

Ohio Bureau of Workers' Compensation

OSHA RECORDKEEPING

What do you need to know?



Mike Marr
Safety Consultant
BWC, Division of Safety & Hygiene



Ohio Bureau of Workers' Compensation

BWC or OSHA?

You can not determine one based on the other!

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Who is Required to Keep Logs?

- o Employers with 11 or more employees in the previous calendar year.
- o Employers in certain service industries are partially exempt.
- o Employer requested to keep logs by OSHA or the BLS.

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Non-Mandatory Appendix A to Subpart B -- Partially Exempt Industries 1015

Employers are not required to keep OSHA injury and illness records for any establishment classified in the following North American Industry Classification System (NAICS), 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. All employers, including those partially exempted by reason of company size or industry classification, must report to OSHA any workplace incident that results in a fatality, in-patient hospitalization, amputation, or loss of an eye (see §1904.39).

NAICS Code	Industry Description	NAICS Code	Industry Description
4412	Other Motor Vehicle Dealers	5411	Legal Services
4431	Electronics and Appliance Stores	5412	Accounting, Tax Preparation, Bookkeeping, and Payroll Svcs
4461	Health and Personal Care Stores	5413	Architectural, Engineering, and Related Services
4471	Gasoline Stations	5414	Specialized Design Services
4481	Clothing Stores	5415	Computer Systems Design and Related Services
4482	Shoe Stores	5416	Management, Scientific, and Technical Consulting Services
4483	Jewelry, Luggage, and Leather Stores	5417	Scientific Research and Development Services
4511	Sporting Goods, Hobby, Musical Stores	5418	Advertising and Related Services
4512	Book, Periodical, and Music Stores	5511	Management of Companies and Enterprises
4531	Florists	5611	Office Administrative Services
4532	Office Supplies, Stationery, Gift Stores	5614	Business Support Services
4812	Nonscheduled Air Transportation	5615	Travel Arrangement and Reservation Services
4861	Pipeline Transportation of Crude Oil	5616	Investigation and Security Services
4862	Pipeline Transportation of Natural Gas	6111	Elementary and Secondary Schools
4869	Other Pipeline Transportation	6112	Junior Colleges
4879	Scenic and Sightseeing Transp. Other	6113	Colleges, Universities, and Professional Schools
4885	Freight Transportation Arrangement	6114	Business Schools and Computer and Management Training
5111	Newspaper, Periodical, Book, Publish	6115	Technical and Trade Schools
5112	Software Publishers	6116	Other Schools and Instruction
5121	Motion Picture and Video Industries	6117	Educational Support Services
5122	Sound Recording Industries	6211	Offices of Physicians
5151	Radio and Television Broadcasting	6212	Offices of Dentists

Ohio Bureau of Workers' Compensation

NAICS Code	Industry Description	NAICS Code	Industry Description
5172	Wireless Telecomm. Carriers (exc. Satel)	6213	Offices of Other Health Practitioners
5173	Telecommunications Resellers	6214	Outpatient Care Centers
5179	Other Telecommunications	6215	Medical and Diagnostic Laboratories
5181	Internet Serv Providers & Web Search	6244	Child Day Care Services
5182	Data Processing, Hosting & Services	7114	Agents and Mgr for Artists, Athletes, Entertainers, and Other Pub
5191	Other Information Services	7115	Independent Artists, Writers, and Performers
5211	Monetary Authorities - Central Bank	7213	Rooming and Boarding Houses
5221	Depository Credit Intermediation	7221	Full-Service Restaurants
5222	Nondepository Credit Intermediation	7222	Limited-Service Eating Places
5223	Activities Related to Credit Intermediat	7224	Drinking Places (Alcoholic Beverages)
5231	Securities & Commodity Contracts & Br	8112	Electronic and Precision Equipment Repair and Maintenance
5232	Securities and Commodity Exchanges	8114	Personal and Household Goods Repair and Maintenance
5239	Other Financial Investment Activities	8121	Personal Care Services
5241	Insurance Carriers	8122	Death Care Services

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OSHA's Form 300 (Rev. 03-2010)

Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and may be used in a way that could be harmful to the confidentiality of employees. The information provided on this form is intended for use by OSHA and the Bureau of Labor Statistics. It is not to be distributed to the public.

