



U.S. Department of Energy
Office of River Protection

P.O. Box 450
Richland, Washington 99352

04-ESQ-029

Mr. J. P. Henschel, Project Director
Bechtel National, Inc.
2435 Stevens Center
Richland, Washington 99352

Dear Mr. Henschel:

CONTRACT NO. DE-AC27-01RV14136 – ASSESSMENT REPORT A-04-ESQ-RPP-WTP-005 – REVIEW OF OCCUPATIONAL SAFETY AND HEALTH ACT (OSHA) INJURY/ILLNESS RECORDKEEPING FOR MARCH 1 THROUGH 5, 2004

This letter forwards the results of the U.S. Department of Energy, Office of River Protection (ORP) assessment of the Bechtel National, Inc. (BNI), OSHA Injury/Illness Recordkeeping for the Waste Treatment and Immobilization Plant (WTP) during the period March 1 through 5, 2004. The assessment team (Team) identified five Findings (Attachment 1) and two Observations. Details of the assessment are documented in the attached assessment report (Attachment 2).

The Team found BNI had established an effective infrastructure for medical services and treatment of patients. Interviews with medical and safety staff and hourly employees reflected a safety-conscience attitude. The Team, however, found weaknesses in OSHA recordkeeping, procedures and processes, oversight of subcontractor recordkeeping, inadequate injury/illness safety records, and minimal analysis of injuries and illnesses. The Team identified several non-compliances associated with the analysis, recording and reporting of injuries and illnesses. These Findings are significant because they identify conditions that can lead to underreporting of injuries and illnesses.

The Observations are as follows:

- BNI should revise/update procedures to accurately reflect: the injury/illness process with appropriate responsibilities delineated, authority/responsibility for case file classification, current forms, and clear process for defining work restrictions. Procedures should require routine validation of information submitted into the Computerized Accident/Incident Reporting System (CAIRS); and
- BNI should develop a process to ensure that subcontractor injury/illness information is being routinely reviewed and ensure that appropriate flow down requirements are included in the subcontracts for the information required to be submitted.

In addition to responding to the Findings, BNI's response should also address the above Observations to include the following:

- Steps that will be taken to review injury and illness data and correct discrepancies back to the start of the WTP construction project; and
- Training that will be provided for individuals responsible for injury/illness recordkeeping. For example, an eight-hour training session by a certified OSHA trainer will be presented at the Hanford site within the next six months.

The attached Assessment Report A-04-ESQ-RPP-WTP-005 documents the details of the assessment.

Within 30 days of receipt of this letter, please respond to the Findings and include the corrective action management plan indicating the identified causes and corrective actions identified to resolve the program deficiencies discussed in the attached report. The plan should include actions, responsible individual(s) and due dates.

Under separate correspondence, ORP will provide direction for implementation of necessary contractual changes to have BNI report electronically into CAIRS.

If you have any questions, please contact me, or your staff may call Robert C. Barr, Director, Office of Environmental Safety and Quality, (509) 376-7851.

Sincerely,

ESQ:PRH

Roy J. Schepens
Manager

Attachments: (2)

cc w/attachs:
C. Davis, BNI

Notice of Finding

Section C, “Statement of Work,” Standard 7, “Environment, Safety, Quality, and Health,” of the Contract¹, defined Bechtel National, Inc.'s (BNI) (the Contractor) responsibilities under the Contract as they related to conventional non-radiological worker safety and health; radiological, nuclear, and process safety; environmental protection; and quality assurance.

Section (J), “List of Attachments” and specifically “Attachment E-List of Applicable Directives”, Section (b) of the Contract indicates additional directives applicable to the Contractor. The Contractor was required to conduct work in accordance with DOE M 231.1-1, Environment, Safety and Health Reporting Manual, DOE O 231.1A, Environment, Safety and Health Reporting, and DOE N 231.1, Environment, Safety, and Health Reporting Notice.

General Requirements:

1. 29 CFR Part 1904, “Recording and Reporting Occupational Injuries and Illnesses;”
2. DOE O 231.1A, “Environment, Safety and Health Reporting;” and
3. DOE N 231.1, “Environment, Safety and Health Reporting Notice.”

During performance of a review of BNI’s Occupational Safety and Health Administration Recordkeeping conducted March 1 through 5, 2004, at BNI’s offices, the U.S. Department of Energy Office of River Protection (ORP) identified the five Findings described below.

A-04-ESQ-RPP-WTP-005-F01 – Five cases recorded as first aid should have been recorded as Occupational Safety and Health Administration (OSHA) recordable injuries with restricted workday activity.

Discussion:

Contrary to 29 CFR Part 1904 requirements, five cases recorded as first aid should have been recorded as an OSHA recordable injury with restricted workday activity. The following examples illustrate this condition:

- Case No. 414-03F, December 3, 2003: Employee (journeyman laborer) slipped and fell during wet conditions (rubber boots too large) straining her right knee. The employee was treated at first aid and was told by the nurse to limit her activities. No documentation was available to indicate whether the employee was able to perform her job within the restrictions, although discussions with the medical staff was that yes, the employee was able to return to full duty. Interview with the employee indicated that she had been placed on

¹ Contract No. DE-AC27-01RV14136, between U.S. Department of Energy and Bechtel National, Inc., dated December 11, 2000.

