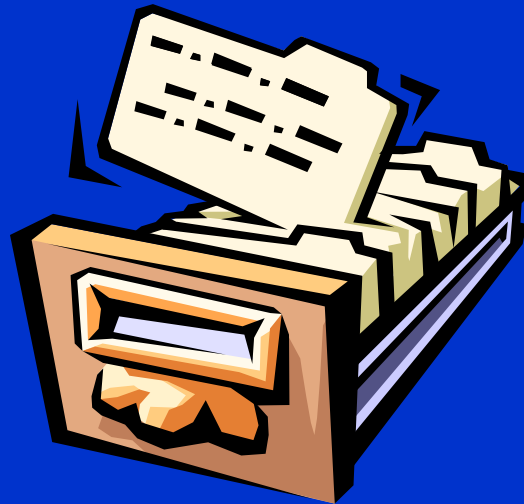


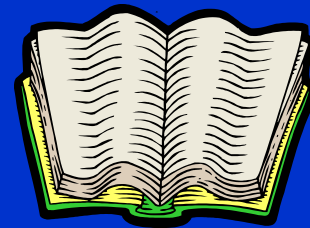
29 CFR Part 1904

Recording and Reporting Occupational Injuries and Illnesses



Organization of the Rule

- Subpart A - Purpose
- Subpart B - Scope
- Subpart C - Forms and recording criteria
- Subpart D - Other requirements
- Subpart E - Reporting to the government
- Subpart F - Transition
- Subpart G - Definitions

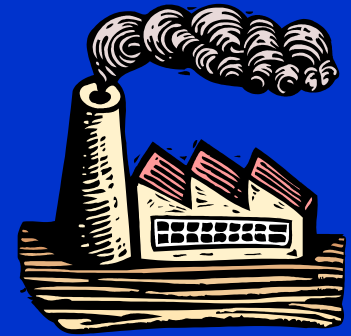


Purpose (of the Rule)

- To require employers to record and report work-related fatalities, injuries and illnesses
 - Note: Recording or reporting a work-related injury, illness, or fatality does not mean the the employer or employee was at fault, an OSHA rule has been violated, or that the employee is eligible for workers' compensation or other benefits.
- OSHA injury and illness recordkeeping and Workers' Compensation are independent of each other

Subpart B - Scope

- 1904.1 – Small employer partial exemptions
- 1904.2 – Industry partial exemptions (see Appendix A to Subpart B for complete list)
- 1904.3 – Keeping records for other Federal agencies



Partial Exemption

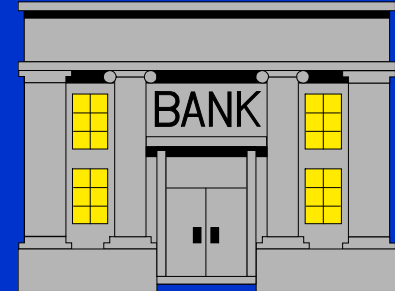
- Employers that are **partially** exempt from the recordkeeping requirements because of their size or industry must continue to comply with:
 - 1904.39, Reporting fatalities and multiple hospitalization incidents
 - 1904.41, Annual OSHA injury and illness survey (if specifically requested to do so by OSHA)
 - 1904.42, BLS Annual Survey (if specifically requested to do so by BLS)

1904.1 – Size Exemption

- If your company had 10 or fewer employees at all times during the last calendar year, you do not need to keep the injury and illness records unless surveyed by OSHA or BLS
- The size exemption is based on the number of employees in the entire company
- Include temporary employees who you supervised on a day to day basis in the count

1904.2 - Industry Exemption

- **All** industries in agriculture, construction, manufacturing, transportation, utilities and wholesale trade sectors **are covered**
- In the retail and service sectors, some industries are partially exempt
- Appendix A to Subpart B lists partially exempt industries



