

# OSHA Recordkeeping Requirements Understanding Some Common Misconceptions

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These materials were developed by K & A First Aid, LLC, and are intended to assist employers, workers, and others as they strive to improve workplace health and safety. While we attempt to thoroughly address specific topics, it is not possible to include discussion of everything necessary to ensure a healthy and safe working environment in a presentation of this nature. Thus, this information must be understood as a tool for addressing workplace hazards, rather than an exhaustive statement of an employer's legal obligations, which are defined by statute, regulations, and standards. Likewise, to the extent that this information references practices or procedures that may enhance health or safety, but which are not required by a statute, regulation, or standard, it cannot, and does not, create additional legal obligations. Finally, over time, regulators may modify rules and interpretations in light of new technology, information, or circumstances; to keep apprised of such developments, or to review information on a wide range of occupational safety and health topics, you can visit regulatory web sites such as the Department of Transportation at [www.dot.gov](http://www.dot.gov) or OSHA's website at [www.osha.gov](http://www.osha.gov).



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## Agenda

- ▶ Who are you responsible for?
- ▶ Definitions
- ▶ First Aid vs. Medical Treatment
- ▶ Days Away? Restricted? Other?
- ▶ Injury vs. Illness
- ▶ What is recordable?
- ▶ Paperwork
- ▶ Optional Topics (time dependent)
  - Open Forum Questions
  - Special Circumstances as defined by OSHA)



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# Self Introduction

- ▶ Name (what do you want to be called?)
- ▶ Title
- ▶ Where you work (not DC Water ☺)
- ▶ Self Assessment of OSHA Standards (1 – 10)
- ▶ Why are you here?
- ▶ What do you want to get out of this class?
- ▶ Interesting fact that the person next to you does not know.



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# Bruce Donato

- ▶ Chemical Engineer
- ▶ Worked in
  - Chemical industry
  - Textiles
  - R&D, Tech Services
  - Hazardous Waste
  - Shipping
  - Biotech
  - Construction
  - Safety
- ▶ CSP, CHMM, CECD
- ▶ Officer in 6 Associations
  - ▶ BSA/GSA
  - ▶ ARC/AHA/ASHI
  - ▶ Wilderness Activities
  - ▶ Married over 30 years
  - ▶ 2 children (1 married)



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# OSHA RECORDKEEPING REQUIREMENTS



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## Who are you responsible for?

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



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**You are required to  
record injuries if  
the contract employee  
is under your  
direct supervision!**

## Definitions / Rules

- ▶ Establishments
- ▶ First aid/Medical treatment
- ▶ Days away case
- ▶ Restricted work case
- ▶ Job transfer
- ▶ Injury vs. illness
- ▶ Pre-existing condition
- ▶ How to count days

# Establishments

A physical location where business is conducted or where services or operations are performed.

Distinctly different activities at the same physical location should be treated as separate establishments.



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## 1st AID

- ▶ Using nonprescription medication at nonprescription strength
- ▶ Tetanus immunizations
- ▶ Cleaning, flushing, or soaking surface wounds
- ▶ Wound coverings, butterfly bandages, Steri-Strips

FIRST AID



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# 1st AID

FIRST AID



- ▶ Hot or cold therapy
- ▶ Non-rigid means of support
- ▶ Temporary immobilization device used to transport accident victims
- ▶ Drilling of fingernail or toenail, draining fluid from blister
- ▶ Eye patches



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# 1st AID

FIRST AID



- ▶ 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



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# 1st AID

FIRST AID



- ▶ Finger guards
- ▶ Massages
- ▶ Drinking fluids for relief of heat stress



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## Medical treatment



- ▶ 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



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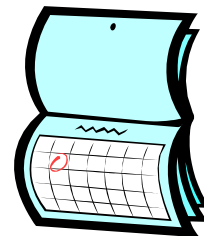
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If an injury  
is not First  
Aid or  
Diagnostic, then  
it is Medical  
Treatment

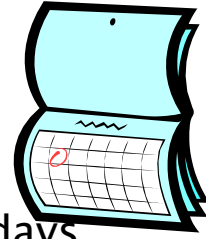
## Days away case

- ▶ 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



## Days away case

- ▶ 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

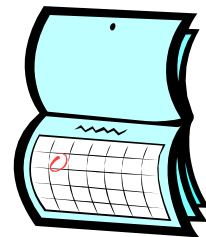


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## Days away case

- ▶ Day counts (days away 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



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## Restricted work case



- ▶ Not workday
- ▶ 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



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## 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



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# Injury vs. Illness

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.



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## Pre-existing condition

- ▶ 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



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# WHAT IS RECORDABLE?



- ▶ A case is considered work-related if an event or exposure in the work environment either caused or contributed to the resulting condition
- ▶ A case is considered work-related if an event or exposure in the work environment *significantly* aggravated a pre-existing injury or illness



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# WHAT IS RECORDABLE?



- ▶ Work-relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the work environment



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## WHAT IS RECORDABLE? (New Case?)