“light duty.” Based on the information in the file and interview with the employee, this case should be reported on the OSHA Log as a lost workday case with restricted work activity. [29 CFR 1904.7(b)(5)]

- Case No. 387-03F, September 3, 2003: Employee (journeyman carpenter/piledriver) was working alone lifting 12 ft. scaffold planks when he felt a pop and some “heat” in his left wrist. The employee was treated at first aid and he continued to have problems. On September 16, 2003, an Employee Restrictions Assessment Form was written giving one week restriction. Medical note dated September 23, 2003, indicated that the strain was resolved and the employee was back to work with no restrictions. Based on the information in the medical file, this case should have been classified as an OSHA recordable injury with restricted workday activity (at least seven days). [29 CFR 1904.7(b)(5)]
- Case No. 386-03F, August 27, 2003: Employee (journeyman laborer) was clearing weeds from the Central PreMix Batch Plant grounds when he felt a sharp pain in his lower back. Employee was treated at first aid. In the medical file was a copy of the “Injury, Illness and/or Accident Report” form which stated “First aid nurse practitioner suggested work activity be changed to more walking and not lifting anything over 15 lbs.” Based on the information in the medical file, this case should have been classified as an OSHA recordable injury with restricted workday activity. [29 CFR 1904.7(b)(5)]
- Case No. 376-03F, July 30, 2003: Employee (journeyman carpenter/piledriver) was working at High-Level Waste lifting 4x6x12 dunnage to the next level when he experienced pain in his back. The employee was treated at the first aid clinic. In the clinic Plan for the injury, it is stated: “work restrictions discussed with employee, supt. and safety.” Based on the information in the medical file, this case should have been classified as an OSHA recordable injury with restricted workday activity. [29 CFR 1904.7(b)(5)]
- Case No. 356-03F, July 7, 2003: Employee (journeyman carpenter/piledriver) was at Low-Activity Waste removing hand rail, toe board, and screen when he felt a spasm in his low back and felt pain down his left leg. The employee was treated at the first aid clinic where a full evaluation was performed. On July 14, 2003, the employee went to the emergency room where he was prescribed Hydrocodone. Medical note dated August 11, 2003, described the plan for treatment as “avoid bending, twisting and lifting over 20 lbs.” A doctor’s note dated September 16, 2003, indicated “continues light duty x 4 weeks.” The restrictions were noted as lifted effective October 24, 2003. Based on the information in the file, this case should have been classified as an OSHA recordable injury with restricted workday activity. [29 CFR 1904.7(b)(5)]

A-04-ESQ-RPP-WTP-005-F02 – Four first aid cases should have been classified as OSHA recordable.

Discussion:

Contrary to 29 CFR 1904 requirements, four cases recorded as first aid should have been recorded as an OSHA recordable. The following examples illustrate this condition:

- Case No. 419-03F, December 23, 2003: Employee (non-manual) twisted his right ankle while conducting an inspection when his foot hooked into a lanyard causing him to fall. Employee reported to Work Care and was diagnosed with a right ankle strain/sprain. On December 27, 2003, the employee went to an emergency room in Boise, Idaho (his home) due to continued problems with his ankle. The employee was given prescription medications and an air splint. This treatment makes the case an OSHA Recordable Injury. Additional information will have to be obtained to determine if the employee had any lost and/or restricted work days. [29 CFR 1904.7(a) and (b)(5)]
- Case No. 417-03F, December 10, 2003: Employee (journeyman pipefitter) was working in a pit when some laborer dumped snow/water from a tarp in his proximity. While trying to avoid the snow/water, the employee tripped over a submerged sump pump hitting a board which caused a pallet to hit him in the head. The employee reported to first aid and was treated. On December 12, 2003, there was a note in the file that the supervisor was to reassign the employee to an area where there was no noise. There was no documentation in the file to indicate if the employee had been able to perform his normal job or if a transfer to another job had been made. Interviews with the employee indicated that he had been transferred to another work crew but that he had continued to work every day doing his normal job. Documentation needs to be provided to delineate the entire work experience after the injury and when the employee actually was moved to another crew. If the employee was transferred to another job due to the injury the case would be recordable. [29 CFR 1904.7(b)(4)(ix) and (x)]
- Case No. 402A-03, October 9, 2003: Employee (non-manual) was walking from her car in the parking lot to her office when her right heel struck a rock twisting her right foot causing her to fall forward scraping her left knee, left elbow, and left hand. The employee was treated at the BNI first aid and released. On October 30, 2003, the employee went to Kennewick General Hospital (KGH) Urgent Care after her initial treatment at BNI first aid on October 9, 2003. At that time the employee was given some prescription medication (Flexoril and Vicodin). The orthopedic doctor gave the employee some samples of either Celebrex or Vioxx and encouraged the employee to return to work and possibly pursue physical therapy. Discussions with the BNI first aid staff indicated that they did not and would not request the medical treatment information from the October 9, 2003, KGH Urgent Care visit. The documentation in the file indicates that the prescription medication would make this case an OSHA recordable injury. No documentation was available to indicate whether the employee was able to perform her normal job duties. [29 CFR 1904.7(a) and (b)(5)]
- Case No. 372-03F, July 24, 2003: Employee (non-manual) was doing an area walk down between 8:00a.m. and 9:00 a.m. but felt nothing in his eye. However, around 12:30 p.m. he

felt some eye irritation and it continued to bother him so he reported to first aid at 15:10 p.m. The information in the file indicated that the clinic staff tried to remove the foreign body three times but could not. The employee was sent to Family Eye Care in Kennewick for foreign body removal of a piece of metal. Incomplete medical information was noted. Based on the information obtained, this case should have been classified as an OSHA recordable injury. [29 CFR 1904.7(a)]

A-04-ESQ-RPP-WTP-005-F03 – The information in BNI safety files provided to assessors was incomplete or missing. Documentation for the four recordable cases listed below did not provide sufficient information to determine the actual number of days of restricted workday activity and/or days away from work.

