days the injured or ill worker was:											
(A)	(B)	(C)	(D)	(E)	(F)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:		Check the "injury" column or choose one type of illness:									
Case No.	Employee's Name	Job Title (e.g., Welder)	Date of injury or onset of illness (mo./day)	Where the event occurred (e.g., Loading dock north end)	Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	Death	Days away from work	Remained at work	Away From Work (days)	On job transfer or restriction (days)	(M)	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses:	
								Job transfer / restriction	Other recordable cases								
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
1	Mark Bagin	Welder	5/25	basement	fell from ladder	✓						✓					


"It's important and required."



OSHA Form 300: Recording a Case with Days Away From Work


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 <input type="text"/> 		U.S. Department of Labor Occupational Safety and Health Administration							
You must record information 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 1904.8 through 1904.12. Feel free to use two						Form approved OMB no. 1218-0176											
						Establishment name <input type="text"/>											
						City <input type="text"/>		State <input type="text"/>									
Identify the person		Describe the case				Classify the case											
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(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)	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:							
						Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M)					
								Job transfer / restriction	Other recordable cases			Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
1	Mark Bagin	Welder	5/25	basement	fell from ladder	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
2	Shana Alexander	Foundry man	7/2	pouring dock	poisoning from lead fumes		<input checked="" type="checkbox"/>			12					<input checked="" type="checkbox"/>		

OSHA Form 300: Recording a Case with Restricted Work Activity or Job Transfer

OSHA's Form 300 (Rev. 01/2004)						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 <input type="text"/>									
Log of Work-Related Injuries and Illnesses								U.S. Department of Labor		Occupational Safety and Health Administration							
You must record information 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 1904.8 through 1904.12. Feel free to use two								Form approved OMB no. 1218-0176									
						Establishment name <input type="text"/>											
						City <input type="text"/>		State <input type="text"/>									
Identify the person		Describe the case				Classify the case											
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(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)	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:							
						Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M) Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses:
						(G)	(H)	Job transfer / restriction	Other recordable cases	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
1	Mark Bagin	Welder	5/25	basement	fell from ladder	✓						✓					
2	Shana Alexander	Foundry man	7/2	pouring dock	poisoning from lead fumes		✓			12					✓		
3	Sam Sander	Electrician	8/5	2nd floor storeroom	sprained left foot, fell over box			✓			10	✓					
4	Ralph Boccella	Laborer	9/17	packaging department	back strain lifting a box		✓			5	14	✓					



OSHA Form 300: Recording a Case with Medical Treatment beyond First Aid

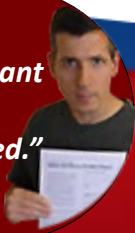
OSHA's Form 300 (Rev. 01/2004) Log of Work-Related Injuries and Illnesses						Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.		Year <input type="text"/> 									
You must record information 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 1904.8 through 1904.12. Feel free to use two						Form approved OMB no. 1218-0176											
Establishment name <input type="text"/>						City <input type="text"/> State <input type="text"/>											
Identify the person						Describe the case											
Classify the case						Enter the number of days the injured or ill worker was:											
CHECK ONLY ONE box for each case based on the most serious outcome for that case:						Check the "injury" column or choose one type of illness:											
(A)	(B)	(C)	(D)	(E)	(F)	Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M)					
Case No.	Employee's Name	Job Title (e.g., welder)	Date of injury or onset of illness (mo./day)	Where the event occurred (e.g. Loading dock north end)	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)			Job transfer / restriction	Other recordable cases			Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
1	Mark Bagin	Welder	5/25	basement	fell from ladder	✓						✓					
2	Shana Alexander	Foundry man	7/2	pouring dock	poisoning from lead fumes		✓			12					✓		
3	Sam Sander	Electrician	8/5	2nd floor storeroom	sprained left foot, fell over box			✓			10						
4	Ralph Boccella	Laborer	9/17	packaging department	back strain lifting a box		✓			5	14						
5	Jarrod Daniels	Machine operator	10/23	production floor	dust in eye				✓			✓					

(For a list of specific treatments considered to be first aid, see section [1904.7\(b\)\(5\)](#) [PDF].)

Other Recording Criteria

- Significant diagnosed injury or illness
- Needlestick and sharps injuries – section [1904.8](#) (PDF)
- Medical removal – section [1904.9](#) (PDF)
- Hearing loss – section [1904.10](#) (PDF)
- Tuberculosis – section [1904.11](#) (PDF)

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and
required."*



OSHA Form 301: Injury and Illness Incident Report

OSHA's Form 301 <i>Injury and Illness Incident Report</i>		Attention: This form contains information about employee health and must be used in a manner that protects the confidentiality of employees to the maximum possible while the information is being used for occupational safety and health purposes.
<p>This <i>Injury and Illness Incident Report</i> is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the <i>Log of Work-Related Injuries and Illnesses</i> and the accompanying <i>Summary</i>, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.</p> <p>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.</p> <p>According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep</p>	<p>Information about the employee</p> <p>1) Full name _____</p> <p>2) Street _____</p> <p>City _____ State _____ ZIP _____</p> <p>3) Date of birth ____/____/____</p> <p>4) Date hired ____/____/____</p> <p>5) <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Information about the physician or other health care professional</p> <p>6) Name of physician or other health care professional _____</p>	<p>Information about the case</p> <p>10) Case number from the <i>Log</i> _____</p> <p>11) Date of injury or illness ____/____/____</p> <p>12) Time employee began work _____</p> <p>13) Time of event _____</p> <p>14) What was the employee doing just before the injury or illness? _____ tools, equipment, or material the employee was carrying; "spraying roofing materials"; "spraying"</p> <p>15) What happened? Tell us how the injury or illness happened. _____ fell 20 feet"; "Worker was sprayed with paint and developed soreness in wrist over time."</p>

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

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

Summary of Work-Related Injuries and Illnesses

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)

Estab

Your est

Street

City

Industry

Standar

OR

North A

Empl

Workdays

Annual

Total ho

Sign I

Knowi



OSHA Form 300A: Summary of Work-Related Injuries and Illnesses (continued)

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.

Electronically Report Form 300A Data to OSHA

Many, but not all, establishments must electronically report their Form 300A data to OSHA on an annual basis.

- Establishments with 20-249 employees that are classified in certain industries.
- Establishments with 250 or more employees that are currently required to keep OSHA injury and illness records

Covered establishments must submit information from their completed Form 300A by March 2 of each year.

OSHA provides a secure website where employers create an account, enter, and submit their data. Information about and access to the Injury Tracking Application (ITA) is available at <https://www.osha.gov/injuryreporting/index.html>

More Information



Please email me for the following information:

1. OSHA 300 Forms in excel format
2. Copy of this presentation
3. Electronic Filing Requirements

Email: eddie@easterninsurance.net

More Information



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Keep the Forms on File

- File and update for 5 years
- Do not send copies to OSHA unless asked to do so
- Allow access to the records

(For details on access provisions, see section [1904.35](#) [PDF] and [1904.40](#) [PDF].)



Resources

- Recordkeeping web page
(<https://www.osha.gov/recordkeeping>)
- Q&A Search web page
(https://www.osha.gov/recordkeeping/faq_search/index.html)
- Local OSHA Offices
(<https://www.osha.gov/html/RAmap.html>)
- E-correspondence/Contact us
(https://www.osha.gov/html/Feed_Back.html)



Prize Wheel!

Thank you for Attending!