Recording Criteria

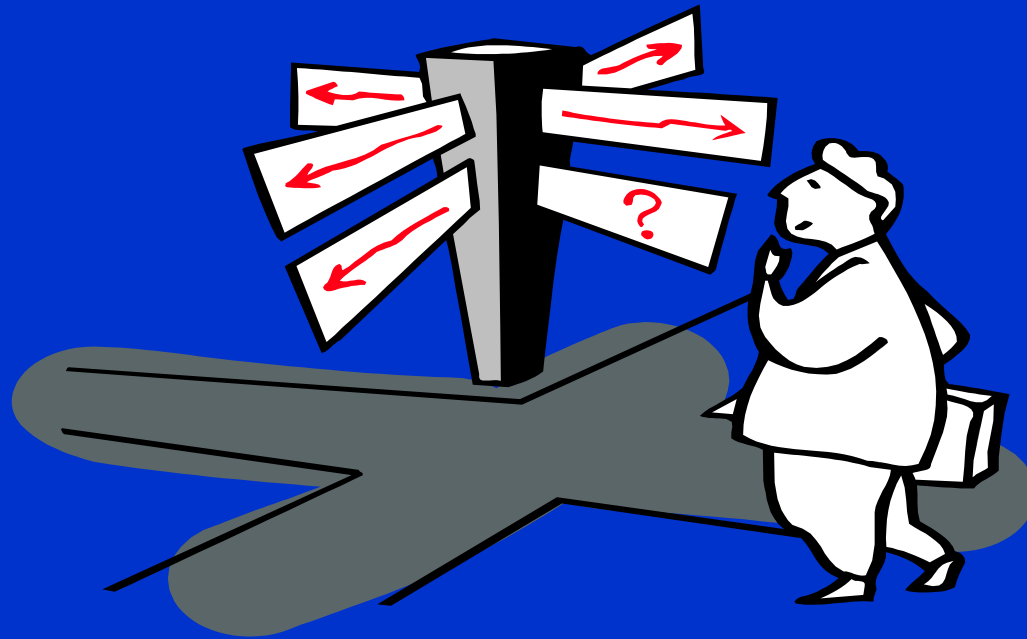
- Subpart C - Recordkeeping Forms and Recording Criteria
 - 1904.4 Recording criteria
 - 1904.5 Work-relatedness
 - 1904.6 New case
 - 1904.7 General recording criteria
 - 1904.8 Needlesticks and sharps
 - 1904.9 Medical removal
 - 1904.10 Hearing loss
 - 1904.11 Tuberculosis
 - 1904.29 Forms

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 – Exceptions

- Present as a member of the general public
- Symptoms arising in work environment that are solely due to non-work-related event or exposure (Regardless of where signs or symptoms surface, a case is work-related only if a work event or exposure is a discernable cause of the injury or illness or of a significant aggravation to a pre-existing condition.)
- Voluntary participation in wellness program, medical, fitness or recreational activity
- Eating, drinking or preparing food or drink for personal consumption



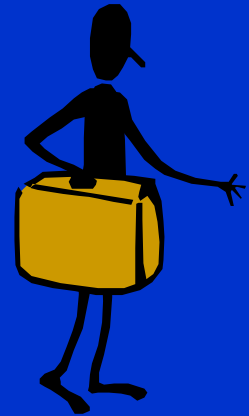
1904.5 – Exceptions

- Personal tasks outside assigned working hours
- Personal grooming, self medication for non-work-related condition, or intentionally self-inflicted
- Motor vehicle accident in parking lot/access road during commute
- Common cold or flu
- Mental illness, unless employee voluntarily provides a medical opinion from a physician or licensed health care professional (PLHCP) having appropriate qualifications and experience that affirms work-relatedness



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



STEP 2:

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

Scenario A:

Employee gives blood at voluntary employer-sponsored blood drive and passes out (loss of consciousness).

Stop Here

OR

Go On To The Next Step?

Answer: Stop Here

Why?: Exception - The injury or illness results solely from voluntary participation in a wellness program or in a medical, fitness, or recreational activity such as blood donation, physical examination, flu shot, exercise class, racquetball, or baseball.

STEP 2:

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

Scenario B:

Employee sprains ankle in company parking lot on his way in to work.

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

Answer: Go on

Why?: There is no exception that applies. Parking lot exception applies only to motor vehicle accidents during commute.

STEP 2:
Is the injury or illness **work-related**?

Scenario C:

Employee slips and falls in hallway, breaking arm while working on daughter's science project on Saturday, employee's day off.

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

Answer: Stop

Why?: Exception - The injury or illness is solely the result of an employee doing personal tasks (unrelated to their employment) at the establishment outside of the employee's assigned working hours.

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.

1904.6 – New Case

- If there is a medical opinion regarding resolution of a case, the employer must follow that opinion
- If an exposure triggers the recurrence, it is a new case (e.g., asthma, rashes)
- If signs and symptoms recur even in the absence of exposure, it is not a new case (e.g., silicosis, tuberculosis, asbestosis)

STEP 3:

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

Scenario A: Five weeks ago, employee sprained wrist at work and received support, prescription medication, and "light duty." Two weeks ago employee was back on normal job and completely recovered. Today (5 weeks after the injury) employee complains of pain in same wrist after moving boxes.