Discussion:

Contrary to 29 CFR 1904 requirements, actual number of days of restricted workday activity and/or days away from work was indeterminate. The following examples illustrate this condition:

- Case No. 421-03F/RL, December 30, 2003: Employee (apprentice/helper, carpenter/piledriver) received a stomach strain while pulling on a she bolt with a pipe wrench. This case was reported as a Lost Workday Case with both days away from work and days of restricted work activity. In review of the case file, it was determined that the number of days restricted and lost were inaccurate. Corrections were made at the time into the Safety Data System (SDS) by BNI staff.
- Case No. 416A-03F/R, December 8, 2003: Employee (foreman, ironworker/rebar) was carrying 25 lbs of rebar into a trench when he stepped in soft dirt losing his balance. He felt and heard a “pop” in his left hip. The employee was continuing to have problems with his hip and on February 6, 2004, was referred to Work Care Tri-Cities for treatment and was given prescription medication. There is no documentation to indicate whether the employee was able to perform all of his normal work duties with the injury. [29 CFR 1904.7(b)(5)]
- Case No. 353-03F/R, July 2, 2003: Employee (journeyman laborer) was working on the Pretreatment (PT) mud mat assisting another employee with a hose clamp when his left fourth digit was struck by a hammer blow from his fellow employee. The employee was treated at the first aid clinic where x-ray revealed a fracture. An unsigned note in the file stated that July 3, 2003, was a scheduled day off for the employee and had been scheduled prior to the injury. BNI needs to address whether the employee would have been able to work regardless of whether he was scheduled to work. Treatment for the injury at the first aid clinic continued through July 23, 2003, which was the last entry. This medical note stated the plan for injury was “brace, NSAIDS, ice, & elevation prn.” No follow-up notes were available. There is no documentation to indicate whether the employee was able to work the next day (regardless of whether it was scheduled off) or able to perform all of his normal job duties with the injury. [29 CFR 1904.7(b)(3)(vi) and (5)]

- Case No. 385-03F/R, August 25, 2003: Employee (journeyman ironworker/rebar) was crawling through an 11” x 11” hole in the rebar basement when he jammed his left shoulder. The employee was treated at the first aid clinic. This case was classified as an OSHA recordable injury with restricted workday activity beginning September 17, 2003. However, information in the file indicates that the restricted workday activity actually began on August 26, 2003, the day after the injury. This file needs to be evaluated to determine the correct number of days of restricted workday activity.

A-04-ESQ-RPP-WTP-005-F04 – Thirteen cases were incorrectly classified. (see Attachment 2, BNI Case File Summaries and Chicago Bridge and Iron [CBI] Case File Summaries).

Discussion:

Contrary to 29 CFR 1904.7(b)(4)(vii) requirements, the contractor classified injuries based upon insufficient documentation, in the records reviewed by the assessors. Thirteen BNI cases and two CBI cases need thorough analysis to determine if the classification should be changed or updated. These cases appear on Pages 8 – 10 of the attached report.

A-04-ESQ-RPP-WTP-005-F05 – BNI failed to ensure that all subcontractor OSHA recordable injuries/illnesses are submitted into CAIRS, regardless of whether the subcontractor elects to log the injury/illness onto the OSHA 300 log. Two cases for CBI were determined to be OSHA recordable and the subcontractor had not classified the cases as recordable.

Discussion:

Contrary to DOE M 231.1-1A, Attachment 2, Section 3C, BNI did not ensure that reports for subcontractors were recorded in accordance with 29 CFR 1904. The following examples illustrate this condition:

- Case No. 411-03F, November 18, 2003: Employee was in the north tunnel of the PT instructing welders when he experienced eye irritation. The next day the work continued and the employee experienced more discomfort and reported to the first aid clinic where he was diagnosed with flash burn. He was treated with a Tetracaine Ophthalmic solution to numb. Bacitracin ophthalmic ointment was used in both eyes. One eye received a patch. The employee was given the prescription medication ophthalmic ointment to apply twice a day. The subcontractor (CBI) classified the case as first aid, however, BNI questioned this classification and provided CBI with an OSHA interpretation which stated that use of prescription medication made the treatment OSHA recordable. CBI maintained the case was classified as first aid. Based on the medical information and the treatment provided, this case should have been classified as an OSHA recordable injury. [29 CFR 1904.7(a)]
- Case No. 364-03F, July 15, 2003: Employee was working in the CBI fab yard driving bull pins with a 4 lb hammer. The employee felt a cramp on his left side, dropped the hammer and went to sit in the shade. The employee continued to experience problems and as co-workers came to his aid, his knees buckled and he had to be helped to lie down. Medical

transport brought the employee to the first aid clinic where he was given an Electro Cardiogram (EKG), an IV of ringers lactate, and administered oxygen. The employee was transported to the hospital. Medical notes from the hospital state the diagnosis as heat exhaustion. The doctor indicated that the employee should not work in the sun the next day or half day on Wednesday. Discussions were held with the CBI Project Manager and he indicated that this case was first aid. He stated that the employee did return to work the next day and was able to work. The employee was no longer working onsite. The medical treatment of administration of an IV makes this an OSHA recordable injury. No documentation was available to indicate that the employee was able to perform his normal job duties. [29 CFR 1904.7(b)(5)]

ORP requests that BNI provide, within 30 days from the date of the letter that transmitted this Notice, a reply to the Findings above. The reply should include: 1) admission or denial of the Findings; 2) the reason for the Findings, if admitted, and if denied, the reason why; 3) the corrective steps that have been taken and the results achieved; 4) the corrective steps that will be taken to avoid further Findings; and 5) the date when full compliance with the applicable commitments in your Quality Assurance Manual will be achieved. Where good cause is shown, consideration will be given to extending the requested response time.

**OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
(OSHA) INJURY/ILLNESS RECORDKEEPING REVIEW
BECHTEL NATIONAL, INC. (BNI) MARCH 1-5, 2004**

The U.S. Department of Energy (DOE), Office of River Protection (ORP) conducted an OSHA injury/illness recordkeeping review during the week of March 1-5, 2004. The review team consisted of a DOE Oak Ridge Operations Office employee and an employee of the ORP safety office. The review included all injuries occurring at the site during July 1 – December 31, 2003. Approximately 74 records were included in the review (first aid and OSHA recordables). Discussions were held with the safety staff during the period. Also, a comparison of the OSHA 300 Log and the information submitted into the DOE Computerized Accident/Incident Reporting System (CAIRS) was performed. Two BNI subcontractors were included in the review (Chicago Bridge and Iron [CBI] and Intermech). Discussions with the BNI safety staff indicated that no injury/illness record reviews had been conducted by BNI of any subcontractor data.

Prior to the review and at the request of the review team, BNI provided pertinent recordkeeping procedures for review. Procedure 24590-WTP-GPP-SIND-023B, “Reporting Occupational Injuries and Illnesses,” effective date March 21, 2002, and Procedure 24590-WTP-GPP-SIND-040, “Environment, Safety, and Health Reporting in Accordance with DOE Order 231.1A,” effective date November 15, 2003, were reviewed. During the conduct of the review, however, the Team determined that the most recent version of Procedure 24590-WTP-GPP-SIND-023 had not been provided. A more recent version (November 4, 2002) was provided by BNI safety and reviewed by the team. Also reviewed by the team was an internal management assessment report entitled: “OSHA and Safety Recordkeeping,” dated July 22, 2003. The report generally addresses the lack of a formalized process for injury/illness reporting, use of multiple forms to capture injury/illness data, reporting delays, and incomplete follow-up on corrective actions from the injury/illness reports. Four recommendations were made as a result of the report, however, it was indicated that no Corrective Action Reports or Noncompliance Reports would be issued based on the assessment.

Review of Procedures

Review of the procedures pertaining to the OSHA Recordkeeping Program indicated that there was not a clear delineation of responsibilities and there was not a clear process described for reporting injuries. The injury forms currently being used by the BNI safety staff are not the forms that are included in the latest version of the procedure. The staff indicated that through continuous improvement they had narrowed the form down to one but, as yet, had not updated the procedure to reflect the new form. Based on interviews with the safety and medical staff, when an employee reports to first aid the employee will fill out a statement form (24590-SIND-F00035, Revision 0) and the employee along with his superintendent and safety will complete a Report of Accident/Incident Form (24590-SIND-F00001, Revision 1). Most of the injury files reviewed contained some form of

this information but it was not consistent. Information is then logged into the Safety Data System (SDS). Apparently the data in SDS is the information that is submitted to CAIRS. Throughout review of all medical files, there was no documentation provided indicating safety's analysis of the case to determine if the case was OSHA recordable. There were no procedural requirements identified to cover this responsibility.

Review of Medical Files

Since the safety department had not completed any documentation indicating analysis of cases for OSHA recordability, the only case files to review were in the first aid clinic. Review of these files for the July-December 2003 time period indicated statements provided in the medical Plan that appeared to be work restrictions. In discussions with the nurse, she indicated that these statements (i.e., decreased use of right arm, no activity that would exacerbate the condition, limited pulling/pushing, etc) were intended to be common sense care for the injury and not restrictions. Safety and medical indicated that if formal restrictions were intended that a form "Employee Restrictions Assessment Form" would have been completed and placed in the file. This form is a Bechtel Hanford form and is not formalized into BNI's procedures. The Team found use of the form sporadic and in at least one case found the form was filled out and placed in the medical file, but the case was still classified as first aid. Interviews with employees indicated that they were placed on restricted work activity and this information was not reflected in the file even though employees indicated the discussion of work "light duty" involved medical, foreman, and safety.

Comparison of OSHA Log and CAIRS Data

The BNI staff could not (and had not in the past) access CAIRS data, therefore ORP printed out the CAIRS log for BNI. This information was compared to the BNI OSHA 300 log for Calendar Year (CY) 2003. Two cases on the OSHA 300 log were not listed in CAIRS (Case No. 343-03 and 416A-03). The BNI staff could not explain this discrepancy. Two cases on the OSHA log indicated days away from work and restricted workday activity; however, CAIRS indicated zero days away from work for both (Case No. 406-03 and 421-03). There was also a discrepancy in the number of restricted workdays reported (CAIRS data showed more days restricted than what was on the OSHA log). Three additional cases on the OSHA log with restricted workday activity had different days than was reflected in CAIRS (Case No. 252-03, 282-3F, and 385-03).

