

Recordkeeping Guidelines for Occupational Injuries and Illnesses



U.S. Department of Labor
Bureau of Labor Statistics
September 1986

The Occupational Safety and Health Act
of 1970 and 29 CFR 1904

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(See O.M.B. Disclosure Statement on Page i)
Effective April 1986

ATTENTION: OSHA RECORDKEEPER

IMPORTANT: DO NOT DISCARD. This booklet contains guidelines for keeping the occupational injury and illness records necessary to fulfill your recordkeeping obligation under the Occupational Safety and Health Act of 1970 (29 USC 651) and 29 CFR Part 1904, or equivalent State law.



U.S. Department of Labor
William E. Brock, Secretary

Bureau of Labor Statistics
Janet L. Norwood, Commissioner
September 1986

This informational booklet is intended to provide a generic, nonexhaustive overview of a particular standards-related topic. This publication does not itself alter or determine compliance responsibilities, which are set forth in OSHA standards themselves and the Occupational Safety and Health Act. Moreover, because interpretations and enforcement policy may change over time, for additional guidance on OSHA compliance requirements, the reader should consult current administrative interpretations and decisions by the Occupational Safety and Health Review Commission and the courts.

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Addendum

Administration and maintenance of the injury and illness recordkeeping system.

Effective January 1, 1991, the Bureau of Labor Statistics (BLS) transferred the responsibility for establishing recordkeeping requirements for occupational injuries and illnesses to the Occupational Safety and Health Administration (OSHA).

OSHA's recordkeeping function is in the Office of Statistics, Division of Recordkeeping Requirements, located in room N-3507 of the Francis Perkins Building, 200 Constitution Avenue, N.W., Washington, DC, 20210; phone (202) 219-6463, fax (202) 219-5161.

Recordkeeping-related duties of the OSHA Office of Statistics include the following:

- (1) defining the types of cases to be entered on the OSHA No. 200 Log and Summary of Occupational Injuries and Illnesses;
- (2) providing recordkeeping guidance to employers, employees, and others involved in recordkeeping; and
- (3) developing regulations and associated publications concerning occupational injury and illness recordkeeping.

Since September 30, 1991, the OSHA No. 200, OSHA No. 101 ("Supplementary Record of Occupational Injuries and Illnesses"), *The Recordkeeping Guidelines for Occupational Injuries and Illnesses*, and *A Brief Guide to Recordkeeping Requirements for Occupational Injuries and Illnesses* have been covered by OMB Control Number 1218-0176.

OMB Disclosure Statement - OSHA estimates that it will take an average of 15 minutes for completing a line entry on an OSHA No. 200 which includes use of this supplementary instruction booklet. If you have any comments regarding this estimate or any other aspect of this recordkeeping system, including suggestions for reducing this burden, please send them to the OSHA Office of Statistics and/or the Office of IRM Policy, Department of Labor, (1218-0176), 200 Constitution Avenue, N.W., Washington, DC 20210.

BLS continues to conduct the national *Annual Survey of Occupational Injuries and Illnesses* based on information collected from the OSHA records.

Reporting fatalities and multiple-hospitalization incidents (29 CFR 1904.8)

OSHA issued a final rule requiring employers to report within 8 hours, any occupational fatality or catastrophe involving the in-patient hospitalization of three or more workers [Vol. 59, No. 63, FR 15594-15600, April 1, 1994]. This requirement, which revised *Title 29 of the Code of Federal Regulations* Part 1904.8, became effective May 31, 1994.

The requirement applies to each fatality or hospitalization of three or more employees that occurs within 30 days of a work-related incident. The report must include the name of the establishment, location and time of the incident, the number of fatalities or hospitalized employees, contact person, phone number, and a brief description of the incident. Employers are instructed to make their report by telephone or in person to the OSHA Area Office nearest the site of the incident, or to utilize the OSHA toll-free number, 1-800-321-6742.

Questions regarding material contained in these supplemental instructions and related recordkeeping interpretations should be directed to either the OSHA Office of Statistics or the nearest OSHA Regional Office (See list on next page.) For additional published injury and illness recordkeeping interpretations, refer to the OSHA CD-ROM available at the Government Printing Office (GPO).*

**To order the OSHA CD-ROM, send order with a check to the Superintendent of Documents, Government Printing Office, Washington, DC 20402, (202) 512-1800. GPO also accepts MasterCard and Visa—fax orders to (202) (202) 512-2250. Give Order No. 729-13-00000-5. Cost \$88.00 annually; \$30.00 quarterly.*

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Preface

The Occupational Safety and Health (OSH) Act of 1970 requires covered employers to prepare and maintain records of occupational injuries and illnesses. The Bureau of Labor Statistics of the U.S. Department of Labor is responsible for administering the recordkeeping system established by the act. The OSH Act and recordkeeping regulations in 29 CFR 1904 provide specific recording and reporting requirements which comprise the framework of the OSH recording system.

Under this system, it is essential that data recorded by employers be uniform to assure the validity of the statistical data. To assure uniformity, BLS has issued guidelines which provide official agency interpretations, answers, and explanations to questions employers most frequently ask about recordkeeping and the reporting of occupational injuries and illnesses. On reviewing the guidelines, the Office of Management and Budget (OMB) has indicated that the guidelines are not regulations, but rather supplemental instructions to the OSHA recordkeeping forms (OSHA No's. 200, 101, and 200-S). The Department of Labor concurs with this interpretation. This document replaces all previous editions of the BLS recordkeeping guidelines.

For recordkeeping and reporting questions not covered in this publication, employers may contact the BLS regional office or the participating State agency serving their area. Addresses and telephone numbers for the

regional offices are listed on the inside front cover; those for the State agencies are in appendix D. Recordkeeping forms can be obtained by completing the order form at the end of these guidelines and mailing it to the appropriate BLS regional office or cooperating State agency.

The information included here deals only with the requirements of the Occupational Safety and Health Act of 1970 and Part 1904 of Title 29, Code of Federal Regulations, for recording and reporting occupational injuries and illnesses. Some employers may be subject to additional recordkeeping and reporting requirements not covered in this report. Many specific standards and regulations of the Occupational Safety and Health Administration (OSHA) have additional requirements for the maintenance and retention of records for medical surveillance, exposure monitoring, inspections, and other activities and incidents relevant to occupational safety and health, and for the reporting of certain information to employees and to OSHA. For information on these requirements, which are not covered in this report, employers should refer directly to the OSHA standards or regulations or contact their OSHA regional office.

These guidelines were prepared in the BLS Office of Occupational Safety and Health Statistics, by Stephen Newell, under the general direction of William M. Eisenberg, Associate Commissioner.

OMB DISCLOSURE STATEMENT

We estimate that the use of this supplementary instruction booklet will take an average of 15 minutes per reference, which is included in the estimate of time for completing and reviewing either a line entry on an OSHA Form No. 200 and/or an entire OSHA Form No. 101. If you have any comments regarding this estimate or any other aspect of this recordkeeping system, send them to the Bureau of Labor Statistics, Division of Management Systems (1220-0029), Washington, D.C. 20212 and to the Office of Management and Budget, Paperwork Reduction Project (1220-0029), Washington, D.C. 20503.

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User's Guide

This document is formatted to make the information on OSHA recordkeeping easy to access and comprehend. Recordkeeping requirements have been categorized into several major subject areas. Each subject area is divided into two parts: The first reviews relevant sections of the act or regulations and provides basic concepts of recordability; the second provides answers to questions most frequently asked about recording and reporting occupational injuries and illnesses. These questions and answers elaborate on the basic recordkeeping concepts and further define the subject matter in each section.

Chapter I. Provides information which should enable you to determine whether or not your establishment must keep OSHA records.

Chapter II. Describes which forms should be used and how the forms should be completed.

Chapter III. Outlines where the OSHA records must be located, how they should be updated, and the length of time they must be kept.

Chapter IV. Provides a brief description of the types of decisions employers make in the recordkeeping process. Also, this chapter shows how to distinguish between employees, whose injuries employers must record, and other workers at the establishment (such as independent contractors).

Chapter V. If you have any questions concerning whether or not a particular case should be recorded on the log, turn to this chapter. This chapter provides guidelines for determining the key issues of recordability:

Which cases are work related; what constitutes an occupational injury; how to distinguish medical treatment from first aid; criteria for detecting occupational illnesses; etc.

Chapter VI. Provides guidelines for determining the extent or outcome of recordable cases, and for making appropriate entries in columns 1-6 or 8-13 on the OSHA log.

Chapter VII. Describes employer obligations for reporting occupational injuries and illnesses. This reporting may be through the BLS annual survey, and, in the case of a fatality or multiple hospitalization, it must also be made directly to an OSHA area office.

Chapter VIII. Discusses some of the checks and balances built into the system to ensure accurate recording and reporting of occupational injuries and illnesses.

The appendixes provide a glossary of terms and sample recordkeeping and reporting forms. Appendix C lists illness conditions that have been associated with exposure in the workplace. Addresses and telephone numbers of participating State agencies and OSHA Regional Offices are listed in appendixes D and E. Capsule guidelines for distinguishing medical treatment from first aid are provided after appendix E.

Also included at the back of this publication is a detailed index which lists particular subjects in alphabetical order along with the page numbers where each topic may be referenced.

Chapter I. Employers Subject to OSHA Recordkeeping Requirements

The coverage of the Occupational Safety and Health Act of 1970 is very extensive. However, the requirements for recording and reporting occupational injuries and illnesses have been limited by regulation to reduce the burden on employers and permit the focusing of safety and health efforts on high-risk industries and establishments. This chapter describes which industries and employers are subject to OSHA recordkeeping and reporting requirements.

A. Coverage of the Occupational Safety and Health Act

The OSHA Act covers nearly all employers in the private sector. Section 2(b) of the act describes its purpose as providing safe and healthful working conditions for "every working man and woman in the Nation." Section 4(a) defines the scope of the act's coverage:

This Act shall apply with respect to employment performed in a workplace in a State, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, American Samoa, Guam, the Trust Territory of the Pacific Islands, Wake Island, Outer Continental Shelf Lands (defined in the Outer Continental Shelf Lands Act), Johnson Island, and the Canal Zone.

The act's coverage is defined in terms of two criteria: Work activities and geographic areas. The activities covered relate to "employment performed in a workplace." The boundaries of geographic coverage are limited to the United States and its territories.

The employment described in Section 4(a) is not limited to the execution of specific work assignments. Section 2 of the act addresses injuries and illnesses arising out of "work situations." Sections 2(b)(1), (2), and (4) of the act refer to "places of employment" and the provision of safe and healthful "working conditions." Section 2(b)(7) of the act deals with preventing employee illness as a result of their "work experience." These and other references in the act indicate that its coverage is intended to go beyond specific job tasks to encompass the total work environment. Also, the scope of employments covered is extensive. The act defines an employer in Section 3(5):

The term "employer" means a person engaged in a business affecting commerce who has employees, but does

not include the United States, or any State or political subdivision of a State.

(See section E of this chapter for a special discussion of State and local government coverage.)

It should be noted the term "employer" applies to persons in a business "affecting" commerce, not just "engaged" in interstate commerce. Therefore, the coverage of the act is extensive since there are few employers who do not affect commerce.

Part 1975.3(d) of the regulations also interprets the term "business" as:

. . . any commercial or noncommercial activity affecting commerce and involving the employment of one or more employees

Part 1975.4(a) states:

Any employer employing one or more employees would be an "employer engaged in a business affecting commerce who has employees" and, therefore, he is covered by the Act as such.

However, despite the broad coverage afforded by the act, the regulations have excluded the following groups of employers:

1. *Religious establishments.* The performance of, or participation in, religious services does not constitute employment under the act according to Part 1975.4(c) of the regulations. However, churches are considered employers when they employ one or more persons in secular activities.

2. *Employers of household workers.* Those who employ persons for ordinary domestic household tasks are not considered to be employers under Part 1975.6 of the regulations.

A-1. Q. Who is considered to be an employee under the OSH Act?

A. Section 3(6) of the act defines an employee as one who is employed in the business of his employer.

The traditional common law definition of an employer is one who has the right to control and direct his employees, not only

regarding the result to be accomplished by the work, but also as to the details and means by which the work objective is accomplished.

The term "employee" has been broadly interpreted under the OSH Act.

Employees include part-time, temporary, or limited service workers.

Employee status involves a current employment relationship. Under the act, this status is generally limited to situations where the employee receives some sort of compensation (not necessarily money) from the employer for services rendered.

A-2. Q. Are volunteer workers considered employees under the Occupational Safety and Health Act?

A. Volunteer workers may or may not be considered employees under the act; their status would depend upon the facts of the particular situation.

Volunteers are generally not considered employees for recordkeeping purposes if they serve of their own free will and do not receive compensation. Compensation in this context may be wages or salaries, or it may consist solely of nonmoney benefits. The fact that paid workers may normally perform the same duties or functions has no bearing on this determination. Under these criteria, hospital volunteers are usually not considered to be employees for the purposes of the act; volunteer firemen are usually considered to be employees.

A-3. Q. Are people working in sheltered workshops considered employees? What about persons in job training programs?

A. If these workers receive some form of compensation and satisfy the criteria listed in question A-1, they are considered employees under the act.

A-4. Q. Are stockholders in a corporation considered employers?

A. No. The corporation is the employer. On the other hand, stockholders employed by the corporation are employees; these include managers and corporate officers.

A-5. Q. Two partners operate a small electrical contracting firm. They have no employees. Are they covered by the OSH Act?

A. No. Partners are not considered employees. A firm with no employees is not covered by the act and does not have to maintain OSHA records.

A-6. Q. Are activities of self-employed individuals covered by the Occupational Safety and Health Act?

A. No. These activities are not covered because self-employed individuals are not considered employers under the act. Part 1975.4(a) of the regulations limits employer status to those individuals employing one or more employees.

A-7. Q. Does the act cover persons employed by charitable and nonprofit organizations?

A. Yes. Whether or not an organization is operated at a profit is not important since Part 1975.4(b)(4) provides that ". . . any charitable or nonprofit organization which employs one or more employees is covered under the . . . Act"

A-8. Q. Since the OSH Act governs all establishments affecting commerce, how are such establishments identified? For example, would a local grain elevator or farm feed and seed retail store be covered?

A. Yes. These operations would be covered. Coverage of the OSH Act is *not* limited to establishments engaged in interstate commerce. The law says "affecting commerce," which is far broader than "engaged in interstate commerce." Section 3(3) of the act broadly defines the term "commerce" as meaning "trade, traffic, commerce, transportation, or communications" Use of equipment made out-of-State has been deemed sufficient. In essence, all businesses in some way affect commerce.

A-9. Q. Are farmers covered under the OSH Act?

A. A very broad interpretation has been given to the coverage of the act. Farmers are included, according to Part 1975.4(b)(2) of the regulations, because they affect commerce. However, small farmers (those with fewer than 11 employees) have been exempt from recordkeeping requirements since 1976.

A-10. Q. Are the working family members of farmers or ranchers considered employees? Must the farmer maintain records to cover them?

- A. No. Immediate family members of farm employers are not regarded as employees under Part 1975.4(b)(2) of the regulations, even though they may receive compensation. Consequently, OSHA records need not be maintained for them.
- A-11. Q.** How does the act apply to migrant labor camps? Is it the same as for other areas of the economy?
- A. Yes. Migrant labor camps are covered the same as any other segment of the economy. (See question A-5 of chapter IV for an explanation of who must keep the OSHA records for migrant laborers.)
- A-12. Q.** Do records have to be maintained for employees traveling overseas on business?
- A. No. Records need not be kept for these employees when they are outside the geographic scope of coverage prescribed by Section 4(a) of the act—the United States and its territories.
- A-13. Q.** What about airline employees working aboard airplanes? When are these activities covered?
- A. These activities are covered under the act while the airplane is on U.S. soil and in the official air space of the United States and its territories.
- A-14. Q.** Are employers required to keep records of injuries and illnesses occurring to employees aboard ships or on off-shore oil rigs? When are the employees engaged in these activities covered by the OSH Act?
- A. The coverage of the Occupational Safety and Health Act is limited to the United States and its territories. Therefore, work activities would be covered on inland and intercoastal waterways and up to the boundary of State jurisdiction, which is usually the 3-mile limit. (In Louisiana and Texas, the State boundaries extend 12 miles into the Gulf of Mexico.)
- A-15. Q.** Are churches or religious organizations required to keep records under the act if they employ persons in secular activities?
- A. Yes. The act covers hospitals, schools, commercial establishments, and administrative or office personnel employed by religious organizations. Excluded from coverage are clergy and other participants in religious services.
- A-16. Q.** Do injury and illness records have to be kept for domestics?
- A. No. According to Part 1975.6 of the regulations, employers of domestics in the employers' private residence for the usual purposes of housekeeping or child care, or both, are not required to keep records.
- B. Employers required to keep OSHA records**
- The recordkeeping requirements of the Occupational Safety and Health Act of 1970 apply to most private sector employers. Part 1904.1 of the regulations covers the purpose and scope of the recordkeeping regulations:
- These sections provide for recordkeeping and reporting by employers covered under the Act, as necessary or appropriate for enforcement of the Act, for developing information regarding causes and prevention of occupational accidents and illnesses, and for maintaining a program of collection, compilation, and analysis of occupational safety and health statistics.
- Initially, the regulations for employer recordkeeping mirrored the broad coverage of the act as described in the preceding section. However, the regulations have been modified to exempt certain employers with historically low rates of injuries and illnesses.
- B-1. Q.** Must employers keep OSHA injury and illness records if they are not covered by the Occupational Safety and Health Act?
- A. No. Employers must maintain OSHA records only if they are within the coverage of the Occupational Safety and Health Act of 1970.
- C. Employers regularly exempt from OSHA recordkeeping**
- Federal regulations have made the following employers regularly exempt from OSHA recordkeeping, i.e., from keeping the log of injuries and illnesses, completing a supplementary record, and filling out and posting an annual summary:
1. *Small employers.* Although subject to the overall coverage of the Occupational Safety and Health Act of 1970, most small employers are not required to keep injury and illness records because of their exemption in 29 CFR 1904.15. (A few States still require all small employers to maintain OSHA records. Check with your State.) This section of the regulations was promulgated to reduce the burden on employers after findings of relatively low levels of hazard in small establishments. Part 1904.15 states:
- An employer who had no more than ten (10) employees

at any time during the calendar year immediately preceding the current calendar year need not comply with any of the requirements of this part except the following:

- (a) Obligation to report under Part 1904.8 concerning fatalities or multiple hospitalization accidents; and
- (b) Obligation to maintain a log of occupational injuries and illnesses under Part 1904.2 and to make reports under Section 1904.21 upon being notified in writing by the Bureau of Labor Statistics that the employer has been selected to participate in a statistical survey of occupational injuries and illnesses.

For the purposes of the small employer exemption, the employment figure refers to the calendar year immediately preceding the year for which records will be kept. Also, the test for the small employer exemption is the number of employees in the entire *firm*, not the number in an individual establishment. Therefore (except for employers discussed in section 2 below), a firm with two establishments, each of which had six employees during the previous calendar year, has to keep OSHA injury and illness records during the current year because the total employment of the firm was greater than 10. Partners, self-employed, and family members on a farm are not considered employees.

2. *Employers in low-hazard industries.* In most States, employers in low-hazard industries in retail trade; finance, insurance, and real estate; and services are exempt from OSHA recordkeeping under Part 1904.16 of the regulations:

An employer whose establishment is classified in SIC's 52-89, (excluding 52-54, 70, 75, 76, 79, and 80) need not comply, for such an establishment, with any of the requirements of this part except the following:

- (a) Obligation to report under Section 1904.8 concerning fatalities or multiple hospitalization accidents; and
- (b) Obligation to maintain a log of occupational injuries and illnesses under Section 1904.2 and make reports under Section 1904.21 upon being notified in writing by the Bureau of Labor Statistics that the employer has been selected to participate in a statistical survey of occupational injuries and illnesses.

The Federal exemption applies to all employers in low-hazard industries in States under exclusive Federal jurisdiction. States with approved State plans under Section 18(b) of the act may continue to require employers in these industries to maintain records. The following States and territories currently operate their own OSHA programs under Section 18(b): Alaska, Arizona, California, Connecticut, Hawaii, Indiana, Iowa, Kentucky, Maryland, Michigan, Minnesota, Nevada, New Mexico, North Carolina, Oregon, Puerto Rico, South Carolina, Tennessee, Utah, Vermont, Virginia, the Virgin Islands, Washington, and Wyoming. In these areas, employers should contact their respective State agency to determine if the low-hazard industry exemption has been adopted.

State agency addresses and telephone numbers are listed in appendix D.

The exempt industries are identified and categorized according to the *Standard Industrial Classification Manual* (SIC). They include:

Some retail trade industries (SIC's 55-59) which include establishments engaged in selling merchandise to the general public for personal or household consumption. Some of these retail trades are: Automotive dealers, apparel and accessory stores, furniture and home furnishings stores, and eating and drinking places.

All finance, insurance, and real estate industries (SIC's 60-67) including establishments engaged in banking, credit other than banking, security dealings, insurance, and real estate.

Some service industries (SIC's 70-89, except 70, 75, 76, 79, and 80) including establishments with a variety of services for individuals, businesses, government agencies, and other organizations. Some of these service industries are: Personal and business services in addition to legal, educational, social, and cultural services, and membership organizations.

In order to be included in this exemption, the major industry group has to meet two criteria: (1) The industry must fall within SIC's not now targeted for general schedule inspections; and (2) for a designated 3-year measurement period, the industry must have had an average lost workday case injury rate at or below 75 percent of the comparable private sector average.

Therefore, building materials and garden supplies (SIC 52); general merchandise and food stores (SIC's 53, 54); hotels and other lodging places (SIC 70); repair services (SIC's 75, 76); amusement and recreation services (SIC 79); and health services (SIC 80) were not included among the industries initially proposed for exemption. These industries, although not targeted for general schedule inspections, have lost workday case injury rate averages above 75 percent of the private sector average for the 3-year period.

- C-1. Q. Is the small employer exemption determined by the number of employees currently working in the establishment?
 - A. No. The small employer exemption focuses on the number of employees working for the *entire firm* at any time during the *previous* calendar year.
- C-2. Q. For the purposes of the small employer exemption, how do you distinguish between an establishment and a firm?
 - A. The distinction between an establishment and a firm refers to the structure of the business. An establishment is a single physical location where business is conducted or

where services or industrial operations are performed. A firm consists of the entire business enterprise (the corporation, company, partnership, etc.) and may include one or more establishments.

