

The Redwoods Group Insurance Program for JCCs

RISK MANAGEMENT TOPIC

TOPIC: OSHA Recordkeeping Guide

OSHA's Form 301 Injury and Illness Incident Report


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 and use as many as you need.

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. 1218-0176

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 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 ____/____/____

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 a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily 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 chlorine when gasket broke during replacement"; "Worker developed soreness 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; be more specific than "hurt," "pain," or "sore." *Examples:* "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

17) **What object or substance directly harmed the employee?** *Examples:* "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 ____/____/____

Completed by _____

Title _____

Phone (____) _____-____ Date ____/____/____

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 estimate or any other aspects of this data collection, including suggestions for reducing this burden, 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.

OSHA 301 – Injury and Illness Report

What you must record...

- a. **Death**
- b. **Loss of consciousness**
- c. **Days away from work**
 1. do not count the day of the incident, even if the employee does not return to work
 2. beginning the day after the incident, count the calendar days the employee was away from work because of the incident; stop counting when the total reaches 180 (or the total of lost and restricted days reaches 180); NOTE: the count is not number of days of missed work, but calendar days affected by the incident – e.g., if an employee is injured on Monday and cannot return until the following Monday, that is 6 lost days (Tuesday through Sunday), regardless of how many days the employee was scheduled to work
- d. **Days of restricted work activity or job transfer**
 1. whenever an employee, because of a work-related injury or illness, is restricted from doing (or it is so recommended by the employer or healthcare professional) the routine functions of the original job (by definition, something done once or more a

- week), or from working a full workday (as scheduled before the incident – that may be more than eight hours)
2. beginning the day after the incident; count the calendar days the employee was on restricted work activity because of the incident; stop counting when the total reaches 180 (or the total of lost and restricted days reaches 180)
- e. Medical treatment beyond first aid, but do NOT record**
1. non-prescription medicine
 2. tetanus shots
 3. cleaning or soaking surface wounds
 4. use of bandages
 5. hot or cold therapy
 6. using non-rigid support (elastic bandages, etc.)
 7. temporary immobilization devices for transporting victim
 8. drilling fingernail/toenail to relieve pressure or draining blisters
 9. using eye patches
 10. removing foreign bodies from eye by irrigation
 11. cotton swab, or irrigation
 12. finger guards; massages
 13. fluid consumption to relieve heat stress;
- f. NOTE: seeing a doctor is not necessarily recordable, do NOT record if**
1. doctor does first aid
 2. visit is for diagnostic procedures
 3. visit is for observation or counseling

When you must record it – within 7 calendar days of notice of injury

How it must be recorded – the initial document must be the OSHA 301 – a new emphasis program (effective 10/29/2009) no longer allows use of equivalent forms such as a First Report of Injury –

- a. Completer's information**
1. name
 2. title
 3. phone
 4. date of completion
- b. Employee information** *(from here on, numbers match those on the OSH 301 form)*
1. name
 2. address
 3. date of birth
 4. date of hire
 5. gender
- c. Healthcare information**
6. name of physician or other healthcare professional *(if used)*
 7. name and address of off-site treatment facility *(if used)*
 8. whether or not the employee was treated in an emergency room
 9. whether or not hospitalized as an in-patient
- d. Incident information**
10. case number from the OSHA 300 log
 11. date of injury/illness
 12. time the employee began work
 13. time of incident (or if cannot be determined, so state)
 14. what the employee was doing at the time of the incident (activity, tools, equipment, material being used) – be specific

4. HIV, hepatitis, or TB
5. needle-stick or cut from contaminated sharp
6. an employee's request for privacy with regard to an illness
- b. use PRIVACY CASE for name (item a. in the log of incidents below)
- c. keep a separate confidential list of case numbers and employee names for all privacy cases
- d. may, if desired, similarly treat the 301 – i.e., show PRIVACY CASE for name as long as the individual is identified on a separate confidential list as above

The Log of incidents – derived from the OSHA 301 forms *line numbers below track the OSHA 300*

- a. Case number
- b. Employee name
- c. Job title *(not required on OSHA 301)*
- d. Injury date (or onset of illness)
- e. Where the event occurred *(not required on OSHA 301)*
- f. Description of injury/illness, body part(s) affected, object/substances that injured or caused illness
- g. Death *only one of g, h, i, or j should be marked*
- h. Days away from work *only one of g, h, i, or j should be marked*
- i. Worked under restriction or transfer (remained at work) *only one of g, h, i, or j should be marked*
- j. Other recordable cases (remained at work) *only one of g, h, i, or j should be marked*
- k. Days away from work *sum of k and l should not exceed 180*
- l. Days transferred or on restriction *sum of k and l should not exceed 180*
- m. Type of injury or illness (mark one of the following) – note that illness is not necessarily defined as you personally would define it
 1. Injury
 2. Skin disorder (may be rash or blister caused by chemical, plant, or friction)
 3. Respiratory condition
 4. Poisoning
 5. Hearing loss – Standard Threshold Shift – change in hearing threshold based on the employee's baseline audiogram of 10 dB or more at 2000, 3000, and 4000 Hz in one or both ears; most JCCs will not have had to implement a hearing conservation program (29 CFR 1910.95) which requires the baseline audiograms
 6. All other illnesses – e.g., all heat/cold related, sunburn, welding burn, BBP

Correct or change log if there are changes after an entry is made

How long you must retain the information – 5 years

OSHA 300A – Summary of Work Related Injuries and Illnesses

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

Year 20__

Summary of Work-Related Injuries and Illnesses

U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.
 Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."
 Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G)	(H)	(I)	(J)

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
(K)	(L)

Injury and Illness Types	
Total number of . . . (M)	
1) Injuries	(4) Poisonings
2) Skin disorders	(5) Hearing loss
3) Respiratory conditions	(6) All other illnesses

Establishment information

Your establishment name _____

Street _____

City _____ State _____ ZIP _____

Industry description (e.g., *Manufacture of motor truck trailers*) _____

Standard Industrial Classification (SIC), if known (e.g., 3715) _____

OR

North American Industrial Classification (NAICS), if known (e.g., 336212) _____

Employment information (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees _____

Total hours worked by all employees last year _____

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive _____ Title _____

() / / _____

Phone _____ Date _____

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 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

This is the document that must be posted from 2/1 to 4/31 of the following year. Includes

- a. **Totals** of columns G, H, I, J, K, L, and M1 through M6 from all related OSHA 300 sheets; i.e., totals
 1. the number of incidents resulting in death, loss time, restricted-work, and other recordable incidents
 2. the number of lost-time days and restricted-work days
 3. the number of injuries and illnesses (later divided into 5 groups: skin disorder, respiratory condition, poisoning, hearing loss, and all other illnesses)
- b. **Establishment information** (name, address city, state zip)
- c. **Industry description**
 1. for JCCs, probably Fitness and Recreational Sports Center
- d. **NAICS (North American Industrial Classification System) number or SIC (Standard Industry Classification)** – latter not assigned since 2004 – abandoned in favor of NAICS
 1. for JCCs, probably 713940
- e. **Employment information**
 1. average number of employees
 2. total hours worked by all employees during the year
- f. **Signature of a company executive, along with title, phone, and date**

For additional information, see OSHA's Summary Document:
<http://www.osha.gov/recordkeeping/new-osha300form1-1-04.pdf>