



# Recording Occupational Injuries and Illnesses

Find out the proper way to report work-related injuries and illnesses, straight from the Federal Register, January 19, 2001.

By Dorothy Waters

One of your most productive employees hobbles up to you with a sore back. "It's been hurting ever since I moved that puncher to the other side of the greenhouse," he says. "I think I need to go to the doctor." What do you do? How do you report it? Who do you tell? How do you protect yourself? Some of the forms you'll need to fill out have new names and new numbers, and as with most governmental procedures, there are always new exemptions, new rules, new deadlines and new guidelines. Read on to keep yourself apprised of the Occupational Safety & Health Administration (OSHA) changes so you'll be ready if that employee does come to you with an illness or injury.

## FORMS

**Names of new forms.** The new forms are called OSHA Form 300, Log of Work-Related Injuries and Illness and Form 301, Injury and Illness Incident Report. The OSHA 300 log replaces the OSHA 200 log, and Form 301 replaces Form 101. ♦



Prevent chemical mishaps by posting signs such as this.

**Appropriate forms and when to use them.** Employers must now use the 300-numbered forms. The employer may continue to substitute equivalent forms, such as insurance reports, for the supplemental information OSHA 301, Incident Report form. Records may be kept in paper format or on a computer, as long as the computer form is equivalent to the OSHA 300 log.

### SPECIAL CIRCUMSTANCES

**Small employer exemption.** A partial exemption for small employers remains the same. Those employers with 10 or fewer employees at all times during the last calendar year do not need to keep OSHA injury and illness records, unless required to participate in the annual survey. If at any time during the last calendar year your company had 10 or more employees, you must keep a log of injuries and illnesses. The number of employees counted is for your entire company, not just a single location.

**SIC code exemption.** A partial exemption for employers in some establishments in certain industries remains. Those employers whose primary SIC code is among the exempted do not need to keep injury and illness records, unless contacted by OSHA to participate in the survey. Appendix A to Subpart B (following 1904.3) contains a list of those SIC codes that are exempt. The exempt businesses are, for the most part, those businesses that do have and are expected to have very low injury and illness rates, such as retail stores, offices, restaurants and the like. There seems to be no consideration of ergonomic



*Avoid disastrous mistakes, such as putting your hand inside a machine while it's running.*



*Make sure equipment is put away when not in use.*

injuries and illnesses at this point. Some of the exempted SIC codes might be expected to have high ergonomic injury rates. If you have access to the net, you can go to [www.osha.gov/oshstats/sicser.html](http://www.osha.gov/oshstats/sicser.html) to determine your SIC code number.

### PROCEDURES

**New rule contents.** The new rules, as they will be printed in the Code of Federal Regulations (CFR), are much more detailed in explaining how to determine which injuries and illnesses must be recorded on the OSHA 300 log and how to keep the records accurate. Basic rules for recording injuries and illnesses have changed very little, but in the past much of this information was contained in OSHA assistance guides and interpretation letters. When you get your new materials or if you have already received them, read over them and call if you have any questions.

**Recording deadlines.** The new rules have changed how the time frame is expressed, but they have not changed the actual amount of time allowed for getting injuries and illnesses recorded to any great degree. The new rules require all injuries and illnesses to be entered on the form within seven calendar days of the employer receiving information that a recordable injury or illness has occurred. The old rules required entry within six working days. The 2-day weekend cushion has been eliminated.

**Summary posting requirements.** The annual summary posting period is increasing starting with the posting of the year 2002 summary portion in 2003. The summary portions of your OSHA 300 logs for 2002 must be posted from February 1 through April 30, 2003. The new forms have separate pages for the log and summary portions and a worksheet to help you fill out the summary portion.

**Retention of forms.** The new forms must be kept five years following the end of the calendar year that these records cover, the same as with the old forms. You must continue to keep the old forms for five years, discarding the 6-year-old form as you archive the most recent form.

**Updating old forms in storage.** You will also be required to update 300 logs in storage as is currently required for the OSHA 200 log. Your archived forms must be updated if employees die or become

**OSHA Injury and Illness Log and Summary**

Public Law 91-596 and 20 CFR 1904 require you to:  
 • Update an accurate, complete injury and illness record (see instructions on back);  
 • Update and retain completed forms for three years.  
 Failure to complete, update and post can result in the issuance of citations and penalties.

U.S. Department of Labor  
 Occupational Safety and Health Administration  
 Form approved O.M.S. No. 1219-0000  
 See O.M.S. disclosure statement on back.