C-3. Q. How is the number of employees determined for the small employer exemption? Do employers qualify if they had an average of no more than 10 employees during the previous calendar year?

A. No. The average number of employees is not the determining factor. To qualify, employers *must not have had more than 10 employees at any time* in the previous calendar year.

C-4. Q. Two partners operate an automobile repair shop with nine employees. Does the small employer exemption apply to them?

A. Yes. The partners themselves are employers; therefore, the auto repair shop has only nine employees. As long as the firm has no more than 10 employees at any one time during the previous calendar year, it qualifies for the small employer exemption.

C-5. Q. How were the industries selected for the low-hazard industry exemption?

A. Safety statistics were examined for major industry groups. An industry group was exempted if it was not currently targeted for routine safety inspections and had a lost workday case rate for injuries at or below 75 percent of the private sector average for a designated 3-year period.

C-6. Q. How do employers determine the appropriate SIC code for their establishment to see if they qualify for the exemption of low-hazard industries?

A. First, employers should determine the principal activity of the establishment. If an establishment does more than one kind of business, it is classified in the category that generates the greatest dollar volume. Employers may then refer to the 1972 edition of the *Standard Industrial Classification Manual* (SIC) prepared by the Executive Office of the President, Office of Management and Budget. This publication is usually available in most corporate or public libraries or can be purchased from the Government Printing Office. Employers may also contact their

State or BLS regional offices for assistance in making the proper SIC determination. Addresses and telephone numbers for the BLS regional offices are listed on the inside front cover; those for the State agencies are in appendix D.

C-7. Q. Must employers in the exempted low-hazard industries have written certification from BLS or OSHA that their firm is exempt from OSHA recordkeeping?

A. No. Written certification is not necessary since public notification was made in the *Federal Register*, news releases, etc.

C-8. Q. Does the exemption for low-hazard industries apply to all low-hazard establishments?

A. No. Only establishments in the specified major industry groups are exempt. The fact that an establishment in a high-risk industry has an excellent safety record or that its workers have jobs that seem as safe as those in the exempted industries does not mean that it is exempt.

C-9. Q. How do large employers with multiple establishments handle the exemption of low-hazard activities?

A. Large employers with multiple establishments may find that some of their establishments qualify for exemption while others do not. For example, an automobile manufacturer may have assembly plants and retail sales offices. The manufacturing establishments would not be exempt from OSHA recordkeeping; the sales offices would.

C-10. Q. Do recordkeeping exemptions apply uniformly in all States and territories?

A. At this printing, the exemption for small employers is in effect in all States and territories except Wyoming and the Virgin Islands. The recordkeeping exemption for low-hazard industries applies to all eligible workplaces under the jurisdiction of Federal OSHA and to establishments in many States with approved State plans under Section 18(b) of the act. However, some States with approved State plans have not adopted the low-hazard exemption. Employers in States with approved plans should contact their State agency to determine if it has adopted the exemptions. State agency addresses and telephone numbers are listed in appendix D,

which also indicates those States with approved plans.

D. Exceptions to exemption for small employers and employers in low-hazard industries

There are two exceptions to the exemption from OSHA recordkeeping for small employers and employers in low-hazard industries:

1. Although OSHA recordkeeping requirements are normally eliminated for small employers and employers in low-hazard industries, they must still comply with OSHA standards, display the OSHA poster, and report to OSHA within 48 hours any work-related accident which results in a fatality or the hospitalization of five or more employees. (Some States have more stringent catastrophic reporting requirements.)

2. A small percentage of the regularly exempt employers have to maintain records for 1 year if they are selected to participate in the Annual Survey of Occupational Injuries and Illnesses. As stated in Parts 1904.15(b) and 1904.16(b) of the regulations, each year BLS selects a rotating sample of small employers and employers in low-hazard industries to participate in the annual survey. These employers, required by law to participate, are notified prior to the beginning of the reference calendar year that they have been selected. They are required to maintain a log and summary (OSHA No. 200), but do not have to prepare any other OSHA injury and illness records. At the end of the calendar year, they must report their injury and illness experience on the survey questionnaire, the OSHA No. 200-S. They are not required to post a summary of their injury and illness experience at the end of the reference year.

D-1. Q. Why are some regularly exempt small employers and employers in low-hazard industries selected each year to keep records and participate in the Annual Survey of Occupational Injuries and Illnesses?

A. A small sample of these regularly exempt employers is required to participate each year so that their injury and illness experience can be incorporated in the BLS survey data. This is necessary to produce estimates which are comparable in coverage to estimates for preexemption years.

D-2. Q. How is the survey sample selected for the regularly exempt firms that will be required to keep records? If a regular exempt firm is selected to participate 1 year, will it be required to participate every year thereafter?

A. The regularly exempt firms notified in advance that they must participate in the

annual survey are selected on a random sample basis. Usually, other firms will be selected to participate in subsequent surveys. In some situations, however, a firm may be asked to participate more than once; i.e., when there are not enough firms in a particular industry or employment-size group to insure adequate coverage from a rotating sample.

D-3. Q. Must private universities and colleges keep records?

A. Although covered by the act, these institutions normally do not have to keep OSHA records because of the recordkeeping exemption discussed in section D above. However, as with other normally exempt industries, a small sample will have to keep records for 1 year if selected to participate. When this occurs, these private universities and colleges must keep records of injuries and illnesses for their employees; students are not included unless they are employed on a full- or part-time basis. Graduate students with paid teaching and research assignments are covered.

E. State and local government

All States that operate their own safety and health plans require all employers, including State and local government agencies, to maintain records of injuries and illnesses. Part 1952.4(a) of the regulations provides:

States must adopt recordkeeping and reporting regulations which are identical to 29 CFR Part 1904 "Recording and Reporting Occupational Injuries and Illnesses" except for Part 1904.13 of this chapter, which provides for variances.

Part 1956.10(i) requires these State and local government employers to maintain records and make reports in conformance with the standards and procedures required of private sector employers under the act. State and local government agencies are usually exempt in States which do not operate their own State plans.

E-1. Q. What is the legal basis for the requirement that certain State and local government agencies are required to participate in the recordkeeping and reporting provisions of the act?

A. Section 18(c)(6) of the Federal OSH Act requires States with approved State plans to have State and local government agencies participate in recordkeeping and reporting activities to the extent permitted by State

law. Also, nonplan States may require recordkeeping under their own laws and regulations. Participating States, like private sector employers, may use their own recordkeeping forms as long as they are substantially the same as the Federal forms.

E-2. Q. Which States have plans requiring participation of State and local government agencies in OSHA recordkeeping and reporting?

A. The States and territories listed in section C of this chapter have approved plans requiring State and local government participation. These States are identified in appendix D.

E-3. Q. Must State universities and colleges keep OSHA records?

A. Normally, State and local government colleges and universities keep OSHA records only if their State has a plan approved for implementing the provisions of the act.

E-4. Q. Are employees of local school districts covered by the act?

A. These employees are covered only in States which have an approved State plan for implementing the provisions of the act.

F. Applicability of OSHA recordkeeping requirements to employers subject to other Federal safety and health regulations

Many employers subject to injury and illness recordkeeping requirements of other Federal safety and health regulations are not exempt from OSHA recordkeeping. However, records used to comply with other Federal recordkeeping obligations may also be used to satisfy the OSHA recordkeeping requirements. The forms and definitions used must be equivalent to the OSHA forms and definitions. Many of the forms and definitions used by other Federal agencies satisfy the OSHA requirements.

F-1. Q. To what extent are motor carriers covered by OSHA recordkeeping regulations since they are under Department of Transportation safety regulations?

A. Motor carriers must maintain injury and illness records in conformance with or equivalent to the OSHA records required by 29 CFR 1904.

F-2. Q. Is the mining industry, which generally comes under the overall jurisdiction of the Mine Safety and Health Administration, required to participate in the OSHA recordkeeping program?

A. No. A recordkeeping and reporting system has been developed by the Mine Safety and Health Administration (in cooperation with the Bureau of Labor Statistics) which provides information on mining activities equivalent to the OSHA injury and illness statistics.

However, the injury and illness experience of some mining company employees working in establishments not related to mining will be maintained on OSHA records. For example, if a mining company has a company store, and the Mine Safety and Health Administration does not require that injury and illness records be kept for the store, it would fall under OSHA jurisdiction.

F-3. Q. Are railroad employers required to keep records of injuries and illnesses of their employees?

A. Yes. In recent years, the Federal Railroad Administration has adopted the definitions of the OSHA recordkeeping system. Railroad employers report occupational injury and illness data annually to the Federal Railroad Administration, which in turn provides the data to BLS for statistical purposes.

Chapter II. The Mechanics of OSHA Recordkeeping

Only two forms are used for OSHA recordkeeping. One form, the OSHA No. 200, serves two purposes: (1) As the Log of Occupational Injuries and Illnesses on which the occurrence, extent, and outcome of cases are recorded during the year; and (2) as the Summary of Occupational Injuries and Illnesses which is used to summarize the log at the end of the year to satisfy employer posting obligations. The other form, the Supplementary Record of Occupational Injuries and Illnesses, OSHA No. 101, provides additional information on each of the cases that have been recorded on the log. (These forms are provided in appendix B.)

A. The Log of Occupational Injuries and Illnesses, OSHA No. 200

The log is used for recording and classifying recordable occupational injuries and illnesses, and for noting the extent and outcome of each case. The log shows when the occupational injury or illness occurred, to whom, what the injured or ill person's regular job was at the time of the injury or illness exposure, the department in which the person was employed, the kind of injury or illness, how much time was lost, and whether the case resulted in a fatality, etc.

Part 1904.2 of the *Code of Federal Regulations* (CFR) provides the basic requirements for the Log and Summary of Occupational Injuries and Illnesses:

(a) Each employer, except as provided in paragraph (b) of this section, shall: (1) maintain in each establishment a log and summary of all recordable occupational injuries and illnesses for that establishment; and (2) enter each recordable injury and illness on the log and summary as early as practicable but no later than 6 working days after receiving information that a recordable injury or illness has occurred. For this purpose, form OSHA No. 200 or an equivalent which is as readable and comprehensible to a person not familiar with it shall be used. The log and summary shall be completed in the detail provided in the form and instructions on form OSHA No. 200.

(b) Any employer may maintain the log of occupational injuries and illnesses at a place other than the establishment or by means of data-processing equipment, or both, if:

(1) There is available at the place where the log is maintained sufficient information to complete the log to date within 6 working days after receiving information

that a recordable case has occurred as required by paragraph (a) of this section; and,

(2) At each of the employer's establishments, there is available a copy of the log which reflects separately the injury and illness experience of that establishment complete and current to a date within 45 calendar days.

The log consists of three parts: A descriptive section which identifies the employee and briefly describes the injury or illness; a section covering the extent of the injuries recorded; and a section on the type and extent of illnesses. A complete OSHA No. 200 log form is shown in appendix B.

While most of the columns seem self-explanatory, there are some important requirements to be considered when completing the log. The following information pertains to the descriptive section of the log shown on the following page.

Column A. Enter a number that is unique for each case. This is very important because each case must be identified and examined separately. The simplest method of numbering may be the best; i.e., 1, 2, 3. Employers may also number cases by month; for example, 7-15 would indicate the 15th case occurring during July.

Column B. For occupational injuries, enter the date of the work accident which resulted in injury. For occupational illnesses, enter date of initial diagnosis of illness, or, if absence from work occurred before diagnosis, enter the first day of absence attributable to the illness which was later diagnosed or detected. Cases do not necessarily fall consecutively by date, because injuries and illnesses are recorded as an employer learns that a case has occurred.

Column C. Insert 1 of 2 entries: (1) First name, middle initial, and last name; or (2) first initial, middle initial, and last name.

Column D. Specify the injured or ill employee's *regular job title* even if the employee was working outside his or her regularly assigned occupation at the time of the injury or illness exposure.

Column E. State the department in which the injured or ill person is *regularly employed*. Enter the department in which the injury or illness exposure occurred only if it

Bureau of Labor Statistics
Log and Summary of Occupational
Injuries and Illnesses

U.S. Department of Labor

For Calendar Year 19 _____

Form Approved
OMB No. 1220-0029

Page _____ of _____

Company Name _____
Establishment Name _____
Establishment Address _____

RECORDABLE CASES - You are required to record information about every acute occupational injury or illness that results in one of the following: loss of consciousness, restriction of major bodily functions, or medical treatment (other than first aid). Do not include occupational injuries or illnesses on the other side of form.

Case or File Number	Employee's Name	Occupation	Department	Description of Injury or Illness	Type of Injury or Illness		Facilities		Nonfatal Injuries		Nonfatal Illnesses		Remarks
					Fracture	Nonfracture	Illness Without Lost Workdays	Illness With Lost Workdays	Illness Without Lost Workdays	Illness With Lost Workdays	Illness Without Lost Workdays	Illness With Lost Workdays	
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)
PREVIOUS PAGE TOTALS													
TOTALS (Excludes cases on other side of form.)													

to insure compliance with the regulation requiring comparability with the OSHA No. 200.

A-5. Q. Can additional information be included on private equivalents to the log?

A. Yes. Equivalents to the log may contain additional information if they retain the same identifying column numbers as the OSHA No. 200 and are as readable and comprehensible as the OSHA No. 200 to a person not familiar with the equivalent form.

A-6. Q. Is an employer required to have a log for any year in which there were no recordable cases?

A. No. An employer is not required to have a log for any year during which there were no recordable cases. However, the summary portion of the OSHA No. 200 should be completed with zero entries and retained for the 5-year period.

A-7. Q. Can OSHA records be kept on microfiche or magnetic tape?

A. Yes. If the information is always available during working hours and is retrievable upon demand, and if the format used to store the information is equivalent to the format of the OSHA forms.

B. The Summary of Occupational Injuries and Illnesses, OSHA No. 200

The portion of the OSHA No. 200 to the right of the dotted vertical line is used to summarize injuries and illnesses in an establishment for the previous calendar year. Every nonexempt employer who is required to keep OSHA records must prepare an annual summary for each establishment, based on the information contained in the log for each establishment. The summary is prepared by totaling the column entries on the log (or its equivalent) and signing and dating the certification portion of the form at the bottom of the page.

Part 1904.5 of the Code of Federal Regulations states the requirements for the annual summary of occupational injuries and illnesses:

(a) Each employer shall post an annual summary of occupational injuries and illnesses for each establishment. This summary shall consist of a copy of the year's totals from the form OSHA No. 200 and the following information from that form: calendar year covered, company name, establishment address, certification signature, title, and date If no injuries or illnesses occurred in the year, zeros must be entered on the totals line, and the form must be posted.

(b) The summary shall be completed by February 1, beginning with calendar year 1979.

(c) Each employer, or the officer or employee of the employer who supervises the preparation of the log and summary of occupational injuries and illnesses, shall certify that the annual summary of occupational injuries and illnesses is true and complete.

(d)(1) Each employer shall post a copy of the establishment's summary in each establishment in the same manner that notices are required to be posted under Section 1903.2(a)(1) of this chapter. The summary covering the previous calendar year shall be posted no later than February 1, and shall remain in place until March 1

(2) A failure to post a copy of the establishment's annual summary may result in the issuance of citations and assessment of penalties pursuant to Sections 9 and 17 of the Act.

Part 1903.2(a) of the regulations governs employer posting obligations. The following requirements pertain to posting the summary:

(a) Such notice or notices shall be posted by the employer in each establishment in a conspicuous place or places where notices to employees are customarily posted. Each employer shall take steps to insure that such notices are not altered, defaced, or covered by other material.

Before preparing the summary which is shown on the next page, the employer should review the log to be sure the entries are correct and current. Each case should be checked to make sure that it is in only one of the "extent" categories on the log (fatalities, lost workday cases, nonfatal cases without lost workdays). Any open case involving a loss of workdays which is continuing at the time the summary is prepared should be completed by estimating the number of future workdays the employee will lose. The estimated number of future lost workdays should be added to the number of workdays already lost, and the combined total entered on the log and included in the summary. (The log should be revised at a later date to reflect the number of days that were actually lost.)

The yearly totals on the log are all that is needed for posting. Employers may prepare the summary in 1 of 2 ways: (1) They can use the last page of the log they have been maintaining during the year by folding the log so that the portion to the left of the dotted line is turned under to conceal the names of the injured or ill employees; or (2) they can use a photocopy or separate form, such as a blank OSHA No. 200.

Completing the summary is a relatively simple procedure. The right hand portion of the log (to the right of the dotted fold line) is used for this purpose. Employers complete the top portion of the page by entering the year to which the records relate, the company name (and the establishment name, if different from the company), and the address. Then the entries in columns 1 through 13 are added vertically and totaled on the bottom line. Note that, although all the column entries for cases and lost workdays must be totaled, employers need not total the

ers and employees more safety conscious; and (3) promotes joint labor-management safety and health efforts.

B-2. Q. What form must be used for the summary?

A. The OSHA No. 200 or a private equivalent may be used. Employers are allowed to use private equivalents if they are as readable and comprehensible to persons not familiar with the equivalents. A blank copy of the OSHA No. 200 is often posted beside the equivalent for clear understanding by employees. Copies of the OSHA No. 200 can be obtained from BLS regional offices or from cooperating State agencies, or the BLS national office. (See inside front cover for BLS regional office addresses and telephone numbers.)

B-3. Q. How long must the summary be posted at each establishment?

A. The annual summary is to be posted by February 1 of each year and is to remain in place until March 1. It must be posted at each establishment in a conspicuous place where notices to employees are customarily posted.

B-4. Q. Who is responsible for the preparation of the annual summary?

A. The employer is ultimately responsible for preparation of the annual summary; however, in many instances an employee actually prepares and certifies the annual summary.

B-5. Q. What is meant by certification of the summary?

A. The summary must be signed and dated by the employer, or whoever is delegated responsibility for completing it, to certify that it is true and complete to the best of that person's knowledge.

B-6. Q. If no recordable cases occurred during a reporting period, must a summary be prepared?

A. Yes. Even though there were no recordable cases during the previous year, the summary portion of the OSHA No. 200 must be completed and posted in each establishment no later than February 1 and remain in place until March 1. Zeros should be entered in all categories on the "totals" line. All summaries must be retained for 5 years following the end of the year to which they relate.

B-7. Q. Can the summary at the end of the year be on a total company basis, or does it have to be completed for each establishment?

A. A summary must be prepared for each establishment and posted in each establishment.

B-8. Q. Must a copy of the annual summary be posted on every bulletin board, or will the posting of only one copy comply with the requirements of the law?

A. It depends upon the particular establishment. The regulations state that the annual summary is to be posted "at each establishment in a conspicuous place where notices to its employees are posted customarily." The purpose of this requirement is to make sure employees are actually notified. In some circumstances, such as large facilities, this may require more than one posting.

B-9. Q. How do workers review the annual summary when they don't work at a fixed worksite?

A. During the posting period, employers are required to present or mail a copy of the annual summary to employees with no fixed worksite.

B-10. Q. Is it necessary to post the annual summary if an establishment closes?

A. It is not necessary to post a summary in an establishment which has closed by the time the summary is prepared. The primary purpose of posting is to inform employees of the past year's injury and illness record.

B-11. Q. Must the employer post the annual summary at the jobsite of a seasonal operation if the site is shut down during the posting period?

A. Posting informs the employees of the past year's injury and illness experience for that establishment. Since posting in a vacated establishment would not accomplish this purpose, posting is not required. However, employers in these situations shall present or mail a copy of the annual summary to their permanent employees.

B-12. Q. When will an establishment have to send its annual summary to the Bureau of Labor Statistics?

A. Never. The employer must retain the record-keeping forms, the log and summary, OSHA

No. 200, and the supplementary record, OSHA No. 101, in the establishment for 5 years after the reference year of the records. Establishments selected to participate in the statistical survey will receive a survey reporting form (OSHA No. 200-S) in the mail. If an establishment does not receive a form, the employer need only maintain and retain the records according to the regulations.

B-13. Q. How is a lost workday case handled on the summary if it carries over into the next year? What if, for example, an employee is injured in December 1985 and is still out on January 31, 1986?

A. Two important considerations are involved: (1) The same case should not appear in the records for 2 years; and (2) it is important not to lose the count of the actual number of lost workdays, which is a measure of the severity of the case.

The original entry for this case should be on the 1985 log. At the end of calendar year 1985, the employer should estimate the number of workdays the employee is expected to lose in 1986 and add that to the count of workdays lost up to the time of making that estimate. That number should be entered in column 4 and/or 5 or column 11 and/or 12 of the 1985 log, depending on the type of case. When the employee returns to work and/or is able to perform all the duties of his or her regular job or the count of lost workdays is otherwise ended, the employer should verify the actual count of lost workdays (days away from work and any days of restricted activity) and correct the entry on the 1985 log as necessary. No entries should be made for this case on the 1986 log. Also, the summary for 1985 does not have to be corrected.

C. The Supplementary Record of Occupational Injuries and Illnesses, OSHA No. 101

For every injury or illness entered on the log, it is necessary to record additional information on the supplementary record, OSHA No. 101. The supplementary record describes how the injury or illness exposure occurred, lists the objects or substances involved, and indicates the nature of the injury or illness and the part(s) of the body affected.

Part 1904.4 of the *Code of Federal Regulations* provides the requirements for the supplementary record:

In addition to the log of occupational injuries and illnesses provided for under Section 1904.2, each employer shall have available for inspection at each establishment within 6 working days after receiving information that a

recordable case has occurred, a supplementary record for each occupational injury or illness for that establishment. The record shall be completed in the detail prescribed in the instructions accompanying Occupational Safety and Health Administration Form OSHA No. 101. Worker's compensation insurance or other reports are acceptable alternative records if they contain the information required by Form OSHA No. 101. If no acceptable alternative record is maintained for other purposes, Form OSHA No. 101 shall be used or the necessary information shall be otherwise maintained.

Most items in the supplementary record shown on the next page are self-explanatory. However, the following items are highlighted:

The *OSHA case or file number* must be the same number used to identify the case or file number in column A of the log, OSHA No. 200.

Occupation (item 8) refers to the employee's *regular job title*. If an employee is working in a capacity other than the regular occupation at the time of an injury or illness exposure, item 8 must show the regular job title. This is the same title used in column D of the log.

Department (item 9) refers to the department or division in which the employee is *regularly employed*, even if an employee should be temporarily working in another department at the time of the injury or illness exposure. This is the same department named in column E of the log.