**Stop Here
OR
Go On to the Next Step?**

Answer: Go on

Why?: Employee had completely recovered from the previous injury and a new event or exposure occurred in the work environment.

STEP 3:

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

Scenario B: Five weeks ago, employee sprained wrist at work and received support, prescription medication, and "light duty." Two weeks ago, employee was back on normal job, but continued to take prescription medication. Today (5 weeks after the injury) employee complains of pain in same wrist after moving boxes.

**Stop Here
OR
Go On to the Next Step?**

Answer: Stop

Why?: Employee had not completely recovered from the previous injury or illness. Update the previously recorded entry, if necessary.

STEP 3:

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

Scenario C: Employee fractures foot at work. Every six months or so it bothers him and he is placed on light duty for a day or two.

**Stop Here
OR
Go On to the Next Step?**

Answer: It depends. We need more information

Why?: Was the employee completely recovered? If no, stop. If yes, was there a new event or exposure in the work 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?**

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?**

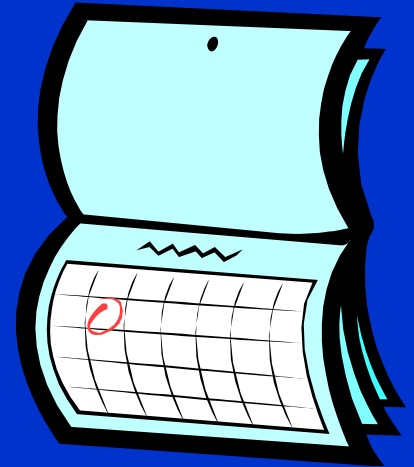
General Recording Criteria 1904.7

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

1904.7(b)(3) - Days Away Cases

- Record if the case involves one or more days away from work
- Check the box for days away cases and count the number of days
- Do not include the day of injury/illness

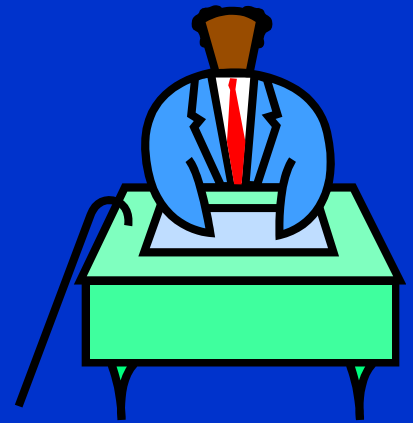


1904.7(b)(3) – Days Away Cases

- Day counts (days away or days restricted)
 - Count the number of calendar days the employee was unable to work (include weekend days, holidays, vacation days, etc.)
 - Cap day count at 180 days away and/or days restricted
 - May stop day count if employee leaves company for a reason unrelated to the injury or illness
 - If a medical opinion exists, employer must follow that opinion

1904.7(b)(4) - Restricted Work Cases

- Record if the case involves one or more days of restricted work or job transfer
- Check the box for restricted/transfer cases and count the number of days
- Do not include the day of injury/illness



1904.7(b)(4) - Restricted Work Cases

- Restricted work activity exists if the employee is:
 - Unable to work the full workday he or she would otherwise have been scheduled to work; or
 - Unable to perform one or more routine job functions
- An employee's routine job functions are those activities the employee regularly performs at least once per week

1904.7(b)(4) – Restricted Work

A case is not recordable under 1904.7(b)(4) as a restricted work case if:

- the employee experiences minor musculoskeletal discomfort,
- a health care professional determines that the employee is fully able to perform all of his or her routine job functions, and
- the employer assigns a work restriction to that employee for the purpose of preventing a more serious condition from developing.