- ▶ A case is new if:
  - The employee has not previously experienced a recordable injury or illness of the same type that affects the same part of the body



## WHAT IS RECORDABLE? (New Case?)

- ▶ or a case is new if:
  - The employee previously experienced a recordable injury or illness of the same type that affects the same part of the body, but had recovered completely and an event or exposure in the work environment caused the signs and symptoms to reappear



## WHAT IS RECORDABLE? (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)



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## WHAT IS RECORDABLE? (Exemptions)

- ▶ Present as a member of the general public
- ▶ Symptoms arising in work environment that are solely due to non-work-related event or exposure
- ▶ Voluntary participation in wellness program, medical, fitness or recreational activity
- ▶ Eating, drinking or preparing food or drink for personal consumption



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## WHAT IS RECORDABLE? (Exemptions)

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



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## WHAT IS RECORDABLE? (Exemptions)

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



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# Paper work



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**OSHA's Form 300** (Rev. 01/2004)  
**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 \_\_\_

Form approved OSHA no. 11154175  
U.S. Department of Labor  
Occupational Safety and Health Administration

*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 1904.10 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 \_\_\_\_\_ Date \_\_\_\_\_

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., title)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., loading dock work end)	(F) Describe injury or illness, parts of body affected, and object or substance that directly injured or made person ill (e.g., "Second degree burn on right forearm from oxyacetylene torch")	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Away from work		M) Injury			N) Illness					
						Remained at Work				Days away from work (G)	Job transfer or restriction (H)	Other recordable cases (I)	Days (K)	On job transfer or restriction (L)	(1)	(2)	(3)	(4)	(5)	(6)
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<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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Page total > \_\_\_\_\_

Please reporting for this collection of information is estimated to average 14 minutes per respondent, including time to review the information, search and gather the data needed, and complete and review the collection of information. Responses are not required to respond to the collection of information unless it displays a required OMB control number. If you have any comments about this burden estimate or any other aspect of this data collection, contact OIA, Office of Information Management Review, (0330-0182) or OMB, Paperwork Reduction Project (0330-0182), Washington, DC 20503. Do not send the completed form to this office.

Page \_\_\_ of \_\_\_ (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.



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 employ or 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 accessions 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 "pain," "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 32 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, reviewing and reviewing the collection of information, reviewing and reviewing the collection of information, reviewing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this data collection, including suggestions for reducing this burden, to Washington, DC 20203. Do not send the completed form to this office.



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

## 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."  
Employers, 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 1904.36 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	_____
(2) Skin disorders	_____
(3) Respiratory conditions	_____
(4) Poisonings	_____
(5) Hearing loss	_____
(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 32 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, reviewing and reviewing the collection of information, reviewing and reviewing the collection of information, reviewing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this data collection, including suggestions for reducing this burden, to Washington, DC 20203. Do not send the completed form to this office.

### Establishment Information

Your establishment name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Industry description (e.g., Manufacturer of motor vehicle) \_\_\_\_\_  
Standard Industrial Classification (SIC), if known (e.g., 371) \_\_\_\_\_  
OR  
North American Industrial Classification (NAICS), if known (e.g., 3321) \_\_\_\_\_  
Employment information (If you don't have these figures, or the HHA, enter on the back of this page to continue.)  
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.  
\_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_



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# Incident Rates

- ▶ Based on 200,000 hours
- ▶ Assumes 2,000 hour work year/employee
- ▶ Rate assumes 100 employees



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# Incident Rates

- ▶ To calculate

$$\frac{\text{Total number of recordables X 200,000}}{\text{Total hours worked}}$$

Calculate rate for:  
150 employees average 5% OT  
10 recordables

$$10 \times 200,000 = 2,000,000$$

$$150 \times 1.05 \times 2,000 = 315,000$$

$$2,000,000 \div 315,000 = 6.35$$



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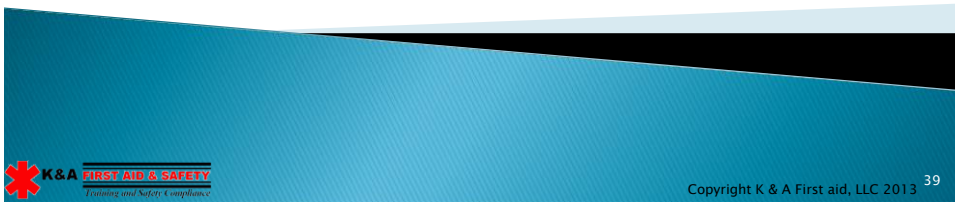
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# Optional Topics

(time permitting)

## Open Forum Questions

Special Cases as Defined by OSHA



## 1904.7(b)(6) – Loss of Consciousness

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



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## 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



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## 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



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## 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



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## 1904.10 – Hearing Loss

- ▶ Must record all work-related hearing loss cases where:
  - Employee has experienced a Standard Threshold Shift (STS)<sup>1</sup>, 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

<sup>1</sup> 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.



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## 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



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## 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

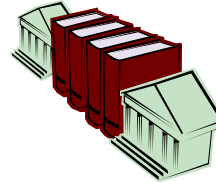


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## Subpart E – Reporting Information to the Government

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



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## 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



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## 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



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## 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



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## 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



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## 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

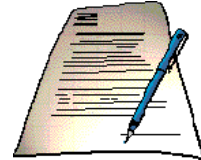


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## 1904.32 – Annual Summary

- ▶ 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



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## 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



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# 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)



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## 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



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## 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



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## 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



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## 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

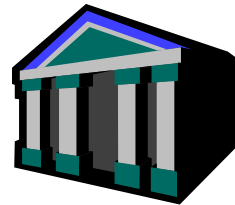


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## 1904.40 – Providing Records to Government Representatives

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



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## 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



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## 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



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# PARKING LOTS/EXERCISE ROOMS, REC. CLUBS

- ▶ Motor vehicle accident in parking lot/access road during commute
- ▶ Voluntary participation in wellness program, medical, fitness or recreational activity



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Training and Safety Compliance

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## 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



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