Review of Subcontractor OSHA Recordkeeping

Two subcontractors were selected for review (CBI and Intermech). Seven injury cases for CBI were reviewed during the July – December 2003 time period. One of the cases (flash burn) was clearly OSHA recordable based on the medical treatment (prescription ophthalmic ointment), however, CBI classified the case as first aid. BNI had questioned this classification and provided CBI with an OSHA interpretation indicating that the case

was recordable, however, CBI still classified the case as first aid. In discussions with the CBI project manager it was evident that he was not going to record the injury case. There was some documentation written on the decision making process, however, it was erroneous in its conclusions (as evidenced by an OSHA interpretation and the requirements in 29 CFR 1904). While the project manager was able to discuss the other six injuries with the review team, there was no documentation to indicate that the employees had actually been able to return to their normal job duties. One employee (in July) had been treated onsite for heat exhaustion with I.V. of ringers lactate and taken to the hospital. The doctor's note indicated the employee should not work in the sun the next day and half of the following day. The administration of an I.V. due to a work related condition makes this case an OSHA recordable injury. Although there was no documentation, the project manager indicated that the employee had, in fact, returned to work the next day and was able to perform his normal job duties. That employee was no longer working at the site and therefore, not available for interview. It is understood that the employer is responsible for classifying and recording injuries and illnesses; however, since both cases were clearly OSHA recordable, BNI should have taken the initiative to submit the cases into CAIRS since they are responsible for their subcontractors. CBI did have their OSHA 300 log and the corporate office's OSHA Summary posted at the site. Approximately 75 employees are working onsite for CBI.

In discussions with Intermech's safety manager, there were no injuries or illnesses for CY 2003 (not even first aid cases). The OSHA summary was posted as required. The manager reported that their first injury had occurred earlier in the week and provided the injury information for the team to review. The case was first aid but adequate information was provided on the case. In discussions with the safety manager on providing his injury/illness data and manhours to BNI, he indicated that he only provided the information "on request." He indicated that, thus far, he had not been requested to provide his manhour information. The review team asked to review his contract and in section GR-6, "Reporting Accidents and Incidents," the subcontractor is required to record and report occupational injuries and illnesses in accordance with the OSH Act of 1970 and 29 CFR 1904 requirements. There is a statement that reads: "SUBCONTRACTOR shall maintain accurate accident and injury/illness logs, and upon request, furnish to CONTRACTOR on a monthly basis, a summary (First Aid and OSHA 300) of injuries/illnesses and the total number of respective Work hours." There are approximately 65 employees working for Intermech on this contract (25 of the employees are working in the fabrication shop).

Findings and Observations

- Based on the information in the file and interviews with employees, five cases recorded as first aid should be recorded as an OSHA recordable injury with restricted workday activity. (Finding A-04-ESQ-RPP-WTP-005-F01)

Discussion

Case No. 414-03F, December 3, 2003: Employee (journeyman laborer) slipped and fell during wet conditions (rubber boots too large) straining her right knee. The employee was treated at first aid and was told by the nurse to limit her activities (no climbing stairs or carrying loads). The medical note states “avoid activities known to cause exacerbation of symptoms.” Medical notes on December 9, 2003, indicate that the employee reported she was “doing my exercises” and was wearing the neoprene knee brace. **No documentation was available to indicate whether the employee was able to perform her job within the restrictions, although discussions with the medical staff was that yes, the employee was able to return to full duty.**

Interview with the employee indicated that she had been placed on “light duty.” When asked what this entailed, she stated that she had been taken out of the field and placed in an office environment to do paper work activities and inventory for four or five days. **Based on the information in the file and interview with the employee, this case should be reported on the OSHA Log as a lost workday case with restricted work activity.** [29 CFR 1904.7(b)(5)]

Case No. 387-03F, September 3, 2003: Employee (journeyman carpenter/piledriver) was working alone lifting 12 ft. scaffold planks when he felt a pop and some “heat” in his left wrist. The employee was treated at first aid and he continued to have problems. On September 16, 2003, an Employee Restrictions Assessment Form was written giving one week restriction of: 1) avoid lifting over 10 lbs with/left hand/wrist; 2) avoid motion of left wrist; and 3) wear soft splint. Medical note dated September 23, 2003, indicated that the strain was resolved and the employee was back to work with no restrictions. **Based on the information in the medical file, this case should have been classified as an OSHA recordable injury with restricted workday activity (at least seven days).** [29 CFR 1904.7(b)(5)]

Case No. 386-03F, August 27, 2003: Employee (journeyman laborer) was clearing weeds from the Central PreMix Batch Plant grounds when he felt a sharp pain in his lower back. Employee was treated at first aid. In the medical file was a copy of the “Injury, Illness and/or Accident Report” form which is signed by the superintendent. It is stated on the form that the “First aid nurse practitioner suggested work activity be changed to more walking and not lifting anything over 15 lbs.” The employee continued follow-ups through September 4, 2003, with heat treatments. **Based on the information in the medical file, this case should have been classified as an OSHA recordable injury with restricted workday activity.** [29 CFR 1904.7(b)(5)]

Case No. 376-03F, July 30, 2003: Employee (journeyman carpenter/piledriver) was working at High-Level Waste lifting 4x6x12 dunnage to the next level when he experienced pain in his back. The employee was treated at the first aid clinic. In the clinic Plan for the injury, it is stated: “work restrictions discussed with employee, supt. and safety.” It was also stated that the employee was going on vacation Friday for one week. On August 11, 2003, the back pain was reported as resolved. **Based**

on the information in the medical file, this case should have been classified as an OSHA recordable injury with restricted workday activity. [29 CFR 1904.7(b)(5)]