Premises (item 11) refers to whether the accident or exposure occurred on the employer's premises.

Injury or illness and part(s) of body affected (item 14) should be in agreement with the information entered in column F of the log.

C-1. Q. When must a supplementary record be prepared?

A. A supplementary record must be prepared for each case within the same time frame required for entering a case on the log—within 6 workdays after receipt of information that a recordable case has occurred.

C-2. Q. Must all employers complete the OSHA No. 101 or equivalent for any case entered on the log of occupational injuries and illnesses?

A. Yes, all employers regularly keeping OSHA records must complete a supplementary record for each entry on the log, OSHA No. 200.

However, there is one exception to this rule. As noted in section D, chapter I, a small percentage of firms regularly exempt from OSHA recordkeeping is selected each year to participate in the Annual Survey of Occupational Injuries and Illnesses. Those selected are required to maintain a log of

Bureau of Labor Statistics
 Supplementary Record of
 Occupational Injuries and Illnesses

U.S. Department of Labor



This form is required by Public Law 91-596 and must be kept in the establishment for 5 years. Failure to maintain can result in the issuance of citations and assessment of penalties.

Case or File No.

Form Approved
 O.M.B. No. 1220-0029

Employer

1. Name _____
2. Mail address (No. and street, city or town, State, and zip code) _____
3. Location, if different from mail address _____

Injured or Ill Employee

4. Name (First, middle, and last) _____ Social Security No. _____
5. Home address (No. and street, city or town, State, and zip code) _____
6. Age _____ 7. Sex (Check one) Male Female
8. Occupation (Enter regular job title, not the specific activity he was performing at time of injury.) _____
9. Department (Enter name of department or division in which the injured person is regularly employed, even though he may have been temporarily working in another department at the time of injury.) _____

The Accident or Exposure to Occupational Illness

If accident or exposure occurred on employer's premises, give address of plant or establishment in which it occurred. Do not indicate department or division within the plant or establishment. If accident occurred outside employer's premises at an identifiable address, give that address. If it occurred on a public highway or at any other place which cannot be identified by number and street, please provide place references locating the place of injury as accurately as possible.

10. Place of accident or exposure (No. and street, city or town, State, and zip code) _____
11. Was place of accident or exposure on employer's premises? Yes No
12. What was the employee doing when injured? (Be specific. If he was using tools or equipment or handling material, name them and tell what he was doing with them.) _____
13. How did the accident occur? (Describe fully the events which resulted in the injury or occupational illness. Tell what happened and how it happened. Name any objects or substances involved and tell how they were involved. Give full details on all factors which led or contributed to the accident. Use separate sheet for additional space.) _____

Occupational Injury or Occupational Illness

14. Describe the injury or illness in detail and indicate the part of body affected. (E.g., amputation of right index finger at second joint; fracture of ribs; lead poisoning; dermatitis of left hand, etc.) _____
15. Name the object or substance which directly injured the employee. (For example, the machine or thing he struck against or which struck him; the vapor or poison he inhaled or swallowed; the chemical or radiation which irritated his skin; or in cases of strains, hernias, etc., the thing he was lifting, pulling, etc.) _____
16. Date of injury or initial diagnosis of occupational illness _____
17. Did employee die? (Check one) Yes No

Other

18. Name and address of physician _____
19. If hospitalized, name and address of hospital _____

Date of report	Prepared by	Official position
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occupational injuries and illnesses but are not required to complete any other OSHA records.

C-3. Q. What form must be used as the supplementary record?

A. Either the OSHA No. 101 or any other form which contains the same information may be used. Employers are not required to prepare an OSHA No. 101 if they complete any other form which contains identical information. Many State workers' compensation first report of injury forms contain all the OSHA No. 101 items. In addition, many large employers prepare internal accident report forms which contain all the necessary items.

C-4. Q. Does this mean employers don't need to complete an OSHA No. 101 if they presently use a State workers' compensation form?

A. It depends upon the particular workers' compensation form used. Workers' compensation first report of injury forms are acceptable if they contain all the items on the OSHA No. 101 or are supplemented to do so. Employers should be sure that all OSHA No. 101 items are on the first report forms; otherwise, missing items may be entered on a separate attachment. Many States have modified their first report forms to include this information. Employers should consult the State agency (see appendix D) which is cooperating in the program with the Bureau of Labor Statistics or the BLS regional or national office (see inside front cover) to determine whether any items are missing from their State's form.

C-5. Q. Our State workers' compensation form lists only disabling injuries. How can we use this in place of an OSHA No. 101?

A. If a State requires reports of disabling inju-

ries only, the employer will have to complete additional forms to comply with the OSHA requirements. The OSHA No. 101 or some acceptable substitute such as an insurance form or internal accident report form may be used to record the nondisabling injuries.

C-6. Q. Who evaluates a State's first report of injury form to insure that it satisfies the requirements of the OSHA No. 101?

A. The Bureau of Labor Statistics is available to evaluate State first report of injury forms upon request.

C-7. Q. If a company's injury form, which is generally similar to OSHA No. 101, does not include information such as Social Security number, sex, etc., must the company apply to BLS for a variance?

A. No. Also, it is not mandatory that the OSHA form be used as the supplementary record; any other form may be used if it contains all of the OSHA No. 101 items or is supplemented to do so. In this case, a longhand entry concerning the individual's sex, Social Security number, and other missing information would satisfy the need. An alternative record which does not contain all of the OSHA No. 101 items can be supplemented by adding the missing items.

C-8. Q. Does information on the supplementary record (OSHA No. 101) need to be on one form? What if a company wants to split this information between the mailing department, safety department, and workers' compensation department?

A. Yes. This information must be on one form, either the OSHA No. 101 or a satisfactory substitute. Therefore, the information should not be split between different departments.

Chapter III. Location, Retention, and Maintenance of Records

Ordinarily, injury and illness records must be kept for each establishment covered by the Occupational Safety and Health Act. The regulations require that records be located and maintained at this level to assist government agencies in administering and enforcing the act, to increase employer-employee awareness, and to promote injury and illness prevention. This chapter describes requirements for location and retention of records and employer responsibilities for records maintenance.

A. Establishments required to keep and maintain records

The establishment is the basic organizational unit in the private sector among different firms and operations in different industries. It is the focus of the requirements for records location and maintenance, since the regulations require that records be kept at the establishment level. Therefore, it is imperative that everyone involved in the recordkeeping process have a clear understanding of what constitutes an establishment for recordkeeping purposes.

Part 1904.12(g)(1) of the regulations provides a concise definition of the term "establishment." An establishment is defined as a single physical location where business is conducted or where services or industrial operations are performed. The examples provided include a factory, mill, store, hotel, restaurant, movie theater, farm, ranch, sales office, warehouse, or central administrative office.

The regulations specify that distinctly separate activities performed at a single physical location (for example, where contract construction activities are operated from the same physical location, as a lumber yard), shall each be treated as a separate establishment for recordkeeping purposes.

A-1. Q. What is the definition of a "single physical location?"

- A.** While the regulations do not require that worksites be contiguous to comprise a single physical location, these sites should at least be in proximity to one another. This relationship is a matter of degree—depending upon the size and nature of the operations of the unit under consideration.

A-2. Q. Our company has several different operations at several different locations. For unemployment insurance purposes, these units have always been considered one establishment. In addition, we are mailed only one survey form for all these operations when we are selected to participate in the BLS Annual Survey of Occupational Injuries and Illnesses. Must we keep more than one set of injury and illness records for these operations?

- A.** Yes. The regulations require that injury and illness records be maintained for each establishment, which is defined as a single physical location where business is conducted or where operations are performed. The fact that employers may consolidate records for survey reporting and other purposes does not affect this requirement.

A-3. Q. Even though individual establishments must maintain individual records, may a company file a consolidated report of these operations to the Bureau of Labor Statistics in Washington or to the regional offices? If so, how do employers know which operations to include?

- A.** Reports of injuries and illnesses need not be filed with BLS unless the company is selected to participate in the BLS annual survey. If a company is selected to participate, it will be mailed a survey form (OSHA No. 200-S) on which to report its occupational injuries and illnesses. The form will identify which establishments are to be included in the report. Sometimes all establishments in a specified area, such as a county, are included; sometimes they are not.

A-4. Q. What is meant by the term, "a distinctly separate activity?"

- A.** There is no clear-cut definition of what constitutes a "distinctly separate activity." Production of dissimilar products; different kinds of operational procedures; different

facilities; and separate management, personnel, payroll, or support staff are all indicative of separate activities and separate establishments.

A-5. Q. How many sets of records must be kept in the following case? At one location, workers in Division A make metal tools, while workers in Division B make wooden chairs.

A. If Divisions A and B are managed independently of each other, then they would be considered separate establishments and each division would keep its own records.

A-6. Q. What about auxiliary operations, such as personnel offices or medical facilities?

A. These may be either separate establishments or subunits, departments, or divisions within an establishment, depending on the nature of operations and degree of autonomy the particular unit has in relation to the main organization. (See question A-4.)

A-7. Q. Would a manufacturing operation with a warehouse attached need to keep separate records for the warehouse?

A. Only if the warehouse is a distinctly separate activity. Factors to consider include whether the warehouse is an integral part of the manufacturing operation and whether it stores materials for any operation other than the manufacturing facility. Other factors to evaluate are listed in question A-4.

A-8. Q. Do separate OSHA records have to be kept for trucking operations associated with manufacturing facilities?

A. If a trucking fleet is a distinctly separate activity, it requires separate OSHA records. There are, of course, situations where separate OSHA records for truckdrivers would not be kept. These involve operations with a limited number of trucks under the same supervision as the rest of the facility. In these situations, it is usually difficult to differentiate between truckdrivers and other employees in the employment records. Question A-4 of this section lists other considerations.

A-9. Q. A firm has several operational facilities at several locations, each having its own management. However, all facilities utilize one medical department and one personnel office. Are separate records required for each

of these facilities or can one set of records be kept for all the facilities?

A. These facilities constitute separate establishments, and hence require separate records. The regulations require that records be maintained at the establishment level so that both management and employees have information on their injury and illness experience.

A-10. Q. How are records kept for a firm that sometimes rotates its employees among several different fixed establishments?

A. In most instances, employees are injured in the establishment to which they normally report. In these situations, a recordable case would be entered in the records of that establishment. In some cases, employees may normally report to one location, but be injured at another one of the employer's establishments where they are temporarily working. In these situations, a recordable case would be entered on the records of the establishment in which they were injured or became ill; i.e., engineers acting as temporary consultants, technicians, etc. (See chapter VI, question B-23, for recording lost workdays in these situations.)

A-11. Q. Must employers maintain separate records for exposure hours for each establishment in situations where the employees are rotated among the firm's different establishments?

A. Separate records for exposure hours do not necessarily have to be maintained. However, employers should at least be able to provide an estimate of the exposure hours worked at each establishment.

B. Location of records

Injury and illness records (the log and summary, OSHA No. 200, and the supplementary record, OSHA No. 101) must be kept for every physical location where operations are performed. Under the regulations, the location of the records depends upon whether or not the employees are associated with fixed establishments.

1. *Employees associated with fixed establishments.* Records for these employees should be located as follows:

a. Records for employees working at fixed locations, such as factories, stores, restaurants, warehouses, etc., should be kept at the work location.

b. Records for employees who report to a fixed location but work elsewhere should be kept at the place

to which the employees report each day. These employees are generally engaged in activities such as agriculture, construction, transportation, etc.

c. Records for employees whose payroll or personnel records are maintained at a fixed location, but who do not report or work at a single establishment, should be maintained at the base from which they are paid or the base of their firm's personnel operations. This category includes generally unsupervised employees such as traveling salespeople, technicians, or engineers.

2. *Employees not associated with fixed establishments.* Some employees are subject to common supervision, but do not report or work at a fixed establishment on a regular basis. These employees are engaged in physically dispersed activities that occur in construction, installation, repair, or service operations. Records for these employees should be located as follows:

a. Records may be kept at the field office or mobile base of operations.

b. Records may also be kept at an established central location. If the records are kept centrally: (1) The address and telephone number of the place where the records are kept must be available at the worksite; and (2) there must be someone available at the central location during normal business hours to provide information from the records.

B-1. Q. I manage a grocery store that is part of a supermarket chain. May we keep all the OSHA records for our employees at our company's central administrative office?

A. No. The OSHA records for these employees should be maintained at the work location to satisfy the requirements of the regulations and to insure maximum effectiveness of the records in injury and illness prevention. However, even though the summary and supplementary records must be kept at the establishment, see the next section for the location exception for the log, OSHA No. 200.

B-2. Q. Our company employs several salesmen who operate within a limited geographic area on a commission basis. Where should the records for these people be located?

A. If these employees do not ordinarily report to a single location and are generally unsupervised in their daily work, the records should be kept at the location from which they are paid or the base of their firm's personnel operations.

If these employees report to a given location each day before beginning their sales

activities, the records should be kept at the place to which they report.

B-3. Q. Do construction subcontractors and construction contractors have to keep OSHA records at each individual jobsite, or can the records be located at their regional or central office?

A. Location of the records depends upon the nature of the operation. If the employees report to a given place each day but work elsewhere, OSHA records should be kept at the location where they report. For example, if an employer is a plumbing contractor with trucks going from the shop to different sites each day, the establishment is the shop. This is the location where records must be kept. However, if the employees of a plumbing firm report directly to transient jobsites each day, the firm has discretion regarding where the records are kept. Records for employees subject to common supervision who do not report or work at a fixed establishment on a regular basis may be kept at either: (1) The field office or mobile base of operations; or (2) at an established central location, provided the employer satisfies the two requirements listed above for employees not associated with fixed establishments.

B-4. Q. How do you distinguish between fixed and nonfixed establishments for the purpose of determining where OSHA records should be kept?

A. The distinction between these two types of establishments rests on the nature and duration of the operation and not on the type of structure in which the business is located. Generally, any operation at a given site for more than 1 year is considered a fixed establishment. Also, fixed establishments are often where clerical, administrative, or other business records are kept. For example, a construction crew repairing a bridge for 2 months is considered working in a nonfixed establishment, while a crew repairing a bridge for a year and a half is considered working at a fixed establishment.

C. Location exception for the log (OSHA No. 200)

Although the supplementary record and the annual summary must be located as outlined in the previous section, it is possible to prepare and maintain the log at an alternate location or by means of data processing equipment, or both. Two requirements must be met: (1)

Sufficient information must be available at the alternate location to complete the log within 6 workdays after receipt of information that a recordable case has occurred; and (2) a copy of the log updated to within 45 calendar days must be present at all times in the establishment. This location exception applies only to the log, and not to the other OSHA records. Also, it does not affect the employer's posting obligations.

C-1. Q. Can we maintain the logs for our different facilities in one central administrative office rather than in each individual establishment?

A. Yes. For centralized recordkeeping, the log, OSHA No. 200, may be maintained in some place other than the establishment, such as the central office. If that is done, the requirements listed above must be followed. Note, however, that separate records must be maintained for each establishment.

C-2. Q. To qualify for the location exception for the log, must I use a computer to maintain the records at the alternative location?

A. A computer may be used for this purpose, but it is not mandatory.

D. Retention of OSHA records

The regulations require that the log and summary, OSHA No. 200, and the supplementary record, OSHA No. 101, must be retained in each establishment for 5 calendar years following the end of the year to which they relate.

D-1. Q. Must a new owner retain the OSHA records of an existing establishment he or she just purchased?

A. When a change in ownership of an establishment occurs, the new owner must retain OSHA injury and illness records of the previous owner for 5 years following the end of the year to which they relate. However, the new owner does not have to update these records.

D-2. Q. Must a construction company retain OSHA records for completed projects, such as completed buildings, bridges, etc., if the company's business continues at another location after the completion?

A. Yes. In these situations, the OSHA records must be retained by the company for the 5-year retention period.

D-3. Q. When a firm goes out of business, does the employer still have to retain the OSHA records?

A. In this situation, the firm ceases to exist at the time the employer closes down operations. The employer no longer has to retain the OSHA records once the firm ceases to exist.

D-4. Q. Must records still be retained if a firm undergoes a fundamental change in business structure, such as changing from a privately owned enterprise to a corporation?

A. Yes. The OSHA records must still be retained since the existence of the establishment remains unchanged.

D-5. Q. What is the employer's responsibility for retention of OSHA records if the establishment goes bankrupt?

A. The employer's responsibility in this situation depends upon the nature of the proceeding in bankruptcy. If the firm undergoes a reorganization in bankruptcy, the employer must retain the OSHA records. If a firm undergoes a bankruptcy that results in liquidation, the employer's responsibility terminates upon liquidation. The difference between these two situations is that, in the former, the establishment continues to exist as an organizational entity; in the latter, it does not.

D-6. Q. Does an establishment cease to exist for recordkeeping purposes when it seasonally closes down operations? Do these employers have to retain their OSHA records?

A. Just because a firm temporarily closes down operations on a seasonal or cyclical basis does not mean that it ceases to exist as an establishment. If the firm's operations are basically ongoing in nature, the employer is still required to retain the OSHA records. The retention requirement ceases only when the establishment permanently goes out of business.

D-7. Q. An employer with a number of establishments is dissolving her business. Some establishments are being transferred to another firm; some are being closed. What should be done with the OSHA records?

A. For those establishments in which there is a change of ownership, the occupational injury and illness records should be transferred to the new owner. The new owner must preserve those records for 5 years following

the end of the year to which they relate; however, the new owner is not responsible for updating log entries. The new owner will, of course, be responsible for work injury and illness records subsequent to the takeover date.

For those establishments which are discontinued as part of a total dissolution, the obligation to preserve or maintain the injury and illness records is ended. If the employer's business were continuing, the injury and illness records for the discontinued establishments should be transferred to a central office (or another establishment if there is no central office) and maintained for the 5-year retention period.

E. Maintenance of the log (OSHA No. 200)

In addition to keeping the log on a calendar-year basis, employers are required to update this form to reflect changes which occur in recorded cases after the end of the calendar year. Maintenance or updating of the log is different from the retention of records discussed in the previous section. Although all OSHA injury and illness records must be retained, only the log must be maintained by the employer.

If, during the 5-year retention period, there is a change in the extent or outcome of an injury or illness which affects an entry on a previous year's log, then the first entry should be lined out and a corrected entry made on that log. Also, new entries should be made for previously unrecorded cases that are discovered or for cases that initially weren't recorded but were found to be recordable after the end of the year in which the case occurred. The entire entry should be lined out for recorded cases that are later found nonrecordable. Log totals should also be modified to reflect these changes.

E-1. Q. If a change in the ownership of an establishment occurs, does the new owner have to maintain the previous owner's log?

A. No. Although the new owner must retain the previous owner's OSHA records for 5 years, he or she is not responsible for maintaining

the previous owner's log.

E-2. Q. Must the new owner maintain the previous owner's log when a change of ownership occurs during mid-year?

A. No. The new owner should retain the previous owner's records, but he doesn't have to maintain them. Instead he should prepare and maintain OSHA injury and illness records which begin with his assumption of ownership and go through the end of the calendar year.

E-3. Q. If an employer reorganizes the structure of his or her business from a privately owned enterprise to a corporation, must he or she still maintain logs for the establishment prior to the reorganization?

A. It depends upon the degree of reorganization and the amount of control the original owner still exercises over the operation. New owners need not maintain a previous employer's records. However, records must still be maintained where a firm merely reorganizes its business structure while continuing under the direction and control of the original owner.

E-4. Q. When a firm goes out of business, does the employer have to maintain the OSHA log?

A. No. Employers no longer have to retain their OSHA records or maintain the OSHA log once the firm goes out of business.

E-5. Q. Should an entry be made on the log if a work-related injury or illness is discovered after the employee retires?

A. Yes, if it is discovered within 5 years after the employee retires (i.e., the maintenance and retention period). If the date of injury or onset of illness can be identified, the case should be recorded in the year of the occurrence. If not, the case should be recorded in the retiree's last year of employment.

Chapter IV. Employer Decisionmaking

This chapter covers questions which often arise regarding recordkeeping decisions which must be made at the establishment level. It focuses on the legislative and regulatory assignment of decisionmaking authority to employers, and describes the safeguards built into the system to insure the integrity of the records and the validity of the statistics that the records provide.

A. Types of decisions employers make in the recordkeeping process

1. *Distinguishing between employees and other workers on site.* The Occupational Safety and Health Act of 1970 and Part 1904 of Title 29, *Code of Federal Regulations* require employers to maintain injury and illness records for their own employees at each of their establishments. Employers are not responsible for maintaining records for employees of other firms or for independent contractors, even though these individuals may be temporarily at work in their establishment or on one of their jobsites at the time an injury or illness exposure occurs. Therefore, before deciding whether a case is recordable, an employment relationship needs to be determined.

2. *Deciding if injuries and illnesses occurring to employees are recordable.* Employers decide which cases are to be entered on the OSHA records. This decision must be made in good faith, according to the requirements of the act and Part 1904 of the regulations. Chapter V of this report provides a detailed description of these recordkeeping requirements and furnishes criteria for determining recordability. It presents an overview of the Department of Labor's recordkeeping interpretations and guidelines.

3. *Determining the extent or outcome of recordable cases.* Employers must also determine the extent and outcome of the recordable cases. Part 1904.12(c) of the regulations provides the categories in which recordable cases must be classified. These categories are discussed at length in chapter VI.

A-1. Q. How do you differentiate between employees and independent contractors for recordkeeping purposes?

A. This should be evaluated on a case-by-case basis, with the degree of supervision being

the primary determinant. Employee status generally exists when the employer supervises not only the output, product, or result to be accomplished by the person's work, but also the details, means, methods, and processes by which the work objective is accomplished. This means that the employer who supervises the workers' day-to-day activities is responsible for recording his injuries and illnesses. Independent contractors are primarily subject to supervision by the using firm only in regard to the result to be accomplished or end product to be delivered. Independent contractors keep their own injury and illness records.

Important factors which may also be considered in determining employee status are: (1) Whom the worker considers to be his or her employer; (2) who pays the worker's wages; (3) who withholds the worker's Social Security taxes; (4) who hired the worker; and (5) who has the authority to terminate the worker's employment.

People considered independent contractors for other reasons may be considered employees for OSHA recordkeeping purposes.

A-2. Q. Sometimes, businesses use workers from temporary help supply services on a contract basis. Should the using firm record the injuries and illnesses of these temporary workers, or should the service?