1904.7(b)(4) – Job Transfer

- Job transfer
 - An injured or ill employee is assigned to a job other than his or her regular job for part of the day
 - A case is recordable if the injured or ill employee performs his or her routine job duties for part of a day and is assigned to another job for the rest of the day



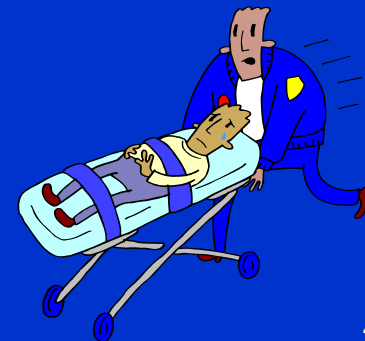
1904.7(b)(5) – Medical Treatment

- Medical treatment is the management and care of a patient to combat disease or disorder.
- It does not include:
 - Visits to a PLHCP solely for observation or counseling
 - Diagnostic procedures
 - First aid



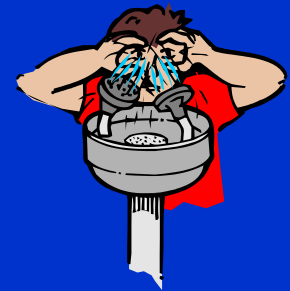
1904.7(b)(5) – First Aid

- Using nonprescription medication at nonprescription strength
- Tetanus immunizations
- Cleaning, flushing, or soaking surface wounds
- Wound coverings, butterfly bandages, Steri-Strips
- Hot or cold therapy
- Non-rigid means of support
- Temporary immobilization device used to transport accident victims



1904.7(b)(5) – First Aid

- Drilling of fingernail or toenail, draining fluid from blister
- Eye patches
- Removing foreign bodies from eye using irrigation or cotton swab
- Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means
- Finger guards
- Massages
- Drinking fluids for relief of heat stress



1904.7(b)(6) – Loss of Consciousness

- All work-related cases involving loss of consciousness must be recorded

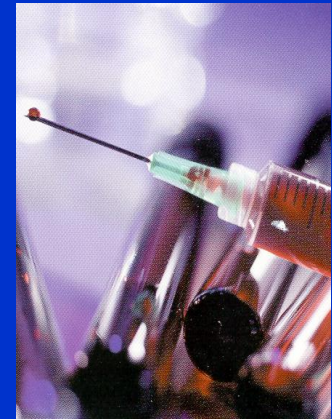


1904.7(b)(7) – Significant Diagnosed Injury or Illness

- The following work-related conditions must always be recorded at the time of diagnosis by a PLHCP:
 - Cancer
 - Chronic irreversible disease
 - Punctured eardrum
 - Fractured or cracked bone or tooth

1904.8 – Bloodborne Pathogens

- Record all work-related needlesticks and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material (includes human bodily fluids, tissues and organs; other materials infected with HIV or HBV such as laboratory cultures)
- Record splashes or other exposures to blood or other potentially infectious material if it results in diagnosis of a bloodborne disease or meets the general recording criteria



1904.9 – Medical Removal

- If an employee is medically removed under the medical surveillance requirements of an OSHA standard, you must record the case
- The case is recorded as either one involving days away from work or days of restricted work activity
- If the case involves voluntary removal below the removal levels required by the standard, the case need not be recorded



1904.10 – Hearing Loss

- Must record all work-related hearing loss cases where:
 - Employee has experienced a Standard Threshold Shift (STS)¹, and
 - Employee's hearing level is 25 decibels (dB) or more above audiometric zero [averaged at 2000, 3000, and 4000 hertz (Hz)] in the same ears as the STS

¹ An STS is defined in OSHA's noise standard at 29 CFR 1910.95(g)(10)(i) as a change in hearing threshold, relative to the baseline audiogram, of an average of 10 dB or more at 2000, 3000, and 4000 Hz in one or both ears.

1904.10 – Hearing Loss (cont'd)

- Must compute the STS in accordance with OSHA's noise standard, 1910.95
- Compare employee's current audiogram to the original baseline audiogram or the revised baseline audiogram allowed by 1910.95(g)(9)
- May adjust for aging to determine whether an STS has occurred using tables in Appendix F of 1910.95
- May not adjust for aging to determine whether or not hearing level is 25 dB or more above audiometric zero

1904.11 - Tuberculosis

- Record a case where an employee is exposed at work to someone with a known case of active tuberculosis, and subsequently develops a TB infection
- A case is not recordable when:
 - The worker is living in a household with a person who is diagnosed with active TB
 - The Public Health Department has identified the worker as a contact of an individual with active TB
 - A medical investigation shows the employee's infection was caused by exposure away from work



1904.29 - Forms

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

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.



Form approved OMB no. 1218-0170

You must record information about every work-related death and 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 Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name _____
 City _____ State _____

Identify the person		Describe the case				Classify the case				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:					
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(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)	Remained at Work				Away from work	On job transfer or restriction	(M)					
						Death	Days away from work	Job transfer or restriction	Other recordable cases	(K) days	(L) days	Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses
						(G)	(H)	(I)	(J)			(1)	(2)	(3)	(4)	(5)	(6)
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OSHA's Form 301 Injury and Illness Incident Report

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

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.

