

Recordkeeping Violation Documentation Worksheet (sample)

OPTIONAL

RECORDKEEPING VIOLATION DOCUMENTATION WORKSHEET

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(This Form Effective - January 1, 2002)

1. UNIQUE CASE NUMBER: OSHA-O2-1
 (Designate a number that will stay the same at all times. Example: OSHA-98-1, where OSHA means it was discovered by us, 98 is the year, and the numbers will be in sequence.)

2. DATE OF INJURY/ILLNESS: 05/25/02

3. WAS CASE RECORDED ON LOG? (Please check one)
 Yes (If yes, enter log case number here _____; continue to **Table 1** then to **Table 2**)
 No (If no, then continue to **Table 2**)

Table 1. If yes, copy information from columns **G** through **M** of the employer's 300 log entry.

G	H	I	J	K	L

Table 2. If recorded incorrectly in Table 1, or not recorded at all, correctly record here.

G	H	I	J	K	L
	X			12	15

4. INJURY/ILLNESS INFORMATION: (From 300 Log, Items 1-5 of Column M) 1) If Injury Check here
 If Illness, Check type: 2) Skin Disorder 3) Poisonings
 4) Respiratory Condition 5) All Other Illnesses

5. WORK RELATIONSHIP: Describe event or exposure including placement of employee on or off premises; OSHA 301 equivalent or company accident report often provides this information. Ex: Cut finger while loading scrap metal at work; Broke arm in auto accident while driving to customer's office, develops dermatitis from cleaning parts with solvent on premises.
Employee was standing on a ladder in the steel mill, welding pipes. A fork lift passed through the area causing a vibration which caused the ladder to shake. The employee fell to the floor fracturing the left arm and left leg.

6. BASIS FOR RECORDABILITY: (Check all that apply and provide details in comments section below)
 Death (D) ----- Medical Treatment beyond First Aid (MT) -----
 Days away from work (DA) - - - A significant injury or illness diagnosed by a physician
 Loss of consciousness (LC) - - - - - or other health care professional (SI) -----
 Restricted work or transfer to another job (RT) ----- Recordable condition under 1904.8 thru 1904.12 (needlestick, TB, hearing loss, etc.) -----

7. COMMENTS: (Be specific and show all relevant information) Examples: MT-Naprosyn 440 mg BID (twice a day); DAW-RWT - give dates (9/14/02 through 9/21/02); SI - Aplastic Anemia from Benzene exposure
Employee was away from work 15 calendar days from 5/26/02 through 6/9/02, and subsequently returned to work on a restricted basis for 12 days from 6/10/02 through 6/21/02. Employee was released to full duty on 6/22/02.

8. SUPPORTING DOCUMENTATION OR EVIDENCE: (Check all documentation used for substantiating case recordability)
 OSHA 300 Form Employee roster (payroll) Medical Records/Files
 Nurse/Doctor/Clinic logs Insurers' accident reports Company Accident Reports
 Absentee Records Company First Aid Reports Union Records
 Accident and Health Benefit Insurance OSHA 301 Form or Workers' Comp. Equivalent
 State Workers' Compensation Form Other (Specify) _____