A. If the temporary workers are subject to the supervision of the using firm, the temporary help supply service contractor is acting merely as a personnel department for the using firm, and the using firm must keep the records for the personnel supplied by the service. If the temporary workers remain subject primarily to the supervision of the supply service, the records must be kept by the service. (See question A-1 above for other considerations.)

In short, the records should usually be kept by the firm responsible for the day-to-day direction of the employee's activities.

A-3. Q. If an employee working in a plant on a contract basis is injured, is the injury recorded on the plant's records or on the records of the contractor?

A. In most situations, the contractor supervises the employee's general work activities and is responsible for maintaining the employee's injury and illness records.

There are exceptional situations, however, where the contractor has no responsibility for supervision of the employee's day-to-day work activities. In these cases, the using firm assumes responsibility for recording his or her injury and illness experience on its records; hours worked for this group of employees should also be obtained.

A-4. Q. Are independent truckdrivers operating on a contract basis considered employees of the company for which they are hauling?

A. Generally, these workers are not considered employees of the using firm. However, see the preceding questions for other factors to be considered in making this evaluation.

A-5. Q. Who is responsible for maintaining records in migrant labor camps?

A. Employing farmers are responsible for maintaining these records if they exercise supervision over the day-to-day work activities of the migrant laborers.

However, if the migrant workers are supplied to the farmers on a purely contractual basis, the farm labor contractors should maintain OSHA records for the migrant laborers. (See question A-1 for the other considerations in making this determination.)

A-6. Q. How are records kept in situations where more than one employer supervises employees at a single establishment?

A. Each of these employers should maintain separate records for their own employees.

B. Decisionmaking authority for recordkeeping determinations

1. *Delegation of authority by the Occupational Safety and Health Act of 1970 and Part 1904 of Title 29, Code of Federal Regulations.* Both the recordkeeping portion of the act and Part 1904 of the regulations are explicit in assigning recordkeeping responsibilities to employers. Section 8(c)(1) of the act requires employers to complete

and preserve records of occupational injuries and illnesses:

Each employer shall make, keep and preserve, and make available to the Secretary or the Secretary of Health, Education, and Welfare, such records regarding his activities relating to this Act as the Secretary, in cooperation with the Secretary of Health, Education, and Welfare, may prescribe by regulation as necessary or appropriate for the enforcement of this Act or for developing information regarding the causes and prevention of occupational accidents and illnesses.

In addition, Part 1904.2(a) of the regulations carefully states employer recordkeeping obligations:

Each employer shall, except as provided in paragraph (b) of this section: (1) maintain in each establishment a log and summary of all recordable occupational injuries and illnesses for that establishment; and (2) enter each recordable injury and illness on the log and summary as early as practicable

Parts 1904.4 and 1904.5 of the regulations describe employer responsibilities concerning the supplementary record and the annual summary.

2. *Requirement of good faith.* Although employers ultimately decide if and how a particular case should be recorded, their decision must not be an arbitrary one, but should be made in accordance with the requirements of the act, regulations, the instructions on the forms, and the guidelines in this report. Information from medical, hospital, or supervisors' records should be reviewed along with other pertinent information, and the employee should be interviewed to determine his or her medical condition and ability to perform normal job duties.

3. *Checks and balances within the recordkeeping system.* The validity of the records is enhanced by the involvement of all participants in the recordkeeping and reporting system. Employers need accurate and meaningful injury and illness information so that they can focus safety and health efforts on high-risk areas and activities to eliminate workplace hazards. Consequently, they should make every effort to accurately record their firm's injury and illness experience. In addition, OSHA periodically reviews workplace records to verify their accuracy. Further, the posting and access provisions in Part 1904 of the regulations allow employees to review the records to insure the validity of recordkeeping determinations. Chapter II of this report discusses the posting requirements; employee access is covered in chapter VIII.

4. *Penalties for recordkeeping violations.* Part 1904.9(a) provides the penalties for falsification of records or reports. This part incorporates the language of Section 17(g) of the act:

Whoever knowingly makes any false statement, representation, or certification in any application, record, re-

port, plan or other document filed or required to be maintained pursuant to this Act shall, upon conviction, be punished by a fine of not more than \$10,000, or by imprisonment, for not more than 6 months, or both.

Additional information is available on penalties for recordkeeping violations in chapter VIII.

- B-1. Q.** What entries, if any, need to be made in instances of employer-employee disputes involving State workers' compensation measures to determine the facts related to alleged injuries, illnesses, or deaths?
- A.** Workers' compensation determinations should not impact the recordability of cases under OSHA. Some cases may be covered by workers' compensation but are not recordable; others may be OSHA recordable but are not covered by workers' compensation. Cases should be evaluated solely on the basis of OSHA requirements.
- B-2. Q.** Who decides if an injured employee is capable of working?
- A.** This decision must be the employer's. There will be a few cases in which the employer and the employer's physician feel certain that an employee is perfectly able to perform normal job duties, but the employee and/or the employee's physician disagrees. If the employer is absolutely certain about the case, it should not be entered on the log, OSHA No. 200. However, if the employer has any doubt about the case, it should be entered on the log and lined out later if it turns out that, in fact, the employee was able to perform his or her job. The employee may file a complaint to OSHA if he disagrees with the employer's decision.
- B-3. Q.** Why does the employer always decide what is recordable? Why can't it be the company doctor since the doctor or the medical department usually decides whether an employee is capable of working after an injury?
- A.** The act says that the employer is responsible for keeping the records. The employer may delegate the responsibility to someone else, or may rely on the determination of a doctor. However, the responsibility for the decision is ultimately the employer's.
- B-4. Q.** Who has the responsibility for making recordkeeping determinations—the person who signs the forms, the local manager, or the company executive officer?
- A.** The responsibility belongs to the employer who is ultimately responsible for recording and reporting. Each of the aforementioned persons is a representative of the employer.
- B-5. Q.** The act states that whoever supplies false information is subject to penalty. Does this cover both the employer and the employee if either knowingly supplies false information?
- A.** Most of the penalty provisions in Section 17 of the act apply to "any employer," but the penalty for false statements applies to whoever knowingly makes any false statement.
- B-6. Q.** How are disagreements on recordability or the extent of a case resolved when a dispute arises between an employer and an employee, or between an employer and an OSHA compliance officer?
- A.** Employers have the final responsibility for making bona fide recordkeeping determinations. However, employers' decisions may be challenged. Persons challenging these decisions may contact OSHA, who, in turn, will contact the employer.
- Employers and other parties interested in the enforcement process should contact their closest OSHA area office or their OSHA regional office. This process is described in detail in the OSHA pamphlet, *Employer Rights and Responsibilities Following an OSHA Safety Inspection*. Addresses and telephone numbers for OSHA regional offices are listed in appendix E of this report.

Chapter V. Analysis of Recordability of Cases

This chapter presents guidelines for determining whether a case must be recorded under the recordkeeping requirements of the Occupational Safety and Health Act of 1970, and 29 CFR Part 1904, as well as how to classify recorded cases. These requirements should not be confused with recordkeeping requirements of various workers' compensation systems, internal industrial safety and health monitoring systems, the ANSI Z.16 standards for recording and measuring work injury and illness experience, and private insurance company rating systems. Reporting a case on the OSHA records should not affect recordkeeping determinations under these or other systems, or visa versa. Also:

Recording an injury or illness under the OSHA system does not necessarily imply that management was at fault, that the worker was at fault, that a violation of an OSHA standard has occurred, or that the injury or illness is compensable under workers' compensation or other systems.

At the outset, it should be noted that the scope of recordability of the OSHA system detailed in this chapter may be broader and more inclusive than that of most other recordkeeping systems. Some injuries and illnesses are included that may not be "compensable" in the workers' compensation context, or "recordable" under individual company safety and health recordkeeping systems. These cases were included in order to make the system as simple and equitable as possible, consistent with the language and intent of the OSH Act and regulations. The alternative of developing a detailed list of exceptions for not recording specific injuries and illnesses was felt to impose far greater administrative and reporting burdens on most employers than requiring that a relatively small number of borderline cases be recorded. The relatively simple OSHA recording boundaries assure a valid, consistent, and uniform recordkeeping system that is capable of producing reliable statistical information.

The OSH Act provides a basic description of which cases are to be recorded. The recordkeeping regulations in 29 CFR Part 1904 provide specific recording and

reporting requirements which comprise the framework of the OSH recordkeeping system. The regulations also expand upon the basic definition of recordability in the act.

In a few situations, the criteria of the act, regulations, or the guidelines listed in this report may seem inappropriate. However, it would be virtually impossible to enact legislation, draft regulations, or issue guidelines that address every possible recordkeeping situation. The recordkeeping system currently encompasses over 5 million workplaces throughout the United States. Wide variations exist in the training of individuals making recordkeeping determinations and the resources firms can allocate to the recordkeeping process. Recordkeeping criteria must be sufficient to meet the needs of safety and health professionals maintaining complex programs, while also remaining comprehensible to those maintaining records without the benefit of specialized safety and health training (such as some employers with small-sized establishments) and the approximately 75 million employees involved in the recordkeeping process through the posting and access provisions of the regulations.

Although generally well intentioned, employers or trade associations are discouraged from formulating their own guidelines for recordability which differ in substance from these guidelines or deviate from the OSHA regulations. If employers follow different guidelines, differences in interpretation might be injected into the system which could jeopardize the uniformity of the records and the validity of the statistical data. The BLS guidelines represent official agency interpretations of employer recordkeeping requirements. They provide recordkeeping principles that were developed through a cooperative effort between government, business, and labor prior to and following the implementation of the act. The guidelines provide the Department of Labor's interpretation of the requirements of the OSH Act and regulations, and are considered supplemental instructions to the recordkeeping forms.

Employers with questions on OSHA recordkeeping and reporting not specifically addressed in this report should contact the State agency cooperating with BLS in administering the recordkeeping program or the BLS regional or national offices.

A. Method used for case analysis

Sections 8(c)(2) and 24(a) of the Occupational Safety and Health Act provide the basic definition of the types of cases to be recorded:

. . . work-related deaths, injuries and illnesses other than minor injuries requiring only first aid treatment and which do not involve medical treatment, loss of consciousness, restriction of work or motion, or transfer to another job.

Part 1904.12(c) of the *Code of Federal Regulations* contains a definition of recordable injuries and illnesses which follows this language and incorporates criteria for determining the extent or outcome of these cases. Under this part, injuries and illnesses are classified as deaths, lost-time cases, or non-lost-time cases.

The definition of a recordable case in the heading of the log (OSHA No. 200) reflects the language of the act and regulations:

RECORDABLE CASES: You are required to record information about every occupational *death*; every nonfatal occupational *illness*; and those nonfatal occupational *injuries* which involve one or more of the following: loss of consciousness, restriction of work or motion, transfer to another job, or medical treatment (other than first aid).

This definition provides sufficient guidance for the analysis of the vast majority of cases under the OSHA recordkeeping system. Chart 1 presents this methodology in graphic form and outlines the procedure employers should apply in deciding whether or not to record a particular case. Only a very small proportion of the cases require additional criteria to determine recordability.

The decisionmaking process consists of five steps:

1. Determine whether a case occurred; that is, whether there was a death, illness, or an injury;
2. Establish that the case was work related; that it resulted from an event or exposure in the work environment;
3. Decide whether the case is an injury or an illness; and
4. If the case is an illness, record it and check the appropriate illness category on the log; or
5. If the case is an injury, decide if it is recordable based on a finding of medical treatment, loss of consciousness, restriction of work or motion, or transfer to another job.

B. Determining whether or not a case occurred

The first step in the decisionmaking process is the determination of whether or not an injury or illness occurred. Employers have nothing to record unless an employee has experienced a work-related injury or illness. In most instances, recognition of these injuries and illnesses is a fairly simple matter. However, some of

the following situations have troubled employers over the years.

B-1. Q. If an injury or illness occurs, does it matter for the purposes of recordability whether the employer or employee was at fault in causing the accident or illness exposure?

A. No. Fault plays no role in the OSHA recordkeeping system. Occupational injury and illness statistics produced by such a system would not accurately reflect overall worker experience (i.e., it would be missing those cases reported for which employers are not at fault) and consequently would not satisfy the coverage requirements of the Occupational Safety and Health Act of 1970. Section 2(b)(12) of the Act states that one of its purposes is to provide for appropriate reporting procedures ". . . which will accurately describe the nature of the occupational safety and health problem." Sections 8(c)(2) and 24(a) of the act specifically define what is a recordable injury. They make no distinction between incidents that are compensable under State workers' compensation laws, incidents caused by employer neglect, incidents that are preventable, or the random incidents that seem to happen when no one is at fault.

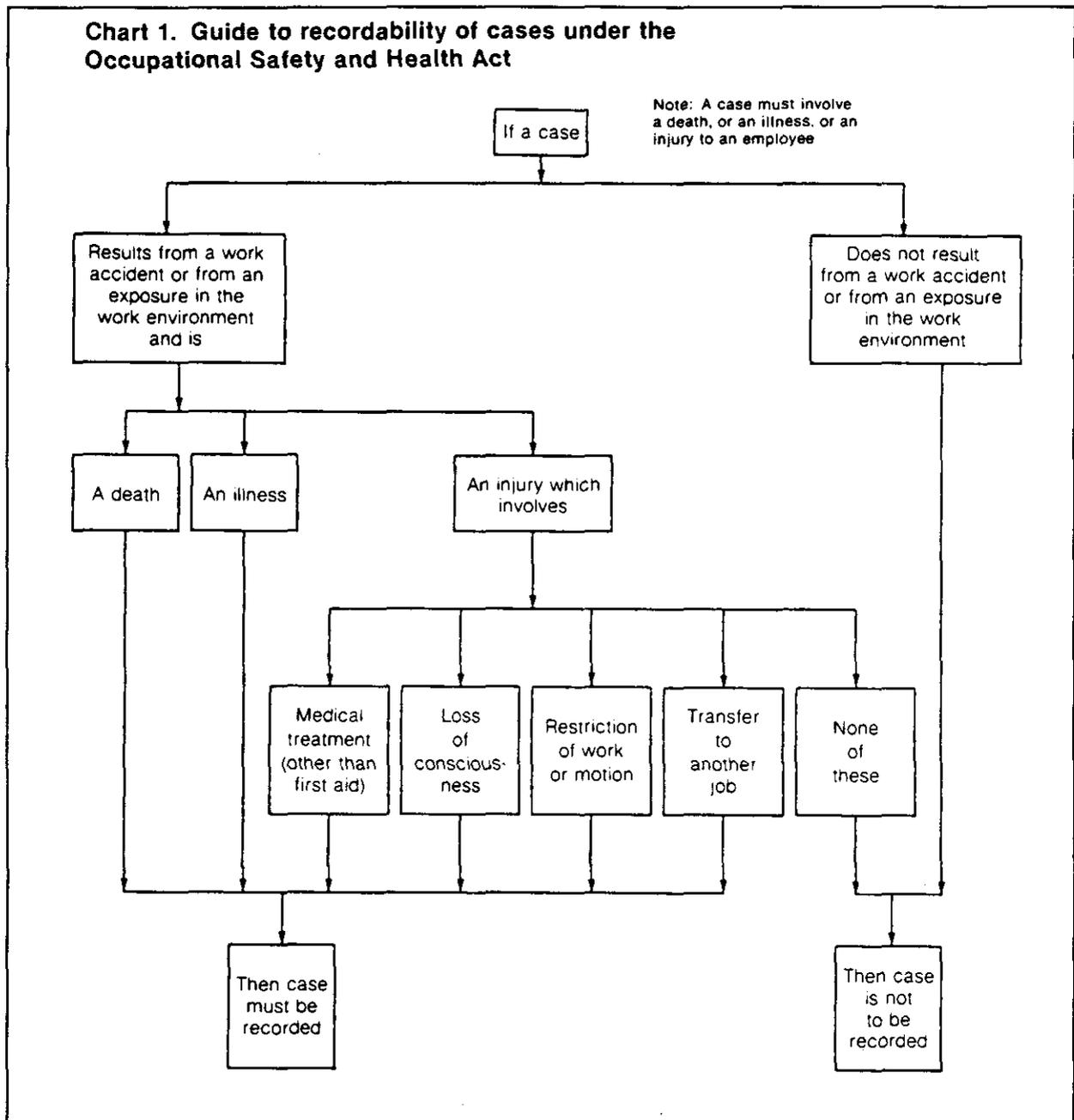
In addition, there are serious practical limitations. Recording cases on the basis of fault would necessitate the introduction of extremely complex recording criteria to be evaluated by both employers and employees. And whose judgment would prevail as to who was at fault in causing the injury or illness? Such determinations would almost certainly result in employers and employees contesting a significant number of recordkeeping decisions.

The concept of fault has never been a consideration in any recordkeeping system of the U.S. Department of Labor, nor has it been incorporated into various State workers' compensation systems or statistical systems of other agencies, and organizations such as the American National Standards Institute (ANSI).

B-2. Q. Does it matter for OSHA recordkeeping purposes whether or not the job-related injuries and illnesses are preventable?

A. No. Recording only those job-related injuries and illnesses that are preventable would not produce sufficient information to meet the coverage requirements of the OSH Act

Chart 1. Guide to recordability of cases under the Occupational Safety and Health Act



and 29 CFR Part 1904, nor would it satisfy the needs of the Occupational Safety and Health Administration for comprehensive injury and illness information. Focusing on whether or not the injuries and illnesses experienced were preventable would result in employers and employees contesting a significant number of recordkeeping decisions, and would unduly complicate many recordkeeping determinations.

B-3. Q. Must an employee be involved in a specific job task for an injury or illness to be recordable?

A. No. For a case to be recordable, the worker must have been an employee of the firm at the time of the injury. Workers are considered employees while in pay status. In this context, pay status refers to the overall employment relationship whereby the worker is receiving wages or some other form of

compensation from the employer for services rendered. It does not mean that the worker must be involved in some specific job task at the time of the injury or illness exposure for the case to be recordable, or that cases are recordable only if they occur during hours for which wages are paid. (See section C of this chapter for a discussion of work relationship.)

B-4. Q. Are cases recordable if they are discovered after the injured or ill employee has been terminated or has retired?

A. These cases are recordable throughout the 5-year record retention period (see chapter III), so long as the employee was on active duty or in pay status when the work-related injury or illness exposure occurred. The worker does not need to be an active employee or in pay status at the time the case is recorded. Such cases should be recorded on the log of the year of the injury or the year of initial diagnosis of the illness, or last date of employment if the date of diagnosis is not known.

B-5. Q. Are there time limits in recording cases? Suppose a worker says he was injured 2 weeks ago, but there was no record or report of it at that time. Is it subsequently recordable on the OSHA No. 200?

A. Yes. If it is established that a recordable injury did occur, it must be included on the OSHA No. 200, even though the determination was made several weeks after the injury occurred. The actual date of injury should be entered in column B of the log.

Employers are required to make entries on the OSHA logs for all recordable injuries and illnesses experienced by their employees. This obligation exists not only during the year that the injury or illness exposure took place, but also throughout the 5-year retention and maintenance period. (See chapter III, sections D and E.)

B-6. Q. Are exposures to harmful substances recordable?

A. These exposures, in and of themselves, are not recordable under Part 1904 of the regulations. Entries on the log, OSHA No. 200, and on the supplementary record, OSHA No. 101, should be made only when the exposure results in a recordable work injury or illness.

However, in addition to the general re-

ording requirements in Part 1904, some specific OSHA standards or State regulations may require the recording of exposures to particular substances. These requirements are not addressed in this report. Employers should consult the appropriate OSHA standards or State regulations to ascertain their additional recordkeeping obligations.

B-7. Q. Are permanent or temporary transfers to another job to remove employees from further exposure to hazards considered recordable cases for the purposes of OSHA recordkeeping?

A. If these transfers are preventive in nature, and if no work-related illness has occurred, they are not considered recordable events.

Employers usually make such transfers either: (1) To control the amount of employee exposure during a specific period of time, or (2) to remove an employee from an area to prevent the development of adverse health effects.

B-8. Q. If a driver involved in an auto accident is sent for a physical examination without any specific injury, should the case be recorded?

A. This would be in the nature of preventive medicine and would not be recorded unless the examination reveals that a recordable injury resulted from the accident.

B-9. Q. If a hospital employee contracts an illness from a patient and all employees in the hospital unit are inoculated to prevent spread of the illnesses, is each person so treated considered a recordable case?

A. No. Such cases would not be recordable because the employees are receiving preventive care and are not injured or ill. Of course, the case of the hospital employee who contracted the illness should be recorded.

B-10. Q. Is going to a hospital for observation recordable?

A. If an employee goes to or is sent to a hospital for a brief period of time for observation, it is not recordable, provided there was no medical treatment, loss of consciousness, restricted work activity, or job transfer involved; or no job-related illness was detected.

B-11. Q. What if the employee is admitted to the hospital or stays in the hospital for observa-

tion for several hours? Is this still not recordable?

- A. These cases may be recordable. The focus is not on the length of the stay, but on whether medical treatment was provided or whether the incident is recordable on one of the other grounds. Prolonged hospital stays are usually associated with the more serious cases and often involve some form of medical treatment, even though they may be initiated for primarily diagnostic purposes.

If five or more hospitalizations occur as the result of a single incident at a worksite, the incident shall be reported to OSHA within 48 hours. (See 29 CFR 1904.8, chapter VII, section B of these guidelines, or the *OSHA Field Operation Manual Instructions*.)

- B-12. Q. How do you differentiate between a new incident and the recurrence or further complication of a previous injury or illness? What is the difference between these two situations for OSHA recordkeeping purposes?

- A. Employers are required to make new entries on their OSHA forms for each new recordable injury or illness. New entries should not be made for the recurrence of symptoms from previous cases.

Injuries. The aggravation of a previous injury almost always results from some new incident involving the employee (such as a slip, trip, fall, sharp twist, etc.). Consequently, when work related, these new incidents should be recorded as new cases on the OSHA forms, assuming they meet the criteria for recordability described in sections C, D, and E of this chapter.

Illnesses. Deciding whether the emergence of illness symptoms constitutes a new event or the recurrence of a previous illness is more complex. Generally, each occupational illness should be recorded with a separate entry on the OSHA No. 200. However, certain illnesses, such as silicosis, may have prolonged effects which recur over time. The recurrence of these symptoms should not be recorded as a new case on the OSHA forms.

The recurrence of symptoms of previous illnesses may require adjustment of entries on the log for previously recorded illnesses to reflect possible changes in the extent or outcome of the particular case.