Case No. 356-03F, July 7, 2003: Employee (journeyman carpenter/piledriver) was at LAW removing hand rail, toe board, and screen when he felt a spasm in his low back and felt pain down his left leg. The employee was treated at the first aid clinic where a full evaluation was performed. On July 14, 2003, the employee went to the emergency room where he was prescribed Hydrocodone. Medical note dated August 11, 2003, described the plan for treatment as “avoid bending, twisting and lifting over 20 lbs.” A doctor’s note dated September 16, 2003, indicated “continues light duty x 4 weeks.” The restrictions were noted as lifted effective October 24, 2003. **Based on the information in the file, this case should have been classified as an OSHA recordable injury with restricted workday activity.** [29 CFR 1904.7(b)(5)]

- Based on information in the medical file and employee interviews, four first aid cases should have been classified as OSHA recordables (more information should be obtained to determine if restricted workday activity was also involved). (Finding A-04-ESQ-RPP-WTP-005-F02)

Discussion

Case No. 419-03F, December 23, 2003: Employee (non-manual) twisted his right ankle while conducting an inspection when his foot hooked into a lanyard causing him to fall. Employee reported to Work Care and was diagnosed with a right ankle strain/sprain. The employee was treated with ice and over-the-counter (OTC) medications. BNI had a holiday on December 25 and 26, 2003. On December 27, 2003, the employee went to an emergency room in Boise, Idaho (his home) due to continued problems with his ankle. The employee was given prescription medications and an air splint. **This treatment makes the case an OSHA Recordable Injury. Additional information will have to be obtained to determine if the employee had any lost and/or restricted work days** (effective January 2002, OSHA changed the day count to calendar days rather than work days). [29 CFR 1904.7(a) and (b)(5)]

Case No. 417-03F, December 10, 2003: Employee (journeyman pipefitter) was working in a pit when some laborer dumped snow/water from a tarp in his proximity. While trying to avoid the snow/water, the employee tripped over a submerged sump pump hitting a board which caused a pallet to hit him in the head. The employee reported to first aid and was treated. Per the medical notes, on December 15, 2003, the employee was still experiencing a stiff, sore neck with ear discomfort when exposed to loud concussive noise. Records indicated the employee had experienced a headache daily since the date of injury. On December 12, 2003, there was a note in the file that the supervisor was to reassign the employee to an area where there was no noise. **There was no documentation in the file to indicate if the employee had**

been able to perform his normal job or if a transfer to another job had been made. Interviews with the employee indicated that he had been transferred to another work crew but that he had continued to work every day doing his normal job. **Documentation needs to be provided to delineate the entire work experience after the injury and when the employee actually was moved to another crew. If the employee was transferred to another job due to the injury the case would be recordable.** [29 CFR 1904.7(b)(4)(ix) and (x)]

Case No. 402A-03, October 9, 2003: Employee (non-manual) was walking from her car in the parking lot to her office when her right heel struck a rock twisting her right foot causing her to fall forward scraping her left knee, left elbow, and left hand. The employee was treated at the BNI first aid and released. On October 30, 2003, the employee goes to an orthopedic doctor and his notes in the file indicate that the employee went to Kennewick General Hospital (KGH) Urgent Care after her initial treatment at BNI first aid on October 9, 2003. At that time the employee was given some prescription medication (Flexoril and Vicodin). The orthopedic doctor gave the employee some samples of either Celebrex or Vioxx and encouraged the employee to return to work and possibly pursue physical therapy. Discussions with the BNI first aid staff indicated that they did not and would not request the medical treatment information from the October 9, 2003, KGH Urgent Care visit. **The documentation in the file indicates that the prescription medication would make this case an OSHA recordable injury. No documentation was available to indicate whether the employee was able to perform her normal job duties.** [29 CFR 1904.7(a) and (b)(5)]

Case No. 372-03F, July 24, 2003: Employee (non-manual) was doing an area walk down between 8:00 a.m. and 9:00 a.m. but felt nothing in his eye. However, around 12:30 p.m. he felt some eye irritation and it continued to bother him so he reported to first aid at 15:10 p.m. The information in the file indicated that the clinic staff tried to remove the foreign body three times but could not. The employee was sent to Family Eye Care in Kennewick for foreign body removal of a piece of metal. Incomplete medical information was noted. For example, the initial visit to the clinic and treatment on July 24, 2003, was not in the file. On the clinic logbook it did indicate that the employee was logged in for a visit at that time. The medical staff contacted the employee and confirmed that he had been treated by Family Eye Care and that a foreign body had been removed. **Based on the information obtained, this case should have been classified as an OSHA recordable injury.** [29 CFR 1904.7(a)]

- Four recordable cases should be reviewed to determine the actual number of days of restricted workday activity and/or days away from work. Additional information needs to be obtained to indicate whether employees were able to perform their normal job duties with the restrictions indicated. (Finding A-04-ESQ-RPP-WTP-005-F03)

Discussion

Case No. 421-03F/RL, December 30, 2003: Employee (apprentice/helper, carpenter/piledriver) received a stomach strain while pulling on a she bolt with a pipe wrench. This case was reported as a Lost Workday Case with both days away from work and days of restricted work activity. In review of the case file, it was determined that the number of days restricted and lost were inaccurate. Corrections were made at the time into the SDS by BNI staff.