Completed by _____

Title _____

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

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 ____/____/____

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 collection, including suggestions for reducing this burden, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

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)

(1) Injuries	_____	(4) Poisonings	_____
(2) Skin disorders	_____	(5) Hearing loss	_____
(3) Respiratory conditions	_____	(6) All other illnesses	_____

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 50 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-3044, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

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 _____

1904.29 - Forms

- Employers must enter each recordable case on the forms within 7 calendar days of receiving information that a recordable case occurred

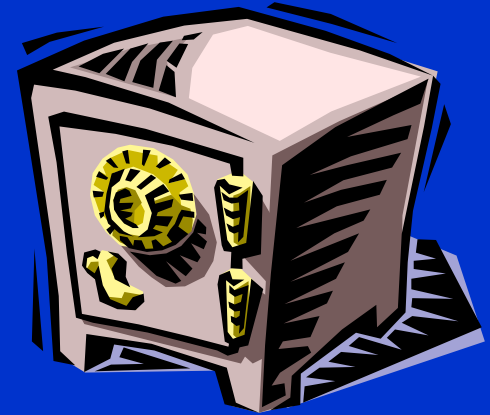
1904.29 - Forms

- An equivalent form has the same information, is as readable and understandable, and uses the same instructions as the OSHA form it replaces
- Forms can be kept on a computer as long as they can be produced when they are needed (i.e., meet the access provisions of 1904.35 and 1904.40)



1904.29 – Privacy Protection

- Do not enter the name of an employee on the OSHA Form 300 for “privacy concern cases”
- Enter “privacy case” in the name column
- Keep a separate confidential list of the case numbers and employee names



1904.29 – Privacy Protection

- Privacy concern cases are:
 - An injury or illness to an intimate body part or reproductive system
 - An injury or illness resulting from sexual assault
 - Mental illness
 - HIV infection, hepatitis, tuberculosis
 - Needlestick and sharps injuries that are contaminated with another person's blood or other potentially infectious material
 - Employee voluntarily requests to keep name off for other illness cases

1904.29 – Privacy Protection

- Employer may use discretion in describing the case if employee can be identified
- If you give the forms to people not authorized by the rule, you must remove the names first
 - Exceptions for:
 - Auditor/consultant,
 - Workers' compensation or other insurance
 - Public health authority or law enforcement agency

Subpart D - Other Requirements

- 1904.30 Multiple business establishments
- 1904.31 Covered employees
- 1904.32 Annual summary
- 1904.33 Retention and updating
- 1904.34 Change of ownership
- 1904.35 Employee involvement
- 1904.36 Discrimination
- 1904.37 State plans
- 1904.38 Variances

1904.30 – Multiple Business Establishments

- Keep a separate OSHA Form 300 for each establishment that is expected to be in operation for more than a year
- May keep one OSHA Form 300 for all short-term establishments
- Each employee must be linked with one establishment



1904.31 – Covered Employees

- Employees on payroll
- Employees not on payroll who are supervised on a day-to-day basis
- Exclude self-employed and partners
- Temporary help agencies should not record the cases experienced by temp workers who are supervised by the using firm

1904.32 – Annual Summary

- Review OSHA Form 300 for completeness and accuracy, correct deficiencies
- Complete OSHA Form 300A
- Certify summary
- Post summary

OSHA's Form 300A Rev. 10-2006
Summary of Work-Related Injuries and Illnesses

Year 00
U.S. Department of Labor
Occupational Safety and Health Administration
www.osha-slc.gov OSHA 300A-101

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 OSHA 300 log that is an essential component of the recordkeeping process.
Using the OSHA 300 log, enter the tabulated entries you make for each category. Then enter the totals below, making sure you've added the entries from every page of the OSHA 300 log for that year, when "1".
Employers, labor organizations, and State representatives have the right to review the OSHA Form 300A. As a courtesy, they also have limited access to the OSHA Form 300A in accordance with 29 CFR 1904.37. OSHA does not require you to disclose details on the recordkeeping to these parties.