Some occupational illnesses, such as certain dermatitis or respiratory conditions,

may recur as the result of new exposures to sensitizing agents, and should be recorded as new cases.

- B-13. Q. Should an employee's preexisting condition be taken into account in making OSHA recordkeeping determinations?

- A. Preexisting conditions usually do not affect determinations of recordability under the OSH Act except for the recurrence of symptoms of work-related illnesses discussed in B-12 above. Employers should record each case resulting from a new event (such as a slip, trip, fall, or overexertion) and each exposure that results in a recordable work injury or illness regardless of the employee's preexisting condition. This is essential to the maintenance of a workable system that produces statistics that accurately reflect the incidence (and not prevalence) of work injuries and illnesses.

- B-14. Q. Does this mean that when an employee is hired with a known physical defect, such as a trick knee, a work accident partially attributable to this defect would result in a recordable case?

- A. Yes. An employee's physical defect or preexisting physical condition does not affect the determination of recordability. If such a case results from an event or exposure in the work environment and meets the other criteria for recordability, the employer must enter it on the OSHA forms without regard to the employee's preexisting physical condition. If injury results *solely* from a physical defect (i.e., employee falls while walking when trick knee gives way AND there is no environmental factor), it is *not* occupational. However, if the work environment or a work event contributes (i.e., employee steps on a stone or slips, trick knee gives way, and he falls), any resulting injury is occupational.

- B-15. Q. Are there specific requirements for evaluating the occurrence of back or hernia cases?

- A. No. Back and hernia cases should be evaluated in the same manner as any other case. Questions concerning the recordability of these cases usually revolve around: (1) The impact of a previous back or hernia condition on the recordability of the case, or (2) whether or not the back injury or hernia was work related.

Preexisting conditions generally do not

impact the recordability of cases under the OSHA system. (See preceding questions 13 and 14.)

For a back or hernia case to be considered work related, it must have resulted from a work-related event or exposure in the work environment. Employers may sometimes be able to distinguish between back injuries that *result* from an event in the work environment, and back injuries that are caused elsewhere and merely *surface* in the work environment. The former are recordable; the latter are not. This test should be applied to all injuries and illnesses, not just back and hernia cases. (See section C of this chapter for a discussion of work relationship.)

B-16. Q. An employee's back goes out while performing routine activity at work. Assuming the employee was not involved in any stressful activity, such as lifting a heavy object, is the case recordable?

A. Particularly stressful activity is not required. If an event (such as a slip, trip, fall, sharp twist, etc.) occurred in the work environment *that caused or contributed to the injury*, the case would be recordable, assuming it meets the other requirements for recordability.

B-17. Q. Must there be an identifiable event or exposure in the work environment for there to be a recordable case? What if someone experiences a backache, but cannot identify the particular movement which caused the injury?

A. Usually, there will be an identifiable event or exposure to which the employer or employee can attribute the injury or illness. However, this is not necessary for recordkeeping purposes. If it seems likely that an event or exposure in the work environment either caused or contributed to the case, the case is recordable, even though the exact time or location of the particular event or exposure cannot be identified.

If the backache is known to result from some nonwork-related activity outside the work environment and merely surfaces at work, then the employer need not record the case. In these situations, employers may want to document the reasons they feel the case is not work related.

B-18. Q. What about cases where the employee al-

leges that an injury or illness has occurred? Must employers record these cases without any medical verification?

A. Medical verification is not required for recordability. However, employers have the ultimate responsibility for making good-faith recordkeeping determinations. If an employer doubts the validity of an employee's alleged injury or illness and there is no substantive or medical evidence supporting the allegation, the employer need not record the case.

B-19. Q. Must occupational injuries and illnesses that are disputed be recorded?

A. Within 6 workdays after receiving information that an injury or illness has occurred, the employer must determine whether the case is recordable. Questionable cases should be entered on the log, OSHA No. 200, and lined out at a later date if they are found not recordable.

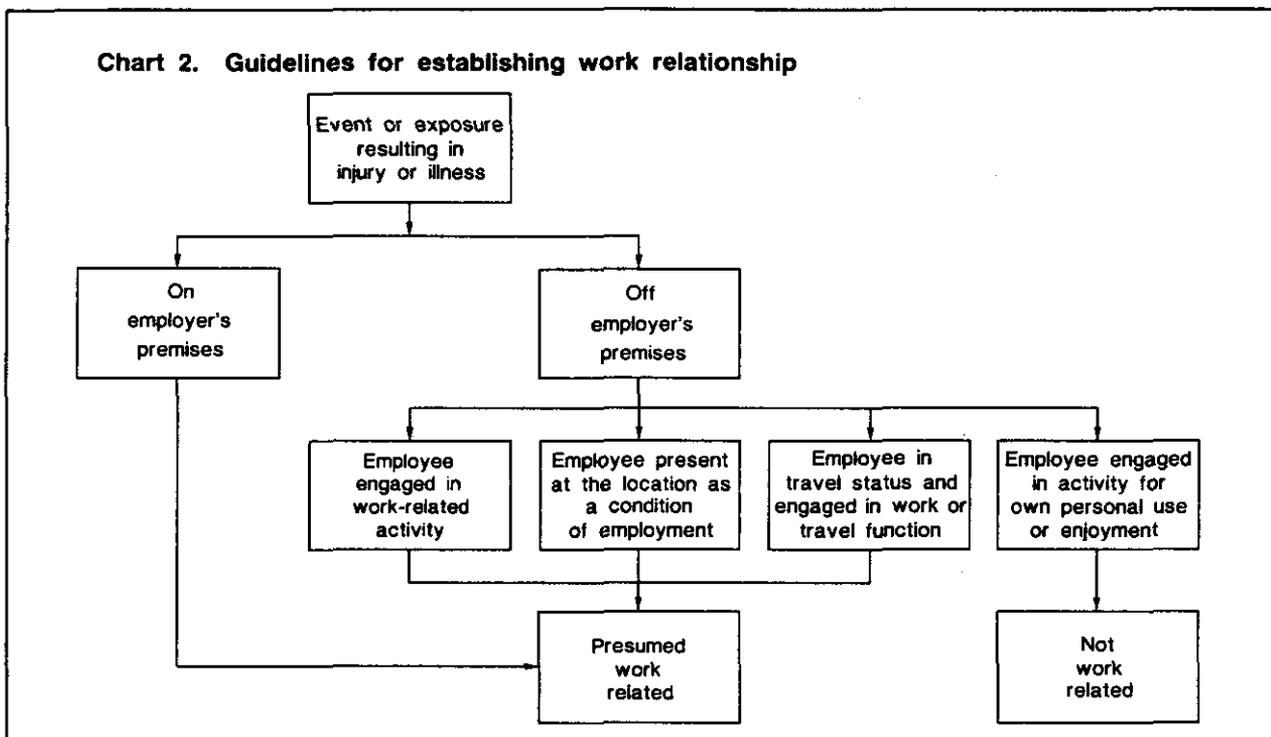
C. Establishing work relationship

Work relationship is the next requirement for recordability. The Occupational Safety and Health Act of 1970 requires employers to record injuries and illnesses that are work related. *Work relationship is established under the OSHA recordkeeping system when the injury or illness results from an event or exposure in the work environment. The work environment is primarily composed of: (1) The employer's premises, and (2) other locations where employees are engaged in work-related activities or are present as a condition of their employment.* When an employee is off the employer's premises, work relationship must be established; when on the premises, this relationship is presumed. The employer's premises encompass the total establishment. This includes not only the primary facility, but also such areas as company storage facilities. In addition to physical locations, equipment or materials used in the course of an employee's work are also considered part of the employee's work environment.

Chart 2 provides a guide for establishing the work relationship of cases.

1. Injuries and illnesses resulting from events or exposures on the employer's premises. Generally, injuries and illnesses that result from an event or exposure on the employer's premises are considered work related. The employer's premises consist of the total establishment. They include the primary work facility and other areas which are considered part of the employer's general work area.

C-1. Q. Are injuries of employees in company rest-



rooms, hallways, or cafeterias considered to be work related?

- A. Yes. These areas are generally all considered to be part of the employer's premises and constitute part of the work environment. Injuries occurring in the work environment are considered work related. The specific activity the employee was engaged in at the time of the injury is not the controlling factor.
- C-2. Q. Do the employer's premises include employer controlled recreational facilities such as company ball fields, golf courses, etc.?
- A. For OSHA recordkeeping purposes, the definition of work premises excludes all employer controlled ball fields, tennis courts, golf courses, parks, swimming pools, gyms, and other similar recreational facilities which are often apart from the workplace and used by employees on a voluntary basis for their own benefit, primarily during off-work hours. Therefore, injuries to employees in these recreational facilities are not recordable unless the employee was engaged in some work-related activity, or was required by the employer to participate.
- C-3. Q. Are company parking lots considered part of the employer's work premises?
- A. Company parking facilities are generally *not* considered part of the employer's premises for OSHA recordkeeping purposes. Therefore, injuries to employees on these parking lots are not presumed to be work related, and are not recordable unless the employee was engaged in some work-related activity.
- C-4. Q. An employer neither owns nor leases the property on which he conducts his business operations. Under the regulations, would the property be considered part of the employer's premises?
- A. The determination of whether a particular location constitutes part of the employer's premises depends upon whether the location is considered part of the employer's domain, not whether he owns or leases it. As a general rule, if the site is part of an establishment of the employer, it is considered part of his premises.
- An establishment is a single physical location where business is conducted or where services or industrial operations are performed.
- C-5. Q. Is a right-of-way used by a utility company considered to be part of the utility company's premises?
- A. Yes. A utility company has a sufficient

relationship to these rights-of-way to have them considered part of its premises. Injuries and illnesses occurring to utility workers in these areas are presumably work related.

C-6. Q. What about cases that occur on the premises during nonduty hours? If a case occurs either before or after normal work hours, or on weekends and holidays when work is not scheduled, is it recordable?

A. Presence on the employer's premises is normally sufficient to establish work relationship. It does not matter whether or not the incident occurs during regular working hours if the worker is present to perform some job task or receive some employment benefit, or if his presence is in some way *related to his status as an employee*. (For further clarification, see the answer to question C-9.)

C-7. Q. Is every case resulting from an event or exposure on the employer's premises considered work related?

A. No. The general rule is that all injuries and illnesses which result from events or exposures occurring to employees on the employer's premises are *presumed* to be work related. This presumption is rebuttable. (See question C-8 which follows.) However, the nature of the activity which the employee is engaged in at the time of the event or exposure, the degree of employer control over the employee's activity, the preventability of the incident, or the concept of fault do not affect the determination.

There are cases which occur on the employer's premises that do not seem to have anything to do with the work, but must still be recorded to maintain the simplicity of the recording criteria. (Some examples are an employee choking while eating lunch in company cafeteria; and an employee being injured as a result of horseplay.) These are included to keep relatively simple recording boundaries necessary for maintaining a workable system which can be used by the 5 million employers and 75 million employees subject to the recordkeeping regulations.

C-8. Q. Under the OSHA recordkeeping system, work relationship is presumed when the employee is on the employer's premises. Is this presumption rebuttable? If so, describe some situations where the employee's presence on

the premises would not be sufficient, by itself, to establish work relationship?

A. The presumption is rebuttable. One situation where the presumption would not apply would be where a worker is on the employer's premises as a member of the general public and not as an employee. (See question C-9, for a further description of these situations.) Another example would be a case, with symptoms that merely surface on the employer's premises, where the symptoms are the result of a nonwork-related event or exposure off premises. (See questions B-15 and B-17 for the application of this type of analysis to back cases.)

C-9. Q. How do you determine those situations where a worker is off duty and is on the employer's premises as a member of the general public and not as an employee? For example, a department store employee returns to the store during off-duty hours solely to shop and is injured. Is this case work related?

A. No. The case is not work related. For cases such as this to be recordable, there must be some relationship between the person's presence on the premises and his *status* as an employee. Employers should ask themselves: Would the person have been on the premises but for the fact that he or she was an employee? It is important to note that the focus is on the *status* of the person as an employee, not on the activity the person was engaged in at the time of the event or exposure.

The example provided above is *not* recordable because the worker was present on the premises solely to shop; his presence on the premises had no relationship whatsoever to his status as an employee. Any member of the general public could come into the store to shop. This exclusion applies even if the employee is receiving some employment benefit such as an employee discount in a department store, or using public restrooms while on the employer's work facilities for personal reasons, e.g., filling station employee working on his or her own car. Identical cases which occur when an employee is in work status would, however, be considered work related and hence recordable. The following situations illustrate cases where there is sufficient connection between an off-

duty employee and the job to establish work relationship:

1. The employee is injured on the premises while going to or from a work shift;
2. The employee is injured on the premises while picking up a pay check during off-duty hours; and
3. An employee is injured on the premises during lunch or coffee breaks.

C-10. Q. Please define "premises" for the trucking industry. Is the cab of the truck the premises? What about loading and unloading? Is the area around the truck used for loading and unloading considered part of the premises?

A. A truck on the road or loading and unloading away from its home base would be off the employer's premises. However, injury or illness exposures experienced during these activities would still be work related because the employees are engaged in work-related activities. The truck and its surroundings are considered part of the work environment even though they are not part of the employer's premises.

C-11. Q. Why record injuries and illnesses other than those that occur during the execution of a specific work assignment undertaken at the direction of management?

A. The stated purpose of the Occupational Safety and Health Act of 1970 requires a broader scope of coverage than "the execution of specific work assignments." Section 2 of the act addresses injuries and illnesses arising out of "work situations." Sections 2(b)(1), (2), and (4) of the act refer to "place of employment" and the provisions of safe and healthful "working conditions." Section 2(b)(7) of the act deals with preventing employee ill health as a result of the "work experience." Section 2(b)(12) states that one of the purposes of the act is to provide for appropriate reporting procedures "... which will accurately describe the nature of the occupational safety and health problem." These and other references throughout the act indicate that its coverage is intended to go beyond specific job tasks to encompass the total work environment.

In addition, the inclusion of these cases is necessary for the maintenance of a simple and equitable recordkeeping system capable

of furnishing statistically reliable information.

C-12. Q. Do employers have to record an injury on the employer's premises that occurs to an employee as a result of horseplay? Would they have to record a case if it resulted from a robbery?

A. Yes. Both would be recordable. Activities on the employer's premises are presumed to be work related. The basis for determining work relationship for OSHA recordkeeping purposes is that the event occurred in the work environment.

Sections 8(c)(2) and 24(a) of the OSH Act specifically define recordable injuries and illnesses. They make no distinction between incidents that are compensable under State workers' compensation laws, incidents that are caused by worker negligence, incidents caused by employer neglect, incidents that are preventable, or the random incidents that seem to happen when no one is at fault.

2. *Injuries and illnesses resulting from events or exposures off premises.* When an employee is off the employer's premises and suffers an injury or an illness exposure, work relationship must be established; it is not presumed. Injuries and illness exposures off premises are considered work related if the employee is engaged in a work activity or if they occur in the work environment. The work environment in these instances includes locations where employees are engaged in job tasks or work-related activities, or places where employees are present due to the nature of their job or as a condition of their employment.

C-13. Q. Our employees participate in many off-premises activities such as picnics, impromptu softball games at noon, bowling leagues at night, and a football team which plays its games on weekends. If any of our employees are injured in these activities and require medical treatment, should the injuries be recorded?

A. They need only be recorded if they are connected with the injured person's job. If the employees are paid for sports activities or are required by their employer to participate, any resulting injuries are work related and should be recorded. If not, the injuries which occur are not recordable, even though the employer may be providing uniforms and equipment.

C-14. Q. Is a case recordable if an employee is injured while walking to work on a public sidewalk from a public parking lot? What if an employee gets into a fight or is attacked in this situation?

A. These cases do not appear to be work related since the injuries did not occur in the work environment, and the employees were not engaged in work-related activities. Public places are generally not part of the work environment unless the employee has begun work and is performing a work-related activity, or is present at the public location as a condition of his or her employment. For example, the work environment for a route salesperson may include public streets, highways, sidewalks, etc.

C-15. Q. Would an injury be recordable which took place after a person checked into work, but occurred while he or she was off the company premises on an errand?

A. This case is recordable if the employee was engaged in a work-related activity or if the person's presence at the location of the injury was required by his or her job. If the errand was personal in nature, the injury should not be recorded.

C-16. Q. Are the employee's activities off the employer's premises all deemed work related once the employee's work shift has begun?

A. No. Work relationship must be established for employee activities off premises—it is not presumed. To be engaged in a work-related activity off premises, the employee must have been performing some job, task, or service for the employer, or must have been present at the off-premises location in connection with his or her employment. If the employee is off the employer's premises, and leaves the normal area of operations entirely for his or her own purpose, then these activities would not be considered work related.

C-17. Q. Is an injury occurring during the lunch of an employee working off the employer's premises considered work related?

A. This case would be work related if it occurred in the off-premises work environment or if it was a work-related luncheon.

C-18. Q. Are injuries considered work related when

they occur to employees who work on the employer's premises, but leave the premises for lunch and are injured?

A. No. Injuries occurring to employees while they are off the employer's premises and out of the work environment at lunch are not recordable unless the luncheon is in some way required by their job.

C-19. Q. How are employees in travel status handled differently?

A. Employees who travel on company business shall be considered to be engaged in work-related activities all the time they spend in the interest of the company, including, but not limited to, travel to and from customer contacts, and entertaining or being entertained for the purpose of transacting, discussing, or promoting business, etc. However, an injury/illness would not be recordable if it occurred during normal living activities (eating, sleeping, recreation); or if the employee deviates from a reasonably direct route of travel (side trip for vacation or other personal reasons). He would again be in the course of employment when he returned to the normal route of travel.

When a traveling employee checks into a hotel or motel, he establishes a "home away from home." Thereafter, his activities are evaluated in the same manner as for nontraveling employees. For example, if an employee on travel status is to report each day to a fixed worksite, then injuries sustained when traveling to this worksite would be considered off the job. The rationale is that an employee's normal commute from home to office would not be considered work related. However, there are situations where employees in travel status report to, or rotate among several different worksites after they establish their "home away from home" (such as a salesperson traveling to and from different customer contacts). In these situations, the injuries sustained when traveling to and from the sales locations would be considered job related.

Traveling sales personnel may establish only one base of operations (home or company office). A salesperson with his home as an office is considered at work when he is in that office and when he leaves his premises in the interest of the company.

C-20. Q. Are there any time limitations imposed on the work relationship designation for employees in travel status?

A. No. See question C-19 for the substantive limitations.

C-21. Q. When is work relationship first established for an employee in travel status? When he or she leaves home? At the airport, train station, etc.?

A. For recordkeeping purposes, work-related activities begin when the employee leaves home, assuming the employee did not intend to report to his or her office prior to beginning the trip. If the employee first reports to the office, travel status begins when the employee leaves the office to begin the trip. Travel status ends once the employee returns to the point of origin of the trip. (Employers should refer to questions A-12-14 in chapter I for a discussion of the geographic coverage limitations on travel status.)

C-22. Q. How do you differentiate between employees working off premises in nontravel status and employees in travel status?

A. Employees off premises in nontravel status still work within their normally scheduled hours and normal geographic area of operation. Employees in travel status must either be: (1) Outside their normal area of operation, or (2) working off premises for more than a normal workday (such as staying overnight).

D. Distinguishing between injuries and illnesses

Under the OSH Act, all work-related illnesses must be recorded, while only those injuries which require medical treatment (other than first aid), or involve loss of consciousness, restriction of work or motion, or transfer to another job are recordable. The distinction between injuries and illnesses, therefore, has significant record-keeping implications.

Whether a case involves an injury or illness is determined by the nature of the original event or exposure which caused the case, not by the resulting condition of the affected employee. Injuries are caused by *instantaneous* events in the work environment. Cases resulting from anything other than instantaneous events are considered illnesses. This concept of illnesses includes acute illnesses which result from exposures of relatively short duration.

An occupational injury is defined on the back of the log and summary form, OSHA No. 200, as follows:

Occupational injury is any injury such as a cut, fracture, sprain, amputation, etc., which results from a work accident or from an exposure involving a single incident in the work environment.

Note: Conditions resulting from animal bites, such as insect or snake bites, or from one-time exposure to chemicals are considered to be injuries.

A single incident involving an *instantaneous* exposure to chemicals is classified as an injury. Occupational injuries are analyzed in detail in section F of this chapter.

An occupational illness is defined on the back of the log and summary form, OSHA No. 200:

Occupational illness of an employee is any abnormal condition or disorder, other than one resulting from an occupational injury, caused by exposure to environmental factors associated with employment. It includes acute and chronic illnesses or diseases which may be caused by inhalation, absorption, ingestion, or direct contact.

Some conditions may be classified as either an injury or an illness (but not both), depending upon the nature of the event that produced the condition. For example, a loss of hearing resulting from an explosion (an instantaneous event) is classified as an injury; the same condition arising from exposure to industrial noise over a period of time would be classified as an occupational illness. Similarly, irritation of the throat from exposure to chlorine gas fumes could be classified as either an injury or an illness. If the exposure was instantaneous and occurred when a cyclinder of gas ruptured, the case would be considered an injury. The case would be an illness if the employee was exposed to the agent over time, such as working in an area where chlorine fumes from a bleaching process were present.

This method for recording certain types of cases has its foundation in industrial safety practice. The safety measures required to avoid instantaneous events are considered fundamentally different from those required to prevent exposures over a period of time which result in conditions of ill health. The classification of a case as an injury or an illness is intended to reflect this distinction.

D-1. Q. Should an infection resulting from a laceration be classified as an injury or an illness?

A. This should be classified as an injury because the classification is based on the original event—the laceration—not on the subsequent developments.

D-2. Q. Should the following two cases be recorded

differently; if so, what is the rationale behind the differentiation?

- a. Lacerations resulting from a chemical explosion.
- b. A respiratory ailment resulting from a chemical explosion.

- A. Both of these cases would be classified as injuries because of the nature of the original event, a chemical explosion.

D-3. Q. How do you distinguish an injury from an illness? For example, it appears that a burn can be one or the other.

- A. The basic definition of an occupational injury includes those cases which result from a work accident or from an exposure involving a *single instantaneous incident* in the work environment. Contact with a hot surface or a caustic chemical which produces a burn in a single instantaneous moment of contact is an injury. Sunburn or welding flash burns which result from prolonged or repeated exposure to sunrays or welding flashes are considered illnesses. Similarly, a one-time blow which damages the tendons of the hand is considered an injury; while repeated trauma or repetitious movement which produces tenosynovitis is considered an illness.