Year 20

Identify the person	Describe the case	Identify the case				Days lost	Job lost	Should the "log" be updated?				
		OSHA 300	OSHA 301	OSHA 302	OSHA 303							
Case #	Employee's name	Job title	Date of injury or illness	Where the event occurred	Describe injury or illness, grade of injury, illness, and days lost	OSHA 300	OSHA 301	OSHA 302	OSHA 303	Days lost	Job lost	Should the "log" be updated?
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>

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OSHA's Form 300A (Rev. 03/2016)
Summary of Work-Related Injuries and Illnesses
 Year 20

Establishment Information

Name of establishment _____
 City _____ State _____ ZIP _____
 Address (Street only) (Maximum of 100 characters) _____
 Standard Industrial Classification (SIC) Code (by 4 digit) _____
 NAICS Code (by 4 digit) _____
 Division of Occupational Safety and Health (OSHA) (by 4 digit) _____
 Standard Occupational Classification (SOC) Code (by 4 digit) _____

Employment Information (If you had less than 100 full-time employees, use this information instead of the next section.)

Total average number of employees _____
 Total hours worked by all employees for year _____

Risks Area

Check all that have occurred this document and then in the box of any hazard that exists on this document.

1	Slips, trips, and falls	2	Struck by or against
3	Caught in or between	4	Electrocution
5	Exposure to noise	6	Exposure to heat/cold
7	Exposure to vibration	8	Exposure to radiation
9	Exposure to toxic substances	10	Exposure to infectious agents
11	Exposure to musculoskeletal disorders	12	Exposure to other hazards

Number of Cases

Total number of cases with date	Total number of cases with date	Total number of cases with date	Total number of cases with date
IA	IB	IC	ID

Number of Days

Total number of days lost	Total number of days lost
DA	DB

Injury and Illness Types

13	Other	14	Other
15	Other	16	Other
17	Other	18	Other

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

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Optional Worksheet to Help You Fill Out the Summary

How to figure the average number of employees who worked for your establishment during the year:

- Add the total number of employees each establishment had at all job periods during the year. Include all employees - full-time, part-time, temporary, seasonal, student and family.
- Divide the number of employees by the number of job periods.
- Round the answer to the next highest whole number. Write the rounded number in the blank.

For example: A construction firm had an average of 100 employees during the year.

1	100	Number of employees at 100	100
2	100	Number of employees at 100	100
3	100	Number of employees at 100	100
4	100	Number of employees at 100	100
5	100	Number of employees at 100	100
6	100	Number of employees at 100	100
7	100	Number of employees at 100	100
8	100	Number of employees at 100	100
9	100	Number of employees at 100	100
10	100	Number of employees at 100	100
11	100	Number of employees at 100	100
12	100	Number of employees at 100	100
13	100	Number of employees at 100	100
14	100	Number of employees at 100	100
15	100	Number of employees at 100	100
16	100	Number of employees at 100	100
17	100	Number of employees at 100	100
18	100	Number of employees at 100	100
19	100	Number of employees at 100	100
20	100	Number of employees at 100	100
21	100	Number of employees at 100	100
22	100	Number of employees at 100	100
23	100	Number of employees at 100	100
24	100	Number of employees at 100	100
25	100	Number of employees at 100	100
26	100	Number of employees at 100	100
27	100	Number of employees at 100	100
28	100	Number of employees at 100	100
29	100	Number of employees at 100	100
30	100	Number of employees at 100	100
31	100	Number of employees at 100	100
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38	100	Number of employees at 100	100
39	100	Number of employees at 100	100
40	100	Number of employees at 100	100
41	100	Number of employees at 100	100
42	100	Number of employees at 100	100
43	100	Number of employees at 100	100
44	100	Number of employees at 100	100
45	100	Number of employees at 100	100
46	100	Number of employees at 100	100
47	100	Number of employees at 100	100
48	100	Number of employees at 100	100
49	100	Number of employees at 100	100
50	100	Number of employees at 100	100

Optional Worksheet

_____ **Find the number of full-time employees in your establishment for the year.**

_____ **Divide the number of work hours by the full-time employee for year.**

_____ **This is the number of full-time hours worked.**

_____ **Add the number of any overtime hours as well as the hours worked for any employees (part-time, temporary, seasonal).**

_____ **Round the answer to the next highest whole number. Write the rounded number in the blank. This final figure is the average number of employees who worked for all employees for year.**

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Optional Calculating Injury and Illness Incidence Rates

What is an incidence rate?

An incidence rate is the number of recordable injuries and illnesses occurring among a given number of full-time workers (usually 100 full-time workers) over a given period of time (usually one year).

How do you calculate an incidence rate?