Case No. 416A-03F/R, December 8, 2003: Employee (foreman, ironworker/rebar) was carrying 25 lbs of rebar into a trench when he stepped in soft dirt losing his balance. He felt and heard a “pop” in his left hip. The employee was continuing to have problems with his hip and on February 6, 2004, was referred to Work Care Tri-Cities for treatment and was given prescription medication. **There is no documentation to indicate whether the employee was able to perform all of his normal work duties with the injury.** [29 CFR 1904.7(b)(5)]

Case No. 353-03F/R, July 2, 2003: Employee (journeyman laborer) was working on the Pretreatment (PT) mud mat assisting another employee with a hose clamp when his left fourth digit was struck by a hammer blow from his fellow employee. The employee was treated at the first aid clinic where x-ray revealed a fracture. An unsigned note in the file stated that July 3, 2003, was a scheduled day off for the employee and had been scheduled prior to the injury. BNI needs to address whether the employee would have been able to work regardless of whether he was scheduled to work. Treatment for the injury at the first aid clinic continued through July 23, 2003, which was the last entry. This medical note stated the plan for injury was “brace, NSAIDS, ice, & elevation prn.” No follow-up notes were available. **There is no documentation to indicate whether the employee was able to work the next day (regardless of whether it was scheduled off) or able to perform all of his normal job duties with the injury.** [29 CFR 1904.7(b)(3)(vi) and (5)]

Case No. 385-03F/R, 8/25/03: Employee (journeyman ironworker/rebar) was crawling through an 11” x 11” hole in the rebar basement when he jammed his left shoulder. The employee was treated at the first aid clinic. This case was classified as an OSHA recordable injury with restricted workday activity beginning September 17, 2003. **However, information in the file indicates that the restricted workday activity actually began on August 26, 2003, the day after the injury. This file needs to be evaluated to determine the correct number of days of restricted workday activity.**

- Case files should be updated for BNI and CBI as indicated (see attached list of case file summaries). The cases should be analyzed to determine if the classification should be changed or updated. (Finding A-04-ESQ-RPP-WTP-005-F04)

- BNI should revise/update procedures to accurately reflect: the injury/illness process with appropriate responsibilities delineated, authority/responsibility for case file classification, current forms, and a clear process for defining work restrictions. Procedures also should require routine validation of information submitted into CAIRS. (Observation A-04-ESQ-RPP-WTP-005-O01)
- BNI should develop a process to ensure that subcontractor injury/illness information is routinely reviewed and that appropriate flow down requirements are included in the subcontracts for the information to be submitted. (Observation A-04-ESQ-RPP-WTP-005-O02)
- BNI should ensure that all subcontractor OSHA recordable injuries/illnesses are submitted into CAIRS, regardless of whether the subcontractor elects to log the injury/illness onto the OSHA 300 Log. Two cases for CBI were determined to be OSHA recordable and the subcontractor had not classified the cases as recordable. (Finding A-04-ESQ-RPP-WTP-005-F05)

**BECHTEL NATIONAL, INC. (BNI)
CASE FILE SUMMARIES**

First Aid Cases

Case No. 418-03F, December 17, 2003: Employee (journeyman ironworker) tripped over dunnage causing him to fall resulting in a right wrist strain. The employee was treated at Work Care where x-rays (negative) were taken and a thumb spica splint was applied to the wrist for support and protection. **No documentation was provided to determine if the employee was able to perform his normal duties with the injury/splint.** [29 CFR 1904.7(b)(4)(vii) and (viii)]

Case No. 416-03F, December 8, 2003: Employee (journeyman ironworker/rebar) was working on the night shift positioning U bars and jammed his right wrist. He reported to first aid on December 9, 2003, and the medical notes indicate the employee should decrease the use of his right arm, forearm, and report back. On December 10 and 11, 2003, the medical notes indicate the employee should continue to decrease the use of the right arm. On December 15, 2003, the medical notes indicate the employee reports that the pain has gone. **No documentation was available to indicate whether the employee was able to perform his job within these restrictions.** [29 CFR 1904.7(b)(5)]

Case No. 413-03F, November 24, 2003: Employee (apprentice/helper ironworker/rebar) had lifted a bolt can (30-40 lbs) and emptied out half, lifted can again and felt a sharp pain. He was treated in first aid and diagnosed with a right lower abdominal strain. The medical notes indicate the plan for the employee is "cautious activities." Medical notes on November 26, 2003, instruct the employee to "avoid known exacerbating activity over weekend such as strenuous lift, push, pull." Additionally, the medical notes dated December 1, 2003, indicate the employee should use proper body mechanics and avoid strenuous lifting, pushing/pulling. **No documentation was available to indicate whether the employee was able to perform his job within the restrictions.** [29 CFR 1904.7(b)(5)]

Case No. 397-03F, September 23, 2003: Employee (journeyman laborer) was working in various places on the site. At one time she was doing a lot of typing on the computer when she developed right hand fatigue and numbness. When she was moved to a clean-up crew the symptoms became worse. The medical notes indicate the employee reported to first aid on September 23, 2003, with numbness and pain noted as "10/10" level. There was no evidence the employee returned to first aid for follow-up. **No documentation was available to indicate whether the employee's transfer to the clean-up crew was due to the injury. If so, the case would be OSHA recordable due to the transfer to another job. No documentation or follow-up was available to indicate that anyone contacted the employee to determine her status after she reported such high pain levels.** The employee was not available for interview. [29 CFR 1904.7(b)(4)(ix) and (x)]