The basic determinant is the single-incident concept. If the case resulted from something that happened in one instant, it is classified as an injury. If the case resulted from something that was not instantaneous, such as prolonged exposure to hazardous substances or other environmental factors, it is considered an illness.

D-4. Q. How should back cases be classified—as injuries or illnesses? What about a situation where an employee complains of his back hurting, but is unable to associate it with a single instantaneous event?

- A. Back cases should be classified as injuries because they are usually triggered by an instantaneous event.

Classifying back cases as injuries is appropriate not only for cases resulting from identifiable events, but also for cases where the specific event cannot be pinpointed, since back cases are usually triggered by some specific movement (such as a slip, trip, fall, sharp twist, etc.). Such generalizations are necessary to keep recordkeeping determinations as simple and equitable as possible.

D-5. Q. Should carpal tunnel syndrome be classified as an injury or an illness?

- A. Carpal tunnel syndrome is a condition involving compression of the median nerve in the wrist which results in tingling, discomfort, and numbness in the thumb, index, and long fingers. Because work-related carpal tunnel syndrome cases almost always result from repetitious movement, they should be classified as occupational illnesses. The entry for these cases should be in column 7(f) of the log for disorders associated with repeated trauma.

D-6. Q. Is the following case recordable? A chemical worker contracted a mild case of dermatitis on both hands while working in a solution for several hours. The employee was sent to the doctor, who recommended application of a topical lotion (a commercial, nonprescription remedy). The employee bought a bottle of the lotion and treated the rash for a few days until it disappeared. There were no subsequent visits to the doctor. The rash did not prevent the employee from performing all the duties of the job.

- A. The case is a recordable occupational illness. The answer to this question is based on the distinction between an injury and an illness. If considered an injury, the case would not be recordable since no medical treatment was provided. However, since the case almost certainly did not involve a single instantaneous exposure, it should be classified as an occupational illness. Consequently, the kind of treatment given by the doctor (none in this case) is immaterial, since all occupational illnesses are recordable.

E. Recording occupational illnesses

The Occupational Safety and Health Act of 1970 and the recordkeeping regulations in 29 CFR Part 1904 require employers to record the occurrence of all occupational illnesses. However, neither the act nor the regulations provide a precise definition of what constitutes an occupational illness.

An occupational illness is defined in the instructions on the back of the log and summary form, OSHA No. 200:

Occupational illness of an employee is any abnormal condition or disorder, other than one resulting from an occupational injury, caused by exposure to environmental factors associated with employment. It includes acute and chronic illnesses or diseases which may be caused by inhalation, absorption, ingestion, or direct contact.

The instructions also refer to recording illnesses which were "diagnosed or recognized."

Therefore, for OSHA recordkeeping purposes occupational illnesses include any abnormal condition or disorder, other than one resulting from an occupational injury, caused by exposure to environmental factors associated with employment. Illness exposures ultimately result in conditions of a chemical, physical, biological, or psychological nature.

Occupational illnesses must be diagnosed to be recordable. However, they do not necessarily have to be diagnosed by a physician or other medical personnel. Diagnosis may be by a physician, registered nurse, or a person who by training or experience is capable to make such a determination. Employers, employees, and others may be able to detect some illnesses, such as skin diseases or disorders, without the benefit of specialized medical training. However, a case more difficult to diagnose, such as silicosis, would require evaluation by properly trained medical personnel.

In addition to recording the occurrence of occupational illnesses, employers are required to record each illness case in 1 of the 7 categories on the front of the log.

The back of the log form contains a listing of types of illnesses or disorders and gives examples for each illness category. These are only examples, however, and should not be considered as a complete list of types of illnesses under each category. See appendix A, Glossary of Terms, for a list of these illness categories.

Recording and classifying occupational illnesses may be difficult for employers, especially the chronic and long-term latent illnesses. Many illnesses are not easily detected; and it is often difficult to determine whether an illness is work related. Also, employees may not report illnesses because the symptoms may not be readily apparent, or because they do not think their illness is serious or work related.

Lack of expertise in occupational medicine is not limited to employers and employees. Few doctors in private practice have adequate training in occupational medicine. Even physicians in the workplace have difficulty determining the influence of a job on a worker's health.

The following material is provided to assist in detecting occupational illnesses and in determining their work relationship.

1. *Detection and diagnosis of occupational illnesses.* An occupational illness is defined in the instructions on the log as any work-related abnormal condition or disorder (other than an occupational injury). Detection of these abnormal conditions or disorders, the first step in recording illnesses, is often difficult. When an occupational illness is suspected, employers may want to consider the following:

- a. A medical examination of the employee's physiological systems, for example:
 - Head and neck
 - Eyes, ears, nose, and throat
 - Endocrine
 - Genitourinary
 - Musculoskeletal
 - Neurological
 - Respiratory
 - Cardiovascular, and
 - Gastrointestinal;
- b. Observation and evaluation of behavior related to emotional status, such as deterioration in job performance which cannot be explained;
- c. Specific examination for health effects of suspected or possible disease agents by competent medical personnel;
- d. Comparison of date of onset of symptoms with occupational history;
- e. Evaluation of results of any past biological or medical monitoring (blood, urine, other sample analysis) and previous physical examinations;
- f. Evaluation of laboratory tests: Routine (complete blood count, blood chemistry profile, urinalysis) and specific tests for suspected disease agents (e.g., blood and urine tests for specific agents, chest or other X-rays, liver function tests, pulmonary function tests.); and
- g. Reviewing the literature, such as Material Safety Data Sheets and other reference documents, to ascertain whether the levels to which the workers were exposed could have produced the ill effects.

In addition, the National Institute for Occupational Safety and Health (NIOSH) has prepared a Sentinel Health Event (Occupational) List (SHEO) which encompasses disease conditions potentially linked to the workplace. A Sentinel Health Event is defined by NIOSH as a disease, disability, or untimely death which is occupationally related and whose occurrence may: 1) provide the impetus for epidemiologic or industrial hygiene studies; or 2) serve as a warning signal that materials substitution, engineering control, personal protection, or medical care may be required. The list includes only those conditions for which NIOSH found "objective documentation of an associated agent, industry, and occupation . . . in the scientific literature." NIOSH has indicated that the list will be expanded in the future.

Appendix C of this report contains a table of work-related illnesses based upon the NIOSH Sentinel Health Event (Occupational) List. The table is provided for *informative purposes only*, to assist employers in recognizing certain illnesses and diseases. The table lists illness conditions, the industry and/or occupation where each

condition is likely to occur, symptoms associated with each condition, the agent likely to cause the condition, and the appropriate illness column to be checked on the log, OSHA No. 200. IT DOES NOT INCLUDE EVERY CONDITION, ILLNESS, OR DISEASE THAT MAY RESULT FROM AN EXPOSURE IN THE WORK ENVIRONMENT. FURTHER, IT SHOULD NOT BE INTERPRETED TO MEAN THAT A SPECIFIC CONDITION CAN ONLY BE CONTRACTED IN THE INDUSTRIES OR OCCUPATIONS LISTED. IT ALSO DOES NOT MEAN THAT EVERY CONDITION LISTED IS RECORDABLE IF EXPERIENCED BY EMPLOYEES IN THESE INDUSTRIES AND/OR OCCUPATIONS. FOR THE CASE TO BE OSHA RECORDABLE, EMPLOYERS MUST STILL ESTABLISH THAT THE CONDITION IS A RESULT OF AN EXPOSURE IN THEIR WORK ENVIRONMENT.

2. *Determining whether the illness is occupationally related.* The instructions on the back of the log define occupational illnesses as those "caused by environmental factors associated with employment." In some cases, such as contact dermatitis, the relationship between an illness and work-related exposure is easy to recognize. In other cases, where the occupational cause is not direct and apparent, it may be difficult to determine accurately whether an employee's illness is occupational in nature. In these situations, it may help employers to ask the following questions:

- a. Has an illness condition clearly been established?
- b. Does it appear that the illness resulted from, or was aggravated by, suspected agents or other conditions in the work environment?
- c. Are these suspected agents present (or have they been present) in the work environment?
- d. Was the ill employee exposed to these agents in the work environment?
- e. Was the exposure to a sufficient degree and/or duration to result in the illness condition?
- f. Was the illness attributable solely to a nonoccupational exposure?

Employers may want to check the "Material Safety Data Sheets" for those substances suspected of causing employee illnesses to verify the relationship between the exposure and the resulting symptoms.

E-1. Q. Should employers record only those occupational illnesses which require treatment beyond the initial day of onset of illness?

- A. No. Any diagnosed occupational illness reported to the employer is recordable, whether or not medical treatment is given or lost workdays are involved.

E-2. Q. Do occupational illnesses have to be diagnosed by a physician to be recordable?

- A. No. "Diagnosis" is commonly defined as the act or process of detecting and deciding the nature of a diseased condition by examination of the symptoms. Diagnosis may be by a physician, registered nurse, or a person who by training or experience is capable to make such a determination.

E-3. Q. Does this mean that employers are capable of diagnosing occupational illnesses?

- A. Yes. However, their ability to properly diagnose cases depends upon their training and experience and the nature of the particular illness in question. Employers, employees, and others may be able to detect various illnesses, such as skin diseases or disorders, without the benefit of specialized medical training. However, a case more difficult to diagnose, such as silicosis, would require evaluation by properly trained medical personnel.

E-4. Q. What is meant by an "abnormal condition or disorder"?

- A. An "abnormal condition or disorder" is an atypical condition of the employee which may be of either a chemical, physical, biological, or psychological nature. These conditions are recordable when they result from exposure in the work environment.

E-5. Q. Are the illnesses listed in appendix C the only illnesses that need be recorded on the log, OSHA No. 200?

- A. No. These are a listing of disease conditions for which NIOSH found objective documentation of association between occupation/industry/agent in the scientific literature. In addition to the Sentinel Health Event (Occupational) List, many other abnormal conditions or diseases may be OSHA recordable.

E-6. Q. Do employers record only those illnesses directly caused by work-related exposures, or is it sufficient for the work exposure to be a contributing factor to an illness or to aggravate a preexisting illness condition?

- A. Yes, it is sufficient for the exposure to be a contributing and/or aggravating factor to the illness for the case to be recordable.

E-7. Q. What are the reporting requirements for test

results which indicate an elevated blood-lead level?

- A. Employers are required to conduct surveillance and monitoring tests for employees working with hazardous substances, such as lead. However, test results showing elevated blood-lead levels are not recordable unless the elevated blood-lead levels exceed 50 micrograms per 100 grams of whole blood.

On the other hand, employers are still required to record cases where the worker: (1) Has symptoms of lead poisoning, such as colic, nerve, or renal damage, anemia, and gum problems; or (2) receives medical treatment for lead poisoning or to lower blood-lead levels.

Employers may want to reference the OSHA lead standard 29 CFR 1910.1025 for additional information.

E-8. Q. The chest X-ray of an employee is found to have an abnormality due to a prolonged exposure at work. However, the abnormality does not impair his lung function or cause him to lose workdays. Is this a recordable occupational illness?

- A. Yes. An occupational illness is defined as any abnormal condition or disorder, other than one resulting from an injury, caused or aggravated by exposure to environmental factors associated with employment. Any such job-related abnormality reported to the employer is recordable, whether or not functional impairment is present or lost workdays are involved.

E-9. Q. Is fibrosis the only asbestos-related disorder that must be recorded on the OSHA No. 200?

- A. No. Asbestos-related disease encompasses not only fibrosis, but also mesothelioma, asbestosis, and various cancers of the lung, stomach, and pleural lining and asbestos-induced pleural abnormalities (e.g., pleural plaques and calcifications).

E-10. Q. Is hearing loss recordable? If so, how should it be recorded?

- A. Hearing loss should be evaluated solely on the existing criteria for recordability contained in the Occupational Safety and Health Act and 29 CFR Part 1904. Once work-related hearing loss is established, it may be classified as either an injury or an illness, depending upon the type of event or expo-

sure which caused the loss. If the hearing loss resulted from or was aggravated by an instantaneous exposure, it is considered an injury, and is recordable only if it involves medical treatment, loss of consciousness, restriction of work or motion, or transfer to another job. If the hearing loss resulted from or was aggravated by anything other than an instantaneous exposure it should be classified as an occupational illness. All job-related illnesses are recordable.

E-11. Q. Is this case recordable? An employee goes to a doctor who informs her that prescription glasses must be worn as a result of work-related eye deterioration caused by the nature of her job.

- A. If work relationship could be established, this case would be recordable as an occupational illness since it involves the recognition of an abnormal condition or disorder. However, employers should distinguish work-related eye problems from those due to aging or heredity factors unrelated to the job.

E-12. Q. How should a massive heart attack be classified?

- A. Work-related heart attacks are classified as illnesses because they normally do not result from work accidents or single instantaneous incidents in the work environment. When they occur, an entry should be made in column 7(g) of the log under "All other occupational illnesses."

E-13. Q. Must a heart attack occur in the work environment to be recordable?

- A. Heart attacks must satisfy the same requirements for work relationship as any other type of illness before they are recordable on the OSHA No. 200. Under the OSHA system, this does not mean that heart attacks are necessarily recordable if they occur in the work environment, but rather that they must result from an exposure in the work environment. (See section C of this chapter for an analysis of work relationship.)

E-14. Q. How should a work-related illness, diagnosed as an emotional disorder, be classified? Is this a disorder associated with repeated trauma?

- A. "Disorders associated with repeated trauma," column 7(f) of the log, OSHA No. 200,

involve conditions caused by repeated contact or repetitious movement. Cases involving work-related stress should be classified as "All other occupational illnesses" in column 7(g) of the log.

E-15. Q. Does the difference in individual tolerances to specific substances affect decisions on recordability?

A. No. Variations in the characteristics of particular employees or their susceptibility to various illnesses should not affect decisions of recordability. If a recordable illness occurs, employers should enter it on the OSHA No. 200.

E-16. Q. Are employee complaints of such common subjective symptoms as general malaise, headache, and/or nausea, etc., recordable as cases of illnesses if there are no indications that the symptoms are work related?

A. No. Such subjective symptoms are not recordable if there is no apparent association with the employee's work environment. However, in evaluating these cases, employers should be aware that many subjective complaints, including feelings of malaise, headache, nausea, etc., are symptomatic of a wide range of diseases, a number of which are occupational in origin. In this regard, employers should pay attention to the distribution of such subjective complaints with respect to time and place, particularly when such complaints are observed to occur among one or more groups of employees.

F. Deciding if work-related injuries are recordable

Although the act requires that all work-related deaths and illnesses be recorded, it limits the recording of injuries to certain specific types of cases. Sections 8(c)(2) and 24(a) of the act refer to maintaining records for work injuries ". . . other than minor injuries requiring only first aid treatment, and which do not involve medical treatment, loss of consciousness, restriction of work or motion, or transfer to another job." Consequently, a work-related injury must involve at least 1 of these 4 conditions before it is deemed recordable. Minor injuries requiring only first aid treatment are not recordable.

1. *Medical treatment.* It is important to understand the distinction between medical treatment and first aid treatment since many work-related injuries are recordable only because medical treatment was given.

Part 1904.12(d) of the regulations and the instructions on the back of the log and summary, OSHA No. 200, define

medical treatment as any treatment, other than first aid treatment, administered to injured employees. Essentially, medical treatment involves the provision of medical or surgical care for injuries that are not minor through the application of procedures or systematic therapeutic measures.

The act also specifically states that work-related injuries which involve only first aid treatment must *not* be recorded. Therefore, the definition of first aid treatment has important implications for evaluating potential medical treatment cases. First aid is commonly thought to mean emergency treatment of injuries before regular medical care is available. However, first aid treatment has a different meaning for OSHA recordkeeping purposes. Part 1904.12(e) of the regulations defines first aid treatment as:

Any one-time treatment, and any followup visit for the purpose of observation, of minor scratches, cuts, burns, splinters, and so forth, which do not ordinarily require medical care. Such one-time treatment, and followup visit for the purpose of observation is considered first aid even though provided by a physician or registered professional personnel.

The distinction between medical treatment and first aid depends not only on the treatment provided, but also on the severity of the injury being treated. First aid is: (1) Limited to *one-time treatment* and subsequent observation; and (2) involves treatment of only *minor* injuries, *not* emergency treatment of serious injuries. Injuries are *not* minor if:

- (a) They must be treated *only* by a physician or licensed medical personnel;
- (b) They impair bodily function (i.e., normal use of senses, limbs, etc.);
- (c) They result in damage to the physical structure of a nonsuperficial nature (e.g., fractures); or
- (d) They involve complications requiring followup medical treatment.

Physicians or registered medical professionals, working under the standing orders of a physician, routinely treat minor injuries. Such treatment constitutes first aid. Also, some visits to a doctor do not involve treatment at all. For example, a visit to a doctor for an examination or other diagnostic procedure to determine whether the employee has an injury does not constitute medical treatment. Conversely, medical treatment can be provided to employees by lay persons; i.e., someone other than a physician or registered medical personnel.

The following classifications list certain procedures as either medical treatment or first aid treatment. These criteria are also listed in the one-page Recordkeeping Summary provided following appendix E.

The following are generally considered medical treatment. Work-related injuries for which this type of

treatment was provided or should have been provided are almost always recordable:

- Treatment of **INFECTION**
- Application of **ANTISEPTICS** during second or subsequent visit to medical personnel
- Treatment of **SECOND OR THIRD DEGREE BURN(S)**
- Application of **SUTURES** (stitches)
- Application of **BUTTERFLY ADHESIVE DRESSING(S)** or **STERI STRIP(S)** in lieu of sutures
- Removal of **FOREIGN BODIES EMBEDDED IN EYE**
- Removal of **FOREIGN BODIES FROM WOUND**; if procedure is **COMPLICATED** because of depth of embedment, size, or location
- Use of **PRESCRIPTION MEDICATIONS** (except a single dose administered on first visit for minor injury or discomfort)
- Use of hot or cold **SOAKING THERAPY** during second or subsequent visit to medical personnel
- Application of hot or cold **COMPRESS(ES)** during second or subsequent visit to medical personnel
- **CUTTING AWAY DEAD SKIN** (surgical debridement)
- Application of **HEAT THERAPY** during second or subsequent visit to medical personnel
- Use of **WHIRLPOOL BATH THERAPY** during second or subsequent visit to medical personnel
- **POSITIVE X-RAY DIAGNOSIS** (fractures, broken bones, etc.)
- **ADMISSION TO A HOSPITAL** or equivalent medical facility **FOR TREATMENT**.

The following are generally considered first aid treatment (e.g., one-time treatment and subsequent observation of minor injuries) and should not be recorded if the work-related injury does not involve loss of consciousness, restriction of work or motion, or transfer to another job:

- Application of **ANTISEPTICS** during first visit to medical personnel
- Treatment of **FIRST DEGREE BURN(S)**
- Application of **BANDAGE(S)** during any visit to medical personnel
- Use of **ELASTIC BANDAGE(S)** during first visit to medical personnel
- Removal of **FOREIGN BODIES NOT EMBEDDED IN EYE** if only irrigation is required
- Removal of **FOREIGN BODIES FROM WOUND**; if procedure is **UNCOMPLICATED**, and is, for example, by tweezers or other simple technique
- Use of **NONPRESCRIPTION MEDICATIONS AND** administration of **single dose of PRESCRIPTION MEDICATION** on first visit for minor injury or discomfort
- **SOAKING THERAPY** on initial visit to medical personnel or removal of bandages by **SOAKING**
- Application of hot or cold **COMPRESS(ES)** during first visit to medical personnel
- Application of **OINTMENTS** to abrasions to prevent drying or cracking
- Application of **HEAT THERAPY** during first visit to medical personnel
- Use of **WHIRLPOOL BATH THERAPY** during first visit to medical personnel
- **NEGATIVE X-RAY DIAGNOSIS**
- **OBSERVATION** of injury during visit to medical personnel.

The following procedure, by itself, is not considered medical treatment:

- Administration of **TETANUS SHOT(S)** or **BOOSTER(S)**. However, these shots are often given in conjunction with more serious injuries; consequently, injuries requiring these shots may be recordable for other reasons.

2. *Loss of consciousness.* If an employee loses consciousness as the result of a work-related injury, the case must be recorded no matter what type of treatment was provided. The rationale behind this recording requirement is that loss of consciousness is generally associated with the more serious injuries.

3. *Restriction of work or motion.* Restriction of work or motion is the third criterion specified by the act for determining whether an injury is serious enough to be recorded. The decision that a case involves restricted work activity should be made solely on the rules set forth in Part 1904.12(f) of the *Code of Federal Regulations* and in the instructions to the Log and Summary of Occupational Injuries and Illnesses, OSHA No. 200. The central concept established in these sections is that restricted work activity occurs when the employee, as a result of a job-related injury or illness, is physically or mentally unable to perform *all or any part* of his or her normal assignment during *all or any part* of the workday or shift. The emphasis is on the employee's *ability* to perform normal job duties. Restriction of work or motion may result in either a lost worktime injury or a nonlost worktime injury, depending upon whether the restriction extended beyond the date of injury. This distinction is discussed at length in chapter VI.

Restriction of work or motion sometimes is the sole reason for recording a case. For example, if an employee suffers a cut on a joint of the first finger and the wound requires only a small bandage, the bandage may prevent bending the finger. This case involves a work-related injury, but is it recordable? The employer can reasonably conclude that no medical treatment was involved nor was there any loss of consciousness or transfer to another job. The case would be recordable only if it involves restriction of work motion; that is, if the motion that was limited affected the employee's ability to perform his or her normal job duties. It is important to differentiate that concept from limitation of motion in the abstract. In this situation, the case would be recordable if it involved a typist who was unable to type, but probably not if it involved an executive.

4. *Transfer to another job.* Injuries requiring transfer of the employee to another job are also considered serious enough to be recordable regardless of the type of treatment provided. Transfers are seldom the sole criterion for recordability because injury cases are almost

always recordable on other grounds, primarily medical treatment or restriction of work or motion.

F-1. Q. Are all first aid injury cases nonrecordable?

A. Medical treatment is only one criterion for determining whether or not injuries are recordable. Injuries which require only first aid treatment are recordable if they involve loss of consciousness, restriction of work or motion, or transfer to another job.

F-2. Q. Our plant does not have a nurse available on the second and third shifts. Injuries on these shifts are sent to the hospital. If this is the only time the injury is treated, does it have to be recorded?

