

Alaska Municipal League Joint Insurance Association

Loss Control Incentive Program FY2020

SAFETY BRIEF: OSHA RECORDKEEPING (29 CFR PART 1904)

There are three recordkeeping forms:

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

Recording or reporting a work-related injury, illness or fatality does not mean 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.

If your entity 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 the Bureau of Labor Statistics; however, you must still comply with reporting any work-related fatality, inpatient hospitalization, amputation, or loss of an eye (see Fatality/Catastrophe Reporting, pg. 3).

Exempt Industries: Elementary and secondary schools, junior colleges, and colleges are not required to keep OSHA injury and illness records unless they are asked in writing to do so by OSHA, the Bureau of Labor Statistics (BLS), or a state agency operating under the authority of OSHA or the BLS. However, they must still report any workplace incident that results in a fatality, in-patient hospitalization, amputation, or loss of an eye (see page 3).

Cases are work-related if an event or exposure in the work environment either caused or contributed to the resulting condition; or, an event or exposure in the work environment *significantly* aggravated a pre-existing injury or illness.

1904.4 Recording Criteria: How does OSHA define a recordable injury or illness? Covered employers must record:

- Any work-related fatality;
- Any work-related injury or illness that results in loss of consciousness, days away from work, restricted work, or transfer to another job;
- Any work-related injury or illness requiring medical treatment beyond first aid;*
- Any work-related diagnosed case of cancer, chronic irreversible diseases, fractured or cracked bones or teeth, and punctured eardrums;
- Any work-related needlestick injuries and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material (as defined by the OSHA Bloodborne Pathogens standard);
- There are also special recording criteria for work-related cases involving medical removal, hearing loss, and tuberculosis.

**OSHA defines first aid as:*

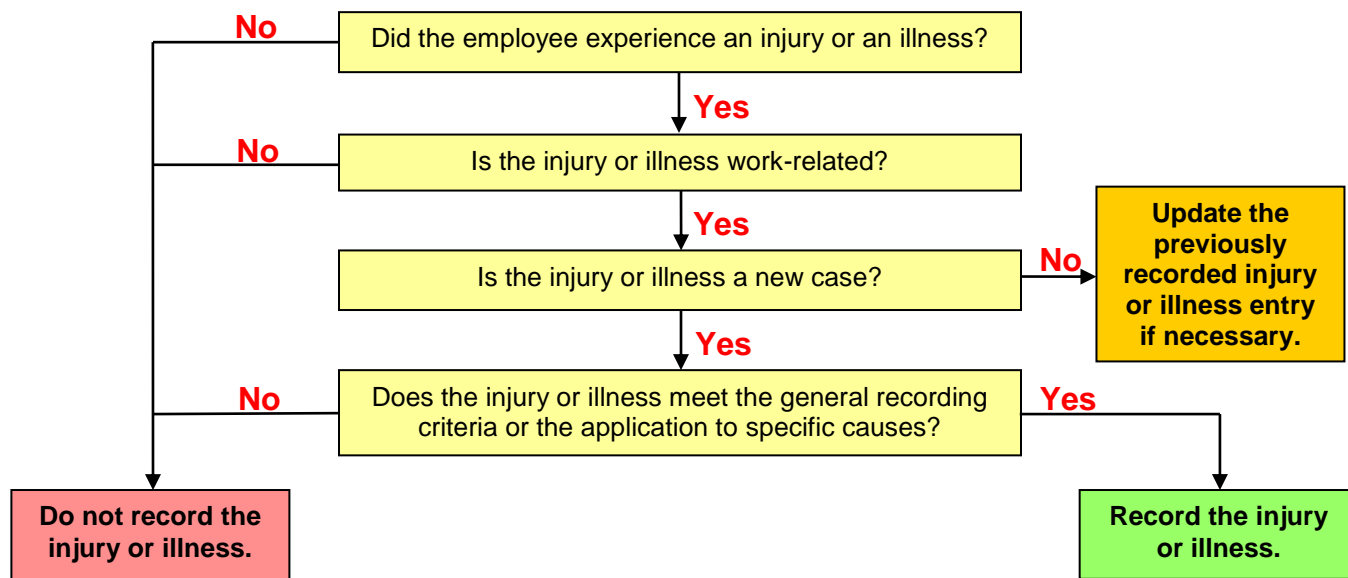
- *Using a non-prescription medication at nonprescription strength; for medications available in both prescription and non-prescription form, a recommendation by a physician or other licensed health care professional to use a non-prescription medication at prescription strength is considered medical treatment for recordkeeping purposes;*