For calendar year \_\_\_\_\_  
 Page \_\_\_\_\_ of \_\_\_\_\_

Industry description and Standard Industrial Classification (SIC) code (e.g., Manufacturer of metal tank valves, 332 9912)

CASE IDENTIFICATION					CASE DESCRIPTION	CASE CLASSIFICATION (check one)					OTHER
A. Employee's Name (e.g., John, Jane B.)	B. Case No.	C. State of Occurrence	D. Department and location where event occurred (e.g., Street, plant, job, work site)	E. Regular job title		S. Death	H. Lost Time	J. Restricted Duty	K. Job Transfer	L. Medical Treatment	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**YEAR-END SUMMARY**  
 Complete the year-end portion of this form when it there were no cases during the year. Field entries due to the right and post this form three February 1 to January 31 where:

Year and total \_\_\_\_\_  
 Annual average number of employees \_\_\_\_\_  
 Total hours worked by all employees \_\_\_\_\_

Knowingly falsifying this document can result in fine, imprisonment, or both. OSHA Form 300 (1998)

**OSHA Injury and Illness Incident Record**

Public Law 91-596 and 20 CFR 1904 require you to update and retain completed forms for three years.  
 Failure to complete this form can result in the issuance of citations and penalties.  
 Employees, former employees, and their representatives have the right to review all OSHA Injury and Illness Records, in their entirety, for this establishment.  
 Failure to use an electronic form. Dates listed below are not necessarily applicable to other business entities. Using a case before date not necessarily mean that an employer or worker was a both or that an OSHA Standard was violated.

U.S. Department of Labor  
 Occupational Safety and Health Administration  
 Form approved O.M.S. No. 1219-0000  
 See O.M.S. disclosure statement on back.

Case number from OSHA Form 300 \_\_\_\_\_

**Employee**  
 1. Last name: \_\_\_\_\_ Title: \_\_\_\_\_ SSN: \_\_\_\_\_  
 2. Sex:  Male  Female  3. Date of birth: / /  
 4. Home address: \_\_\_\_\_  
 5. Date hired: / /

**Health Care Provider**  
 6. Name of health care provider: \_\_\_\_\_  
 7. Treatment facility, facility name and address: \_\_\_\_\_  
 8. Hospitalized overnight as in-patient? (If emergency room only, mark "ER")  yes  no

**Incident Details**  
 8. Specific injury or illness (e.g., Second degree burn or Toxic hepatitis): \_\_\_\_\_  
 9. Body part(s) affected (e.g., Lower right forearm): \_\_\_\_\_  
 10. Date of injury or illness: / / 11. Employee (last, first, initial): / /  
 12. If the case involved steps away from work or restricted work activity, enter the date the employee returned to work at full capacity: / /  
 14. Time of event (Specify a.m. or p.m.): \_\_\_\_\_ 15. Time employee began work (Specify a.m. or p.m.): \_\_\_\_\_  
 16. All equipment, materials, or chemicals employee was using when the event occurred (e.g., Acetylene cutting torch, steel pipe): \_\_\_\_\_  
 17. Specify activity the employee was engaged in when the event occurred (e.g., Calling maintenance for flooring). Indicate if activity was part of normal job duties: \_\_\_\_\_  
 18. How injury or illness occurred. Describe the sequence of events and include any objects or substances that directly impacted or caused the employee (e.g., Worker stepped back to support work and slipped on some scrap metal. An air lift worker brushed against the hot metal): \_\_\_\_\_

**Employer Use (Optional)**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_

OSHA Form 301 (1998)

Left: The OSHA 300 log replaces the OSHA 200 log; Right: The Form 301 replaces Form 101.

more severely disabled from work-related injuries or illnesses already recorded. Updating will not be required for the annual summary or Form 301s (or equivalents). When the new forms become the required form of use, updating old OSHA 200 logs or 101 forms in storage will not be required.

**Reporting fatalities and multi-**

**ple hospitalizations.** The requirement for reporting fatalities and multiple hospitalizations remains the same — report orally to OSHA within eight hours of learning about the occurrence. Report in person or call your nearest OSHA office or call the central reporting number for the Washington, D.C. office — (800) 321-6742.

**Annual survey.** The annual

Bureau of Labor Statistics survey will continue to be conducted. Any employer, regardless of whether they normally have to keep these injury and illness records, must participate in the annual survey of work-related injuries and illnesses if notified by OSHA. GPN

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