A. If medical treatment is administered, the case is recordable. If only first aid treatment is administered, then the case is not recordable. (See the definitions in the preceding narrative section.) The *kind of treatment* which is, or should have been, provided is the determining factor, not the place or person providing the treatment.

F-3. Q. Can medical treatment be provided by anyone other than a physician or trained medical personnel?

A. The regulations have been interpreted to mean that medical treatment may be administered by medical or nonmedical personnel. The treatment is the main factor to consider in distinguishing medical treatment from first aid, not the person who is administering it.

In distinguishing between medical treatment and first aid, Congress intended to focus on the seriousness of the injury. Doctors or medical personnel often provide first aid treatment for minor injuries; nonmedical personnel often provide medical treatment for certain injuries that are relatively serious in nature.

F-4. Q. If an employee is treated in the medical department for an injury such as a cut, burn, etc., but does not need a doctor's care, does a report need to be made of the injury?

A. If the case comes under the definition of "medical treatment" rather than "first aid," a record would have to be maintained. On the other hand, first aid treatment would not be recorded, even if given by a doctor. Again, the key factor to be considered is the

type of treatment which was, or should have been, provided, not the person administering it.

F-5. Q. Does the requirement for recording medical treatment injuries encompass only those injuries where the treatment was actually provided to the individual?

A. This requirement focuses on whether the injury was serious enough that medical treatment was actually provided or should have been provided. Cases should be recorded where medical treatment was *clearly* required, but for one reason or another, was not actually provided.

F-6. Q. When are bruises experienced by employees considered recordable?

A. When they are serious enough to involve 1 of the 4 criteria for recording injuries—medical treatment, loss of consciousness, restriction of work or motion, or transfer to another job.

F-7. Q. How are fractures classified? What about a hairline fracture that is given no treatment and does not interfere with the employee's work activities?

A. Injuries resulting in fractures should be recorded because they are not minor in nature and ordinarily require medical treatment or involve restriction of work or motion. This is in keeping with the mandate of the Occupational Safety and Health Act of 1970 to record all injuries that are not minor.

F-8. Q. Are injuries that result in chipped or broken teeth recordable?

A. These injuries would normally be recordable because they ordinarily require medical treatment.

F-9. Q. What about situations where an employee damages a prosthetic device, such as an artificial arm or leg? Is this recordable?

A. Generally, work-related situations such as this are recordable if they involve either some form of medical treatment or restriction of work or motion.

F-10. Q. If there is more than one followup visit to a doctor for minor cuts or burns, is such an injury recordable?

- A. If the second visit is simply for observation or to change an adhesive or small bandage, the injury would not be recorded. It would be recorded, however, if any medical treatment was provided.
- F-11. Q.** What if an employee is injured and loses worktime in traveling to or from a doctor's office for a medical examination? Does this loss of worktime constitute restriction of work or motion, and make the case recordable for OSHA purposes?
- A. Injuries should be evaluated on the extent of medical treatment required, not on the amount of time spent seeking treatment. If the examination revealed that no medical treatment was required, the case would not be recordable. Restriction of work or motion concerns the employee's ability to perform normal job duties; it does not include loss of worktime for travel to or from a doctor's office.
- F-12. Q.** If an employee has a minor scratch but the doctor gives him a tetanus shot anyway, does this constitute medical treatment and make it a recordable case?
- A. Such tetanus shots should not be regarded as medical treatment. Consequently, the case would not be recordable unless other treatment was provided.
- F-13. Q.** Do rabies vaccinations constitute medical treatment?
- A. Yes. Rabies vaccinations constitute medical treatment since they are considered absolutely necessary and involve a series of injections far more extensive than the concept of first aid contemplated in the act and defined in the regulations.
- F-14. Q.** Is a series of treatments given by a chiropractor considered medical treatment?
- A. Yes. When required to treat the work-related injury, this is considered medical treatment since it involves considerably more extensive treatment than first aid as defined in Part 1904.12(e) of the regulations.
- F-15. Q.** Is the use of prescription medications considered medical treatment?
- A. Use of prescription medications to treat an occupational injury normally constitutes medical treatment. However, it is considered first aid when a single dose of a prescription medication is administered on the first visit for minor injury or discomfort. A "single dose" is the measured quantity of a therapeutic agent to be taken at one time.
- F-16. Q.** What about prescription drugs provided to employees solely for psychological care? Should this be considered medical treatment?
- A. If the prescription medications are being provided in connection with a job-related psychological condition, the medical treatment issue would be irrelevant since the case would be considered an occupational illness. All occupational illnesses are recordable.
- F-17. Q.** Suppose a nonprescription medication is dispensed to an employee with a minor injury, who then suffers an adverse reaction. Is this recordable? If so, is it an injury or an illness?
- A. This case should be considered an injury since the case determination must relate back to the original event. This is because the affected employee would not have suffered the adverse reaction to the medication *but for* the occupational injury. Initially, the case was not recordable because the provision of a nonprescription medication does not constitute medical treatment. **THE CASE MAY NOW BE RECORDABLE.** To be recordable, the adverse reaction must have been serious enough to require additional medical treatment or involve loss of consciousness, restriction of work or motion, or transfer to another job.
- G. Relationship of OSHA recordkeeping requirements to those of State workers' compensation systems**
- OSHA recordkeeping and reporting requirements differ from those established under various State workers' compensation laws. Differences exist in both the mechanics of the recordkeeping process and in the criteria used for evaluating the recordability of individual cases. Section 4(b)(4) of the act states:
- Nothing in this Act shall be construed to supersede or in any manner affect any workmen's compensation law or to enlarge or diminish or affect in any other manner the common law or statutory rights, duties, or liabilities of employers and employees under any law with respect to injuries, diseases, or death of employees arising out of or in the course of employment.
- Consequently, recordkeeping determinations under the OSH Act should not affect the employer obligations under State workers' compensation systems. Also, workers'

compensation criteria should not be substituted for OSHA definitions in determining whether or not a case should be recorded under the OSHA system. Although the OSHA system is fundamentally different from various compensation systems, qualifying workers' compensation first report forms may be substituted for the OSHA No. 101, the Supplementary Record of Occupational Injuries and Illnesses. To qualify for this purpose, the workers' compensation form must contain all of the items on the OSHA No. 101 or be supplemented to do so. This is permitted to eliminate duplicate recording whenever possible. Chapter II, section C of this report provides a detailed discussion of the requirements for potential substitutes for the supplementary record.

It should be stressed that allowance of the substitution of forms is in no way indicative of any comparability in the recordkeeping criteria between the two systems. In instances where State workers' compensation forms are being used in lieu of the OSHA No. 101, employers must still adhere to the differences in recordkeeping definitions. There may be instances where the employer will have to prepare a form for an OSHA recordable case even though the State workers' compensation law does not require that a report be prepared or vice versa.

G-1. Q. Does a workers' compensation insurance carrier have any responsibility or liability under the OSH Act other than to its own employees?

A. No. Aside from recordkeeping obligations pertaining to its own employees, a workers' compensation insurance carrier has no responsibility for the OSHA recordkeeping of its clients.

G-2. Q. Is there any connection between OSHA records and reports and the reporting requirements of State workers' compensation acts?

A. No. The only relationship between the systems pertains to the forms which may be used. To eliminate duplicate recordkeeping, most State workers' compensation agencies have revised their first report forms to make them acceptable as substitutes for the OSHA No. 101, the Supplementary Record of Occu-

pational Injuries and Illnesses. See chapter II, section C for a discussion of the requirements for the supplementary record.

G-3. Q. What entries, if any, need to be made on the OSHA records in instances of employer-employee disputes involving contested cases under State workers' compensation systems?

A. Workers' compensation determinations have no direct bearing on the recordability of cases under OSHA. Some cases are covered by workers' compensation but are not OSHA-recordable; others are recordable under OSHA but are not covered by workers' compensation.

For example, many cases that do not involve lost worktime may be OSHA-recordable, but may not be recordable under State workers' compensation systems. Each case should be evaluated and recorded solely on the basis of OSHA recordkeeping criteria.

G-4. Q. Should employers wait to record cases on the OSHA forms if the cases are being contested under workers' compensation?

A. No. Employers are required to record cases on the OSHA forms no later than 6 working days after receipt of information that a recordable injury or illness has occurred. If a case is recordable under the OSHA system, an entry must be made on the OSHA records without any regard to the status of the case under workers' compensation.

G-5. Q. Won't recording a case on the OSHA records bias the outcome of contested workers' compensation cases?

A. No. Because of the significant differences between the two systems, recording injuries and illnesses on the OSHA forms should have no effect on cases litigated under workers' compensation. Section 4(b)(4) of the OSH Act provides that the provisions of the act will not affect workers' compensation liability.

Chapter VI. Evaluating the Extent of Recordable Cases

Once the employer decides that a recordable injury or illness has occurred, the case must be evaluated to determine its extent or outcome. 29 CFR Part 1904.12(c) provides the three categories of recordable cases: Fatalities, lost workday cases, and cases without lost workdays. Every recordable case must be placed in only one of these categories.

A. Fatalities

The Occupational Safety and Health Act of 1970 and Part 1904 of the regulations require the recording of all work-related fatalities. Part 1904.12(c)(1) states that recordable occupational injuries and illnesses include fatalities, regardless of the time between the injury and the death, or the length of the illness.

A-1. Q. An employee has an occupational illness which keeps him away from work for 6 months. At the end of that time, he dies as a result of the illness. How should the case be recorded on the log?

A. Any entries in the lost workday illness columns 9 through 12 of the log should be lined out, and the date of death should be entered in column 8.

Injury-related fatalities that were initially recorded as lost worktime should be treated in a similar manner. Entries in the lost workday injury columns 2 through 5 should be lined out, and the date of death entered in column 1.

A-2. Q. Must an employee's death occur in the work environment for the case to be recorded as a work-related fatality?

A. No. Cases are recordable as work-related fatalities when the death results from an *event or exposure* that occurs in the work environment. The employee need not actually die in the work environment.

A-3. Q. Do employers have any recording or reporting obligations for fatalities other than making the appropriate entries on the OSHA No. 200?

A. Yes. Part 1904.8 of the regulations requires that employers report within 48 hours the occurrence of job-related fatalities to their OSHA area office. This subject is discussed in chapter VII.

A-4. Q. What constitutes death for OSHA record-keeping purposes? What if a person suffers "brain death," but is maintained on life support systems?

A. For OSHA recordkeeping purposes, death occurs when the injured or ill employee's condition is such that a death certificate is issuable by the State or territory which has jurisdiction. In some States, a death certificate would be issued for cases involving "brain death"; in others it would not.

A-5. Q. What is the appropriate date of death to be entered in these cases?

A. The date entered in column 1 or column 8 of the log should be the date of death entered on the death certificate.

B. Lost workday cases

Parts 1904.12(c)(2) and 1904.12(f) of the regulations provided the definition of lost workday cases. These cases are generally the most serious nonfatal injuries and illnesses. They occur when the injured or ill employee experiences either days away from work, days of restricted work activity, or both. In these situations, the injured or ill employee is affected to such an extent that: (1) Days must be taken off from the job for medical treatment or recuperation; or (2) the employee is unable to perform his or her normal job duties over a normal work shift, even though the employee may be able to continue working.

Injuries and illnesses are not considered lost workday cases unless they affect the employee *beyond* the day of injury or onset of illness. When counting the number of days away from work or days of restricted work activity, do not include: (1) The initial day of injury or onset of illness, or (2) any days on which the employee would not have worked even though able to work (holidays, vacations, etc.).

1. *Lost workday cases involving days away from work* are cases resulting in days the employees would have worked but could not because of the job-related injury or illness. The focus of these cases is on the employee's inability, because of injury or illness, to be present in the work environment during his or her normal work shift.

2. *Lost workday cases involving days of restricted work activity* are those cases where, because of injury or illness, (1) the employee was assigned to another job on a temporary basis, or (2) the employee worked at a permanent job less than full time, or (3) the employee worked at his or her permanently assigned job but could not perform all the duties normally connected with it.

Restricted work activity occurs when the employee, because of the job-related injury or illness, is physically or mentally unable to perform *all or any part* of his or her normal assignment during *all or any part* of the normal workday or shift. The emphasis is on the employee's *inability* to perform normal job duties over a normal work shift.

B-1. Q. An employee is injured at the beginning of the normal work shift and misses the remainder of the workday. Is this a lost workday case?

A. This would not constitute a lost workday case unless the employee was unable to perform his or her normal work duties on a subsequent workday or work shift. Injuries and illnesses are not considered lost workday cases unless they affect the employee *beyond* the day of injury or onset of illness.

B-2. Q. Suppose an employee is injured on Thursday and is unable to return to work until the following Wednesday. How would the lost workdays be counted?

A. The count of lost workdays should not include the day of injury or onset of illness, or any days on which the employee would not have worked even though able to work. Therefore, assuming the employee normally worked Monday through Friday, this case would involve 3 lost workdays. Thursday would not be counted since it was the day of injury. Saturday and Sunday would not be counted because the employee does not normally work on the weekend. Friday, Monday, and Tuesday *would* be counted because they are normally scheduled workdays.

B-3. Q. If normal work schedules encompass overtime (6 days), are the overtime days counted as lost workdays?

A. Yes. If the employee would have worked the overtime days had he or she not been injured, then the days should be counted.

B-4. Q. How does the employer count lost workdays for employees who are off the job due to a work stoppage or strike?

A. Lost workdays include only those days in which the injured or ill employee would have worked but could not. Thus, no lost workdays are counted if he or she would not have worked because of a work stoppage.

B-5. Q. When should the number of lost workdays be entered onto the log?

A. Recordable injuries and illnesses must be entered on the log as early as practicable but no later than 6 workdays after the employer receives information that a case has occurred. Often in cases involving lost work-time, the employee will not have returned to work before the time when the log entry must be made. In these situations employers should make a good faith estimate of the number of lost workdays the case will require.

When the employee returns to work, the estimate should be replaced with the actual number of workdays lost. These corrected entries should be made within 6 workdays after the employees return.

B-6. Q. How is a lost workday case that carries over into the next year recorded? For instance, how should a case be recorded where an employee is injured in December 1985 and is still out on January 31, 1986?

A. Two important points are involved: (1) One case should not appear in the records for 2 different years; and (2) it is important not to lose the count of the number of lost workdays, which is a measure of the severity of the case.

On the 1985 log, the employer should estimate the number of workdays the employee is expected to lose in 1986 and add them to the count of workdays lost in 1985. When the employee returns to work and is able to perform all the duties of his or her regular job or the count of lost workdays is otherwise ended, the actual count of lost workdays (days away from work and any days of restricted activity) should be verified, and the entry on the 1985 log should be corrected as necessary.

- B-7. Q.** An employee is injured on Wednesday and, due to the injury, is unable to work on Thursday and Friday of that week. The plant is closed for the next 2 weeks and all employees are on vacation. The employee is still injured and would not have been able to work if the plant had been in operation. Should the paid vacation time be counted as lost workdays for this employee?
- A.** No. In this case, the lost workdays consist of the 2 days beyond the day of injury during which the employee would normally have worked but could not do so. The employee was not scheduled to work during the period that the plant closed down for vacation. Any workdays lost due to the injury after the 2-week vacation period ended should also be counted as lost workdays.
- B-8. Q.** An employee suffers a work-related injury which renders him temporarily unable to work. If the employee elects or is directed to reschedule his vacation for time off to recuperate, in lieu of using sick leave, should the days away from work still be counted as lost workdays?
- A.** Yes. These days should be counted as lost workdays if the vacation was not scheduled prior to the injury. The substitution of vacation leave for sick leave does not alter the fact that the employee was unable to work as a result of the injury.
- B-9. Q.** When do lost workdays cease to accumulate for injured employees who have long-term medical restrictions (i.e., such as no lifting over 30 pounds) but have returned to work?
- A.** If such restrictions prevent them from performing any of their normally assigned duties, then each day that they cannot perform all of their regular duties should be counted as a day of restricted work activity. However, if long-term restrictions result in permanent assignments to modified jobs, the count of days of restricted work activity ceases once the transfer or modification is made permanent.
- B-10. Q.** Should occupational illnesses be recorded differently than injuries when they result in termination or permanent transfer?
- A.** Yes. If workdays were lost, the case would be recorded as a lost workday illness case and identified as a termination or permanent transfer by placing an asterisk next to the check in the appropriate illness column. If no workdays were lost, the illness would still be identified with an asterisk and be recorded as an illness without lost workdays. Terminations and permanent transfers are identified only for occupational illnesses.
- B-11. Q.** How are lost workday cases affected by termination of employment?
- A.** Termination of employment may stop the count of lost workdays *if unrelated to the employee's injury or illness*. However, if a termination results from an employee's injury or illness, the case would come within the definition of a lost workday case. (Days away from work are those days the employee would have worked but could not because of the injury or illness. Days of restricted work activity occur when the injury or illness renders the employee unable to perform all or any part of his or her normal assignment during all or any part of the workday or shift.) *If an employee's injury or illness results in his being terminated*, the case should be recorded as a lost workday case and an estimate should be made of the total number of workdays that would have been lost had the employee not been terminated. This is necessary to provide an accurate measure of the severity of the case.
- B-12. Q.** How are lost workdays counted in cases where the injured or ill employee retires before resuming all of his or her normal duties?
- A.** These cases should be treated in the same manner as other termination cases. If the retirement was unrelated to the injury or illness, the count of lost workdays would normally stop upon the employee's scheduled retirement. If the retirement was a result of the injury or illness, the case should be recorded as a lost workday case and an estimate should be made of the total number of workdays that would have been lost had the employee not retired. This is necessary to provide an accurate measure of the severity of the case.
- B-13. Q.** How are lost workdays counted for cases that end in total disability?
- A.** Practical considerations govern the count of lost workdays in total disability cases. Lost workdays should be counted for these cases

until a final determination is made that the injured or ill employee is totally disabled.

B-14. Q. An employee experiences a bona fide lost-time injury on a construction job. Before the employee is able to return to work, the project is completed and the construction firm moves on to another job. How is this recorded on the OSHA No. 200?

A. The case is recorded and the count of lost workdays continues until the employee is able to resume his normal job duties. The firm's movement to another construction site does not affect the employer's obligation. Employers may have to initially estimate the number of days lost in these situations.

B-15. Q. How should a case be recorded when the injured employee does not report back to work even though the company doctor and/or his doctor has given him permission to do so?

A. The concept of lost worktime focuses on the employee's *ability* to perform all of his or her normal duties for all of the normal work shift. Therefore, employers need not record lost workdays when an injured employee is able to resume work, but simply refuses to do so.

B-16. Q. How are lost workdays recorded in situations where the injured employees do not return to work or contact their employer after the day of injury?

A. If the injury was work-related and the employee was unable to work, then lost workdays should be estimated and counted.

B-17. Q. In some areas, State or local health laws require employees to take time off from work when injured or once they are exposed to toxic substances. When this occurs, should this be recorded as lost worktime for the purposes of OSHA recordkeeping?

A. Whether or not a case is recordable as involving days away from work or days of restricted work activity centers on the employee's *ability* to perform all of his or her normal job duties. In some of these situations, the employee's *inability* to work is a result of the injury or illness. These cases *should* be recorded as lost time cases either involving days away from work or days of restricted work activity. In others, the lost

time may be due solely to adherence to State and local health codes. These cases would clearly *not be* recordable as involving lost worktime. Each of these cases should be evaluated separately on its own merits.

B-18. Q. Suppose that an employee experiences a minor work injury—requiring first aid only—but the injury is such that the person cannot perform normal duties for 2 or 3 days. Is the case recordable? If so, how should the case be recorded?

A. Such a case would be recordable because it meets 1 of the 4 requirements for recording injuries: *Restriction of work or motion*. Once recorded, the case should be classified as a lost workday case involving days of restricted work activity.

B-19. Q. Should time away from the job for visits to a doctor on days following the day of injury be recorded as lost worktime involving restricted work activity?

A. Restricted work activity occurs when the employee, because of a job-related injury or illness, is physically or mentally unable to perform *all or any part* of his or her normal assignment during *all or any part* of the normal workday or shift. Since the emphasis is on the employee's *ability* to perform, time off to obtain medical attention is not considered to be restricted work activity. If an employee is able to perform all normal work duties during all normal workdays or shifts following the day of injury or onset of illness, then absence from work for visits to doctors' offices or clinics to receive medical attention should *not* be recorded as a lost workday case involving restricted work activity.

The following hypothetical situations illustrate restricted work activity concepts. Assume that all cases are work related.

1. On Monday, an employee severely cuts his hand while on the job. He receives medical treatment on the date of injury. Tuesday morning, the employee goes to a doctor's office, is examined, and is released to return to work. He arrives at work 3 hours after his normal starting time and is able to complete the remainder of his shift. This case would be recorded as a nonfatal case without lost workdays. It would *not* be recorded as a restricted work activity case, even though the employee missed a portion of his normal work shift on Tuesday,

because the employee's *ability* to perform his normal work duties on Tuesday was not impaired.

2. Assume another injury occurs with exactly the same facts as stated in number 1, except that the injury is such that the employee cannot perform *all* of his normal job functions on Tuesday. This case *would* be recorded as a lost time case involving restricted work activity. The employee's *inability* to perform at work was the key factor, not the time spent at the doctor's office.

3. Assume facts identical to those in number 2 where the employee was unable to perform all of his normal job duties. However, in this case the employer directed the employee to report to the plant clinic on the day following the injury. He did not record the case as a lost workday case because he had heard that "time away from work to receive medical attention does not have to be recorded as restricted work activity." This case *should* be recorded as a lost workday case involving restricted work activity. Although time spent receiving medical attention is not considered lost worktime, the determining factor is the employee's *inability to perform his normal duties*. Employers may not avoid recording restricted work activity cases by sending employees to a health unit or doctor's office. Again, the focus of the analysis should center on the effect of the injury or illness on the employee's *ability to perform his normal job duties for a full work shift*.

4. Another injury occurs in the plant on Monday, with an employee severely straining her wrist. She receives medical treatment on the date of injury. Despite the injury, the employee can perform all her normal work duties on Monday. The employee reports to work on Tuesday, performs all her duties until her wrist begins to ache, then reports to the doctor's office in the afternoon where she is examined and sent home. This case *would* be recorded as a lost workday case involving restricted work activity. The employee was able to perform all her duties, but was unable to complete a full workday due to the effect of the injury. Her inability to perform all her duties over the subsequent *normal work shift* constitutes restricted work activity.