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- Administering tetanus immunizations (other immunizations, such as Hepatitis B vaccine or rabies vaccine, are considered medical treatment);
- Cleaning, flushing or soaking wounds on the surface of the skin
- Using wound coverings such as bandages, Band-Aids™, gauze pads, etc.; or using butterfly bandages or Steri-Strips™ (other wound closing devices such as sutures, staples, etc., are considered medical treatment);
- Using hot or cold therapy;
- Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc. (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for recordkeeping purposes);
- Using temporary immobilization devices while transporting an accident victim (e.g., splints, slings, neck collars, back boards, etc.);
- Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister;
- Using eye patches;
- Removing foreign bodies from the eye using only irrigation or a cotton swab;
- Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means;
- Using finger guards;
- Using massages (physical therapy or chiropractic treatment are considered medical treatment for recordkeeping purposes); or
- Drinking fluids for relief of heat stress.

Determine if the injury/illness is recordable:



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

- The employer may use an equivalent form that 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)

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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
- 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

Annual Summary

- ✓ **Review** OSHA Form 300 for completeness and accuracy, correct deficiencies
- ✓ **Complete** OSHA Form 300A
- ✓ **Certify** summary
- ✓ **Post** summary for a 3-month period from February 1 to April 30 of the year following the year covered by the summary.

Electronic Reporting – Establishments with 250 or more employees that are currently required to keep OSHA injury and illness records must use the electronic Injury Tracking Application, <https://www.osha.gov/injuryreporting/index.html>, to electronically submit information from their OSHA Form 300A by March 2.

The employer must retain forms for 5 years following the year that they cover and must update the OSHA Form 300 during that period as needed.

Employer need not update the OSHA Form 300A or OSHA Form 301.

The employer 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 the employer.

The employer 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 the form.

Fatality/Catastrophe Reporting

- Report within 8 hours any work-related fatality, amputation, loss of an eye, or any incident involving an inpatient hospitalization.

Immediately report accidents to:

(800) 770-4940 or (907) 269-4940 (8 a.m. to 4:30 p.m. M-F, AK time)

(800) 321-6742 (After 4:30 p.m. or on weekends and holiday)

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OSHA's Form 300
Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20____
U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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 burn on right forearm from acetylene torch)	Death	Days away from work	Job transfer or restriction	Other recordable cases	On job transfer or restriction	Away from work	Medical treatment beyond first aid	Days lost due to injury or illness	Restricted work or job transfer	Job transfer or restriction	Other recordable cases	All other illnesses		
(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)	(X)	(Y)	(Z)
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Public reporting burden for this collection of information is estimated to average 14 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 Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Page totals > _____
Be sure to transfer these totals to the Summary page (Form 3054) before you post it.

Page ____ of ____ (1) (2) (3) (4) (5) (6) (7)

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 ____/____/____

<p>Information about the employee</p> <p>1) Full name _____ 2) Street _____ City _____ State _____ ZIP _____ 3) Date of birth ____/____/____ 4) Date hired ____/____/____ 5) <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Information about the physician or other health care professional</p> <p>6) Name of physician or other health care professional _____ 7) If treatment was given away from the worksite, where was it given? Facility _____ Street _____ City _____ State _____ ZIP _____</p> <p>8) Was employee treated in an emergency room? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9) Was employee hospitalized overnight as an in-patient? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Information about the case</p> <p>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 <input type="checkbox"/> Check if time cannot be determined</p> <p>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."</p> <p>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."</p> <p>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."</p> <p>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.</p> <p>18) If the employee died, when did death occur? Date of death ____/____/____</p>
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Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, gathering 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 Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

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OSHA's Form 300A

Summary of Work-Related Injuries and Illnesses

Year 20 _____



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

Injury and Illness Types

Total number of . . . (M)	
(1) Injuries	_____
(2) Musculoskeletal disorders	_____
(3) Skin disorders	_____
(4) Respiratory conditions	_____
(5) Poisonings	_____
(6) Hearing loss cases	_____
(7) 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 30 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 aspect of this data collection, contact: US Department of Labor, OSHA, Office of Statistics, Room N-3638P, 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., *SIC 3715*) _____

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 _____

Get recordkeeping forms 300, 300A, 301, and additional instructions at <https://www.osha.gov/recordkeeping/RKforms.html>.