Use the following formula to calculate an incidence rate:

$$\frac{\text{Total number of injuries and illnesses} \times 200,000}{\text{Total number of hours worked} \div 200,000} = \text{Incidence rate}$$

Worksheet

Total number of injuries and illnesses	×	200,000	÷	Total number of hours worked	=	Incidence rate
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Number of injuries in column (A) × 200,000 ÷ Number of hours worked for all employees = OSHA incidence rate

Ohio Bureau of Workers' Compensation

OSHA's Form 301 Injury and Illness Incident Report

Information about the employee

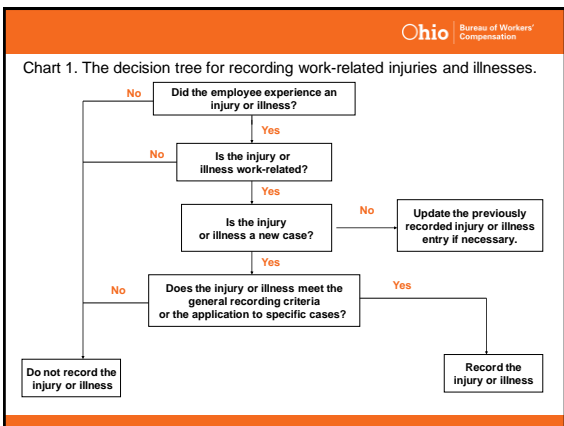
1. Full name _____
 2. Job title _____
 3. Date _____
 4. Time _____
 5. Location _____
 6. Activity _____
 7. Cause _____
 8. Date _____
 9. Time _____
 10. Location _____
 11. Activity _____
 12. Cause _____

Information about the physician or other health care professional

1. Name _____
 2. Address _____
 3. Phone _____
 4. Date _____
 5. Time _____
 6. Location _____
 7. Activity _____
 8. Cause _____

OSHA's Form 301

1. Name of establishment _____
 2. Address _____
 3. City _____ State _____ ZIP _____
 4. SIC Code _____
 5. OSHA Code _____
 6. Date of incident _____
 7. Time of incident _____
 8. Location of incident _____
 9. Activity of employee _____
 10. Cause of incident _____
 11. Name of physician or other health care professional _____
 12. Address _____
 13. City _____ State _____ ZIP _____
 14. Date of report _____
 15. Name of reporter _____
 16. Title _____
 17. Phone _____
 18. Date of report _____
 19. Name of reporter _____
 20. Title _____
 21. Phone _____



- Ohio** Bureau of Workers' Compensation
- ## When To Log?
- Work Related
 - New Case
 - Death
 - Days Away
 - Restricted days/Transfer
 - Medical Treatment beyond first aid
 - Loss of consciousness
 - Needle sticks and sharps, tuberculosis, hearing loss, medical removal cases

When Do You Not Record?

- At the time the employee was present as a member of the general public.
- Injury or illness was result solely from non work related event.
- Voluntary participation in a wellness program, medical fitness, recreational, blood donation, physical exam, flu shot, exercise class, etc.
- Eating food not provided by the employer.

When Do You Not Record?

- Injury is due to employee doing personal tasks
- Injury is due to personal grooming or is intentionally self-inflicted
- Injury due to a auto accident while in company parking lot or access road while employee is commuting
- Common cold or Flu
- Illness is a mental illness

Medical Treatment

- Defined as - means the management and care of a patient to combat disease or disorder.
- Does not include;
 - Visit to physician or other medical professional solely for observation or counseling.
 - When diagnostic procedures, such as x-rays and blood tests, including prescription medication used solely for diagnostics.

First-Aid Treatment

The following is the list of first-aid treatment;

- Non-prescription drugs in non-prescription strength.
- Administering a tetanus, other like Hep. B and Rabies are recordable.
- Cleaning, Flushing or soaking wounds on the surface of the skin.

First-Aid Treatment

- Using wound coverings such as bandages, band-aids, gauze pads, etc.; or using butterfly bandages or steri-strips. (Sutures and staples, etc. used to close wounds are recordable.)
- Using Hot or Cold therapy.
- Using non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc. (Rigid devices used to immobilize are considered medical treatment.)

First-Aid Treatment

- Drilling of a fingernail or toenail or draining a blister.
- Using an eye patch.
- Removing foreign body 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;

First-Aid Treatment

- Use of finger guards.
- Using massages (physical therapy and chiropractic treatment are considered medical treatment.)
- Drinking fluids for relief of heat stress.