Case No. 405-03F, October 27, 2003: Employee (journeyman pipefitter) was working at the PT when he turned his upper body and felt pain in his lower back. The employee was treated at first aid and diagnosed with back pain and seen daily for a period of time for ice/heat treatment. On November 3, 2003, the medical plan is: increase field work duties, continue OTC medications, heat and stretching exercises. The medical note on November 3, 2003, indicates that at some point during the treatment (although not in the file) the employee was told to decrease his field work duties. **No documentation was available to indicate whether the employee was able to perform his normal job duties with the injury.** [29 CFR 1904.7(b)(5)]

Case No. 403-03F, October 13, 2003: Employee (journeyman ironworker/rebar) was working with rebar when some was dropped and pinched his right ring finger. X-rays were taken and were initially negative for fracture. Radiologist's report indicates fracture of the middle finger (base). In conversation with the nurse she stated that the fracture was old due to rounded edges, although the radiologist's report did not state that the fracture was an old one. An undated/unsigned note in the file asks "Could he do some work?" **No documentation was available to indicate whether the employee was able to perform his normal job duties.** [29 CFR 1904.7(b)(5)]

Case No. 402-03F, October 8, 2003: Employee (journeyman teamster/truck driver) was stepping out of the work truck when the wind caught the door making her lose her balance. This caused the employee to step wrong and she experienced pain in her left knee. She was treated at first aid for a left knee strain. An x-ray was taken which was normal. The employee continued treatments at the first aid clinic until the medical note on October 27, 2003, stated the employee could return to work as usual. **No documentation was in the file to indicate whether the employee had been able to perform her normal duties.** Interview with the employee indicated that she was able to perform her normal job duties. She stated that she was extra careful of the knee but that she had been able to do her normal job. [29 CFR 1904.7(b)(5)]

Case No. 401-03F, October 3, 2003: Information in the case file indicates that the date of injury is actually October 2, 2003, rather than October 3, 2003. Employee (apprentice/helper ironworker/rebar) was moving long channel iron when one piece bounced and hit his foot resulting in a contusion to the right ankle. An x-ray was taken and initially read as negative. A medical note stated that radiology over read was pending. **That information was not in the file.** When questioned, the medical staff was able to find the radiology report in the x-ray folder and the over-read indicated no fracture.

Case No. 391-03F, September 9, 2003: Employee (journeyman carpenter/piledriver) was moving panels and his back pain increased during the day. The employee was treated at the first aid clinic. There were no indications in the file that the employee had not been able to perform his job, however, during an interview the employee stated that he had been placed on "light duty." When asked what this entailed, he stated that he was not to

perform any lifting and he basically played “gopher” for two days until his back improved. **Based on this information, the case should have been classified as an OSHA recordable injury with restricted workday activity.** [29 CFR 1904.7(b)(5)]

Case No. 380-03F, August 14, 2003: Employee (apprentice/helper carpenter/piledriver) was pulling a concrete form with a tag line when he felt soreness in his left shoulder. The employee was treated at the first aid clinic. The clinic notes for the plan, stated “cautious weekend activities. Avoid exacerbating activities such as over shoulder work. F/U this dept. Mon. 8/18/03.” On August 18, 2003, the employee reports that he is “100%.” **No documentation was available to indicate if the employee was able to perform his normal job duties or would have been able since weekend days were involved.** [29 CFR 1904.7(b)(5)]

Case No. 373A-03F, July 28, 2003: Employee (journeyman carpenter/piledriver) was dismantling gang forms when he injured his back and was treated at the first aid clinic. There was a lot of information in the medical file relating to prescription medication and light duty. **During discussion with the medical staff there were indications that a personal condition was a factor, however, there was no documentation to justify this as a first aid only case.**

CBI CASE FILE SUMMARIES

Case No. 411-03F, November 18, 2003: Employee was in the north tunnel of the PT instructing welders when he experienced eye irritation. The next day the work continued and the employee experienced more discomfort and reported to the first aid clinic where he was diagnosed with flash burn. He was treated with a Tetracaine Ophthalmic solution to numb. Bacitracin ophthalmic ointment was used in both eyes. One eye received a patch. The employee was given the prescription medication ophthalmic ointment to apply twice a day. The subcontractor (CBI) classified the case as first aid, however, BNI questioned this classification and provided CBI with an OSHA interpretation which stated that use of prescription medication made the treatment OSHA recordable. CBI maintained the case was classified as first aid. **Based on the medical information and the treatment provided, this case should have been classified as an OSHA recordable injury.** [29 CFR 1904.7(a)]

Case No. 364-03F, July 15, 2003: Employee was working in the CBI fab yard driving bull pins with a 4 lb hammer. The employee felt a cramp on his left side, dropped the hammer and went to sit in the shade. The employee continued to experience problems and as co-workers came to his aid, his knees buckled and he had to be helped to lie down. Medical transport brought the employee to the first aid clinic where he was given an Electro Cardiogram, an Intravenous (IV) of ringers lactate, and administered oxygen. The employee was transported to the hospital. Medical notes from the hospital state the diagnosis as heat exhaustion. The doctor indicated that the employee should not work in the sun the next day or half day on Wednesday. Discussions were held with the CBI

Project Manager and he indicated that this case was first aid. He stated that the employee did return to work the next day and was able to work. The employee was no longer working onsite. **The medical treatment of administration of an IV makes this an OSHA recordable injury. No documentation was available to indicate that the employee was able to perform his normal job duties.** [29 CFR 1904.7(b)(5)]