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
(A)	(B)	(C)	(D)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
(E)	(F)

Injury and Illness Types

Total number of ... (G)	(H) Percentage
(1) Injuries	(2) Poisonings
(3) Skin disorders	(4) Hearing loss
(5) Respiratory conditions	(6) All other illnesses

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Establishment information

Your establishment name _____
Address _____
City _____ State _____ ZIP _____
Industry description (e.g., Manufacturer of metal fasteners)
Federal Bureau of Investigation (FBI) ID number (e.g., 123456789)
NAICS (North American Industrial Classification System) (e.g., 332211)
Employment information (if you do/leave two forms, see the instructions on how to use this page)
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 reviewed this document and that to the best of my knowledge the entries are true, accurate, and complete.
Signature _____ Title _____

1904.32 – Annual Summary

- A company executive must certify the summary:
 - An owner of the company
 - An officer of the corporation
 - The highest ranking company official working at the establishment, or
 - His or her supervisor
- Must post for 3-month period from February 1 to April 30 of the year following the year covered by the summary



1904.33 – Retention and Updating

- Retain forms for 5 years following the year that they cover
- Update the OSHA Form 300 during that period
- Need not update the OSHA Form 300A or OSHA Form 301

1904.35 – Employee Involvement

- You must inform each employee of how to report an injury or illness
 - Must set up a way for employees to report work-related injuries and illnesses promptly; and
 - Must tell each employee how to report work-related injuries and illnesses to you



1904.35 – Employee Involvement

- Must provide limited access to injury and illness records to employees, former employees and their personal and authorized representatives
 - Provide copy of OSHA Form 300 by end of next business day
 - Provide copy of OSHA Form 301 to employee, former employee or *personal* representative by end of next business day
 - Provide copies of OSHA Form 301 to *authorized* representative within 7 calendar days. Provide only “Information about the case” section of form

1904.36 – Prohibition Against Discrimination

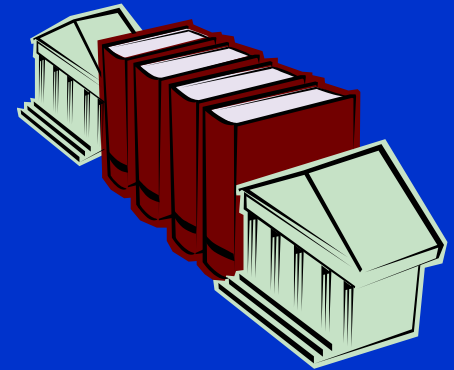
- Section 11(c) of the Act prohibits you from discriminating against an employee for reporting a work-related fatality, injury or illness
- Section 11(c) also protects the employee who files a safety and health complaint, asks for access to the Part 1904 records, or otherwise exercises any rights afforded by the OSH Act

1904.37 – State Plans

- State Plan States must have the same requirements as Federal OSHA for determining which injuries and illnesses are recordable and how they are recorded
- For other Part 1904 requirements, State Plan requirements may be more stringent
- 1952.4 has been modified to reflect these concepts

Subpart E - Reporting Information to the Government

- 1904.39 Fatality and catastrophe reporting
- 1904.40 Access for Government representatives
- 1904.41 OSHA Survey
- 1904.42 BLS Survey

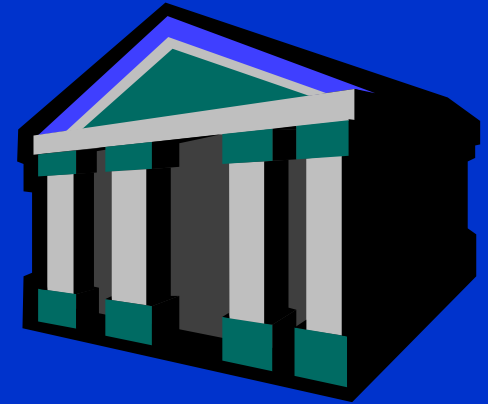


1904.39 – Fatality/Catastrophe Reporting

- Report orally within 8 hours any work-related fatality or incident involving 3 or more in-patient hospitalizations
- Do not need to report highway or public street motor vehicle accidents (outside of a construction work zone)
- Do not need to report commercial airplane, train, subway or bus accidents

1904.40 – Providing Records to Government Representatives

- Must provide copies of the records within 4 business hours
- Use the business hours of the establishment where the records are located



Subpart F - Transition from the Former Rule

- Must save copies of OSHA 200 and 101 forms for 5 years
- Must continue to provide access to the data
- Not required to update your old 200 and 101 forms

For More Help

- OSHA's Recordkeeping Page
- OSHA Regional Recordkeeping Coordinators
- State Plan States
- OSHA Training Institute Education Centers