2015 Reporting Requirements

- Changes to partially exempt industries.
- All fatalities – Report within 8 hours.
- Work related inpatient hospitalization (1+ employee), all amputation, all loss of an eye within 24 hours.

20

Partially Exempt Industries

- OSHA switched from SIC to NAICS
- Still have to report fatalities, hospitalizations, amputation and loss of eye to OSHA
- Still have to provide information/ and or keep records if requested from OSHA

21

Fatalities

- 8 hour report to OSHA
- Occur within 30 days of the work related incident
- Same as the current regulation

22

Hospitalization

- Definition – a formal admission to the in-patient service of a hospital or clinic for care or treatment (Not for observation or diagnostic testing)
- Admission within 24 hours of the work-related incident
- REPORT within 24 HOURS

23

Amputation

- Definition – the traumatic loss of a limb or other external body part. Amputations include a part, such as a limb or appendage, that has been severed, cut off, amputated (either completely or partially), fingertip amputation with or without bone loss, medical amputation resulting from irreparable damage, amputation of body parts that have been attached,

24

Amputation – DO NOT INCLUDE

- Avulsions – layers of skin torn away exposing underlying structure
- Enucleations – eye popping out
- Degloving – losing the skin
- Scalping – losing the hair or scalp
- Severed ears
- Broken or chipped teeth

25

Amputation

- Amputate with in 24 hour of the work-related incident
- REPORT within 24 HOURS

26

Loss of an eye

- Lose eye with in 24 hour of the work-related incident
- REPORT within 24 HOURS
- Does not include Enucleation –(eye popping out)

27

How to Report to OSHA

- Call OSHA's free and confidential number 1-800-321-OSHA (6742)
- Call your closest OSHA Area office during normal business hours
- Use *NEW* online form

28

2017 Reporting Requirements

- Provisions call for employers to electronically submit injury and illness data.
- Why is OSHA issuing this rule?
- What does the rule require?
- How will electronic submission work?
- Anti-retaliation protections required.
- Compliance schedule.

Why is OSHA issuing this rule?

- Will improve safety for workers across the country.
- Behavioral economics tells us that making injury information publicly available will “nudge” employers to focus on safety.
- More attention to safety will save the lives and limbs of many workers, and will ultimately help the employer's bottom line as well.
- This regulation will improve the accuracy of this data by ensuring that workers will not fear retaliation for reporting injuries or illnesses.

What does the rule require?

- Requires certain employers to electronically submit injury and illness data that they are already required to record on their onsite OSHA Injury and Illness forms.
- Will enable OSHA to use its enforcement and compliance assistance resources more efficiently.
- Will encourage employers to improve workplace safety and provide valuable information to workers, job seekers, customers, researchers and the general public.

How will electronic submission work?

- OSHA will provide a secure website that offers three options for data submission.
- Users will be able to manually enter data into a web form.
- users will be able to upload a CSV file to process single or multiple establishments at the same time.
- users of automated recordkeeping systems will have the ability to transmit data electronically via an API (application programming interface).

(The site is scheduled to go live in February 2017.)

Anti-retaliation protections

- The rule also prohibits employers from discouraging workers from reporting an injury or illness.
- requires employers to inform employees of their right to report work-related injuries and illnesses free from retaliation, which can be satisfied by posting the already-required [OSHA workplace poster](#).
- Clarifies the existing requirement that an employer's procedure for reporting work-related injuries and illnesses must be reasonable and not deter or discourage employees from reporting; and incorporates the prohibition on retaliating
- Drug testing Questions

(These provisions become effective August 10, 2016, but OSHA has [delayed their enforcement](#) until Dec. 1, 2016.)

Compliance Schedule

The new reporting requirements will be phased in over two years:

- Establishments with **250** or more employees in industries covered by the recordkeeping regulation;
 - Must submit information from their 2016 Form 300A by July 1, 2017.
 - These same employers will be required to submit information from all 2017 forms (300A, 300, and 301) by July 1, 2018.
 - Beginning in 2019 and every year thereafter, the information must be submitted by March 2.

Compliance Schedule

- Establishments with **20-249** employees in [certain high-risk industries](#) must submit information from their 2016 Form 300A by July 1, 2017.
- Their 2017 Form 300A by July 1, 2018.
- Beginning in 2019 and every year thereafter, the information must be submitted by March 2.

(OSHA State Plan states must adopt requirements that are substantially identical to the requirements in this final rule within 6 months after publication of this final rule.)

QUESTIONS????