5. An employee working in a remote location was involved in a job-related accident and was sent by the employer to get medical attention. The doctor examined and treated the employee. The employee spent the entire day following the accident traveling to and from the doctor's office. At all times, the employee was able to perform all the duties of his job. This is *not* a lost workday case since the loss of worktime was a function of the location of the worksite, not of the injury.

B-20. Q. Why must lost workdays be recorded for an injured worker on light duty, when the

employer still gets a day's work from the employee?

A. The workdays that are counted are those on which the employee was unable to contribute a full day's work on all parts of his or her permanent job. The definition was chosen to be simple and uniform, and to preclude concealment of significant injuries or illnesses by temporary assignment to nonproductive jobs. To evaluate the seriousness of lost workdays, they are separated into two classes—days away from work and days of restricted work activity.

B-21. Q. How are partial lost workdays recorded?

A. Cases involving the loss of less than a full workday or shift (beyond the day of injury or onset of illness) should be recorded as lost workday cases involving restricted work activity. Restricted work activity cases occur when the employee, because of the result of a job-related injury or illness, is physically or mentally unable to perform all or any part of his or her normal work assignment *during all or any part of the normal workday or shift*.

For OSHA recordkeeping purposes, each partial workday lost is counted as one full day of restricted work activity. Fractions are not used.

B-22. Q. How are lost workdays counted in situations where the employee's normal work shift is more than 8 hours? For example, how would you count lost workdays for an employee who normally works a 24-hour shift?

A. Each 24-hour shift missed beyond the date of the work-related injury or onset of the work-related illness should be counted as 2 lost workdays. A single lost workday should be counted for every 12 hours of worktime so missed; shifts exceeding 12 hours should be counted in 12-hour increments.

B-23. Q. Where are lost workdays recorded for employees who normally work at several different establishments? For example, if an employee is injured in establishment A and as a result cannot report to his next scheduled shift in establishment B, which establishment records the lost workdays?

A. All lost workdays resulting from the injury in establishment A should be entered on the log for establishment A since injuries, illnesses, and lost workdays must be reflected

in the records of the establishment in which the exposure occurs.

C. Cases not involving lost workdays

These cases consist of the relatively less serious injuries and illnesses which satisfy the criteria for recordability listed in chapter V, but which do not result in death or require the affected employee to have days away from work or days of restricted work activity beyond the date of injury or onset of illness.

C-1. Q. If nonfatal cases without lost workdays are not considered to be serious injuries or illnesses, why record them at all?

A. Although generally not considered the most serious injuries and illnesses, recognizing

and preventing these cases was considered important by Congress when it initially promulgated the Occupational Safety and Health Act of 1970. Identification of these frequently occurring cases still has important safety and health implications, and is often linked to the prevention of more serious injuries.

C-2. Q. Is it possible for an employee to experience restricted work activity and have the case recorded only as a nonfatal case without lost workdays?

A. Yes, if the restriction does not go beyond the day of injury or onset of illness.

Chapter VII. Employer Obligations for Reporting Occupational Injuries and Illnesses

This chapter focuses on the requirements of Section 8(c)(2) of the Occupational Safety and Health Act of 1970 and Title 29, Part 1904, of the *Code of Federal Regulations* for employers to make reports of occupational injuries and illnesses. It does not include the reporting requirements of other standards or regulations of the Occupational Safety and Health Administration (OSHA) or of any other State or Federal agency.

A. The Annual Survey of Occupational Injuries and Illnesses

Section 8(c)(2) of the act requires employers to make periodic reports of deaths, injuries, and illnesses which have been recorded on the OSHA injury and illness records. This periodic reporting is accomplished through the Annual Survey of Occupational Injuries and Illnesses conducted by the Bureau of Labor Statistics.

The annual survey provides measures of the occurrence and the extent of recordable occupational injuries and illnesses. Injuries and illnesses are reported as either fatalities, lost workday cases, or nonfatal cases without lost workdays. The survey produces national occupational injury and illness estimates at the 4-digit Standard Industrial Classification (SIC) level in most manufacturing industries and at the 2-digit SIC level in most nonmanufacturing industries. Estimates are produced at the 3-digit level for some high-risk nonmanufacturing industries such as construction. Equivalent data are provided for most States.

The measures produced by the survey include incidence rates and numbers of occupational injuries and illnesses. Incidence rates relate the numbers of injuries, illnesses, or lost workdays to a common base of exposure. They show the equivalent number of injuries and illnesses or lost workdays per 100 full-time workers. This common base enables accurate interindustry comparisons, trend analyses over time, and comparisons among firms regardless of size.

Employer reporting obligations for the annual survey are provided in Part 1904.21 of the regulations:

Upon receipt of an Occupational Injuries and Illnesses Survey Form, the employer shall promptly complete the form in accordance with the instructions contained therein, and return it in accordance with the aforesaid instructions.

The survey is conducted on a sample basis, and firms required to submit reports of their injury and illness experience are contacted by BLS or a participating State agency. A firm not contacted by its State agency or BLS need not file a report of its injury and illness experience. Employers should note, however, that even if they are not selected to participate in the annual survey for a given year, they must still comply with the recordkeeping requirements listed in the preceding chapters of these guidelines as well as with the requirements for reporting fatalities and multiple hospitalization cases provided in the next section of this chapter.

Participants in the annual survey consist of two categories of employers: (1) Employers who maintain OSHA records on a regular basis; and (2) a small, rotating sample of employers who are regularly exempt from OSHA recordkeeping. The survey procedure is different for these two groups of employers.

1. *Participation of firms regularly maintaining OSHA records.* When employers regularly maintaining OSHA records are selected to participate in the Annual Survey of Occupational Injuries and Illnesses, they are mailed the survey questionnaire in February of the year following the reference calendar year of the survey. (A firm selected to participate in the 1985 survey would be contacted in February of 1986.) The survey form, the Occupational Injuries and Illnesses Survey Questionnaire, OSHA No. 200-S, requests information about the establishment(s) included in the report and the injuries and illnesses experienced during the previous year. Information for the injury and illness portion of the report form can usually be copied directly from the totals on the log and summary, OSHA No. 200, which the employer should have completed and posted in the establishment by the time the questionnaire arrives. The survey form also requests summary information about the type of business activity and number of employees and hours worked (exposure hours) at the reporting unit during the reference year.

2. *Participation of normally exempt small employers and employers in low-hazard industries.* A few regularly exempt employers (those with fewer than 11 employees at all times in the previous calendar year and those in designated low-hazard industries) are also required to

participate in the annual survey in order to produce injury and illness statistics that are comparable in coverage to the statistics published in years prior to the exemptions. These employers are notified *prior* to the reference calendar year of the survey that they must maintain injury and illness records for the coming year. (A firm selected to participate in the 1986 Survey would be contacted in December 1985.) At the time of notification, they are supplied with the necessary forms and instructions. *During the reference calendar year, prenotified employers make entries on the log, OSHA No. 200.*

Participating regularly exempt firms are not required to complete a Supplementary Record of Occupational Injuries and Illnesses, OSHA No. 101, for each log entry. Also, they are not required to post the summary of the OSHA No. 200 in February following the year for which they kept records.

- A-1. Q.** Why must the Department of Labor conduct a survey of occupational injuries and illnesses? Can't it utilize workers' compensation data or information already available from other sources?
- A.** National work injury and illness statistics cannot be produced from workers' compensation records because workers' compensation systems are not uniform among States and do not cover some OSHA recordable cases. Injury and illness statistics produced by the BLS annual survey are not obtainable from any other data source.
- A-2. Q.** After receiving the OSHA No. 200-S survey package, how long do employers have to complete and return the survey questionnaire?
- A.** Employers should complete and return the questionnaire within 3 weeks after they receive the survey package.
- A-3. Q.** Why does the Department of Labor request information concerning the number of employee hours worked?
- A.** Information on the number of hours worked (exposure hours) is needed to produce injury and illness incidence rates which relate the data to a common base of exposure, and thus enable interindustry comparisons, trend analysis, or comparisons among firms regardless of size.
- A-4. Q.** If information on employee hours worked is not readily available from payroll or other time records, how can it be estimated?
- A.** The hours-worked figure should be obtained from payroll or other time records whenever possible, and should exclude paid nonwork time such as vacations, sick leave, holidays, etc. If hours worked are not maintained separately from hours paid, employers should record their best estimate of the hours actually worked. If actual hours worked are unobtainable for certain types of employees (such as those paid on commission, salary, by the mile, etc.), hours worked may be estimated on the basis of scheduled hours, or on the basis of the average hours normally worked.
- A-5. Q.** Should the figure for hours worked include hours for situations where the employee's activities are deemed work related, even though the employee is not engaged in a specific job task or is outside a normal 8-hour work shift? For example, should hours worked include time for employees working on travel status?
- A.** The figure for hours worked should reflect the actual hours of work-related exposure for all employees. If injuries and illnesses experienced during a particular activity are recordable, then the employee's time spent in the activity should be included in the hours worked estimate. Work-related exposures include most of the employees' activities on the employers' premises as well as situations off premises where the employees are engaged in job tasks or are there as a condition of employment.
- For employees in travel status, the figure for hours worked should include all the employees' work-related activities and necessary travel functions. (See question C-19 of chapter V for activities covered in travel status.)
- A-6. Q.** For the purposes of the Annual Survey of Occupational Injuries and Illnesses, how do employers report cases that are not yet resolved by the end of the calendar year?
- A.** Employers should report these cases based on their best estimate of the final case determination. The injury and illness portion of the OSHA No. 200-S survey form is completed by merely copying information from the summary lines of the log and summary, OSHA No. 200. In summarizing the log and summary, employers will have already made interim determinations on unresolved cases.

(A sample survey form is provided in appendix B.)

A-7. Q. Will the information for a particular company reported on the OSHA No. 200-S survey form remain confidential?

A. Yes. Information for individual establishments and reporting units is kept strictly confidential.

A-8. Q. Are the regularly exempt employers who participate in the annual survey required to maintain their OSHA injury and illness records for 5 years like the participating employers regularly maintaining OSHA records?

A. No. Regularly exempt employers are not subject to the maintenance or retention requirements of Part 1904 of the regulations. However, these employers should keep their OSHA records for 6 months after they have completed the OSHA 200-S survey questionnaire since they may be needed for survey verification purposes.

B. Reporting fatalities and multiple hospitalizations

All employers are required to report accidents resulting in one or more fatalities or the hospitalization of five or more employees by Part 1904.8 of the recordkeeping regulations:

Within 48 hours after the occurrence of an employment accident which is fatal to one or more employees or which results in hospitalization of five or more employees, the employer of any employees so injured or killed shall report the accident either orally or in writing to the nearest office of the Area Director of the Occupational Safety and Health Administration, U.S. Department of Labor. The reporting may be by telephone or telegraph. The report shall relate the circumstances of the accident, the number of fatalities, and the extent of any injuries. The Area Director may require such additional reports in writing or otherwise as he deems necessary, concerning the accident.

Employers with questions on these reporting requirements should contact their nearest OSHA area office.

B-1. Q. Do all States have the same reporting requirements under Part 1904.8 of the regulations?

A. No. All States under Federal jurisdiction must comply with the requirements of Part 1904.8. However, States with approved State plans under Section 18(b) of the act may have more stringent reporting requirements. Employers in these States should contact their State agency for specific reporting

requirements. Addresses and telephone numbers for States with approved plans are provided in appendix D of this report.

B-2. Q. Part 1904.8 of the regulations requires that a report be made of a fatality or a multiple hospitalization case. To whom is the report made?

A. The report is made to the nearest office of the Area Director of the Occupational Safety and Health Administration, U.S. Department of Labor, *unless* the State in which the accident occurred is administering an approved State plan under Sections 18(b) and 18(e) of the act. Those States designate a State agency to which the report must be made. (See appendix D for States with approved State plans.)

B-3. Q. When are accidents reportable under Part 1904.8 of the regulations?

A. Part 1904.8 is quite specific: Reports must be made of accidents which result in a fatality or the hospitalization of five or more employees within 48 hours of the occurrence of the accident.

B-4. Q. What information must be reported?

A. The report must contain three pieces of information: (1) Circumstances surrounding the accident, (2) number of fatalities, and (3) the extent of any injuries. If necessary, the OSHA Area Director may require additional information on the accident.

B-5. Q. What is the purpose of the special reporting requirements for fatalities and multiple hospitalization cases in Part 1904.8?

A. The 48-hour reporting requirement of Part 1904.8 provides OSHA with sufficient notice to conduct immediate investigations of the accident scene to determine the causes of cases resulting in death or multiple hospitalizations.

B-6. Q. Must all fatalities be reported to OSHA in accordance with the requirements of Part 1904.8?

A. Yes. All work-related accidents which result in death or the hospitalization of 5 or more employees must be reported in conformance with the 48-hour reporting requirement of Part 1904.8. The 48-hour reporting requirement has been interpreted to mean that

employers must make their report within 48 hours after the occurrence of the accident or within 48 hours after the occurrence of the fatality, regardless of the time lapse between the occurrence of the accident and the death

of the employee. After receiving information that a fatality or multiple hospitalization has occurred, OSHA will evaluate the case to determine whether or not an inspection is warranted.

Chapter VIII. Access to OSHA Records and Penalties for Failure To Comply With Recordkeeping Obligations

The preceding chapters describe the recordkeeping and reporting requirements of the Occupational Safety and Health Act of 1970 and 29 CFR Part 1904. This chapter covers subjects related to insuring the integrity of the recordkeeping process—access to OSHA records and penalties for recordkeeping violations.

A. Access to OSHA records

Availability of the OSHA records for viewing, inspection, and copying is the focus of Part 1904.7 of the regulations:

(a) Each employer shall provide, upon request, records, provided for in sections 1904.2, 1904.4, and 1904.5 for inspection and copying by any representative of the Secretary of Labor for the purpose of carrying out the provisions of the Act, and by representatives of the Secretary of Health, Education, and Welfare during any investigation under section 20(b) of the Act or by any representative of a State accorded jurisdiction for occupational safety and health inspections or for statistical compilation under sections 18 and 24 of the Act.

(b) (1) The log and summary of all recordable occupational injuries and illnesses (OSHA No. 200) (the log) provided for in section 1904.2 shall, upon request, be made available by the employer to any employee, former employee, and to their representatives for examination and copying in a reasonable manner and at reasonable times. The employee, former employee, and their representatives shall have access to the log for any establishment in which the employee is or has been employed.

(2) Nothing in this section shall be deemed to preclude employees and employee representatives from collectively bargaining to obtain access to information relating to occupational injuries and illnesses in addition to the information made available under this section.

(3) Access to the log provided under this section shall pertain to all logs retained under the requirements of section 1904.6.

This part of the regulations concerns only access to OSHA injury and illness records. It provides that all OSHA records, which are being kept for the 5-year retention period, be available for inspection and copying by authorized Federal and State government officials. Employees, former employees, and their representatives are

provided access to only the log and summary, OSHA No. 200.

Government officials with access to the OSHA records include: Representatives of the Department of Labor including OSHA safety and health compliance officers and BLS representatives; representatives of the Department of Health and Human Services (formerly the Department of Health, Education and Welfare) while carrying out the Department's research responsibilities; and representatives of States accorded jurisdiction for inspections or statistical compilations. "Representatives" may include Department of Labor officials inspecting a workplace or gathering information, officials of the Department of Health and Human Services, or contractors working for the agencies mentioned above, depending on the provisions of the contract under which they work.

Employees' access to the log and summary is limited to the records of the establishment in which the employee currently works or formerly worked. All current log and summary forms, and those being maintained for the 5-year retention period, must be made available for inspection and copying by employees, former employees, and their representatives.

An employee representative can be the recognized or certified collective bargaining agent, or any other person designated by the employee or former employee.

Access to the entire log and summary is to be provided to employees, former employees, and employee representatives in a reasonable manner and at a reasonable time. Redress for failure to comply with the access provisions of the regulations can be obtained through a complaint to OSHA, who may issue a citation for failure to provide access under 29 CFR Part 1904.7.

A-1. Q. Which OSHA records are subject to the access provisions of Part 1904.7 of the regulations?

A. Government representatives have access to all the OSHA forms—the Log and Summary of Occupational Injuries and Illnesses, OSHA No. 200; and the Supplementary Record of Occupational Injuries and Illnesses, OSHA No. 101.

Employees, former employees, and their representatives have access to only the log and summary, OSHA No. 200.

A-2. Q. What is meant by the term "access" in Part 1904.7?

A. "Access" is the examination and copying of the relevant OSHA records at reasonable times and in a reasonable manner.

A-3. Q. Can employees gain access to any injury and illness records other than those specifically designated in Part 1904.7?

A. Yes. Employees can gain access to medical records through OSHA's standard on Access to Employee Exposure and Medical Records. For information on these provisions, refer directly to the standard or contact an OSHA area office. Also, employees can gain access to other injury and illness information through collective bargaining or other agreements made with employers. However, Part 1904.7 provides for access to only those records that are specified.

A-4. Q. Do the access provisions of the regulations allow employees to see the entire log, or only that portion containing an entry that specifically relates to them?

A. Employees or their representatives have access to the entire log and summary.

B. Penalties for failure to comply with record-keeping obligations

Part 1904.9 of the regulations prescribes penalties for the falsification of OSHA records or the failure to keep the OSHA records or make OSHA reports. Part 1904.9(b) incorporates, by reference, Sections 9, 10, and 17 of the OSH Act pertaining to the issuance of citations, the procedures for enforcement, and the assessment of penalties. In doing so, it subjects employers committing recordkeeping and/or reporting violations to the same sanctions as employers violating other OSHA requirements such as safety and health standards and regulations. Part 1904.9 concerning falsification or failure to keep records or reports states:

(a) Section 17(g) of the Act provides that "Whoever knowingly makes any false statement, representation, or certification in any application, record, report, plan or other document filed or required to be maintained pursuant to this Act shall, upon conviction, be punished by a fine of not more than \$10,000 or by imprisonment, for not more than 6 months, or both."

(b) Failure to maintain records or file reports required by this part, or in the details required by forms and instructions issued under this part, may result in the issuance of citations and assessment of penalties as provided for in sections 9, 10, and 17 of the Act.

The OSHA records are an important source of information for all groups and individuals interested in promoting job safety and health. In addition, OSHA relies upon the information in these records to direct its resources to those industries and establishments where they are most needed. Consequently, the agency intends to vigorously pursue recordkeeping and reporting violations to insure the continued integrity of the records and validity of the data produced.

B-1. Q. Does this mean that employers will be penalized under Part 1904.9(a) for every mistake they make in OSHA recordkeeping?

A. No. Part 1904.9(a) refers only to those who knowingly make false statements, representations, or certifications. However, employers notified of incorrect recordkeeping determinations by the Department of Labor representatives are also subject to these provisions.

B-2. Q. Can employers be penalized for failing to maintain OSHA records?

A. Yes. Part 1904.9(b) provides that the failure to maintain records as required by the regulations may result in the assessment of penalties as provided in Sections 9, 10, and 17 of the act.

B-3. Q. Are employers subject to any penalty for failing to respond to the BLS survey questionnaire on occupational injuries and illnesses, OSHA No. 200-S?

A. Yes. Part 1904.9(b) provides that failure to file reports may result in the penalties provided in Sections 9, 10, and 17 of the act.

Appendix A. Glossary of Terms

Annual summary. Consists of a copy of the occupational injury and illness totals for the year from the OSHA No. 200, and the following information: The calendar year covered; company name; establishment address; certification signature, title, and date.

Annual survey. Each year, BLS conducts an annual survey of occupational injuries and illnesses to produce national statistics. The OSHA injury and illness records maintained by employers in their establishments serve as the basis for this survey.

Bureau of Labor Statistics (BLS). The Bureau of Labor Statistics is the agency responsible for administering and maintaining the OSHA recordkeeping system, and for collecting, compiling, and analyzing work injury and illness statistics.

Certification. The person who supervises the preparation of the Log and Summary of Occupational Injuries and Illnesses, OSHA No. 200, certifies that it is true and complete by signing the last page of, or by appending a statement to that effect to, the annual summary.

Cooperative program. A program jointly conducted by the States and the Federal Government to collect occupational injury and illness statistics.

Employee. One who is employed in the business of his or her employer affecting commerce.

Employee representative. Anyone designated by the employee for the purpose of gaining access to the employer's log of occupational injuries and illnesses.

Employer. Any person engaged in a business affecting commerce who has employees.

Establishment. A single physical location where business is conducted or where services or industrial operations are performed; the place where the employees report for work, operate from, or from which they are paid.

Exposure. The reasonable likelihood that a worker is or was subject to some effect, influence, or safety hazard; or in contact with a hazardous chemical or physical agent at

a sufficient concentration and duration to produce an illness.

Federal Register. The official source of information and notification on OSHA's proposed rulemaking, standards, regulations, and other official matters, including amendments, corrections, insertions, or deletions.

First aid. Any one-time treatment and subsequent observation of minor scratches, cuts, burns, splinters, and so forth, which do not ordinarily require medical care. Such treatment and observation are considered first aid even though provided by a physician or registered professional personnel.

First report of injury. A workers' compensation form which may qualify as a substitute for the supplementary record, OSHA No. 101.

Incidence rate. The number of injuries, illnesses, or lost workdays related to a common exposure base of 100 full-time workers. The common exposure base enables one to make accurate interindustry comparisons, trend analysis over time, or comparisons among firms regardless of size. This rate is calculated as:

$$N/EH \times 200,000$$

where:

N = number of injuries and/or illnesses or lost workdays

EH = total hours worked by all employees during calendar year

200,000 = base for 100 full-time equivalent workers (working 40 hours per week, 50 weeks per year).

Log and Summary (OSHA No. 200). The OSHA recordkeeping form used to list injuries and illnesses and to note the extent of each case.

Lost workday cases. Cases which involve days away from work or days of restricted work activity, or both.

Lost workdays. The number of workdays (consecutive or not), beyond the day of injury or onset of illness, the

employee was away from work or limited to restricted work activity because of an occupational injury or illness.

(1) *Lost workdays—away from work.* The number of workdays (consecutive or not) on which the employee would have worked but could not because of occupational injury or illness.

(2) *Lost workdays—restricted work activity.* The number of workdays (consecutive or not) on which, because of injury or illness: (1) The employee was assigned to another job on a temporary basis; or (2) the employee worked at a permanent job less than full time; or (3) the employee worked at a permanently assigned job but could not perform all duties normally connected with it.

The number of days away from work or days of restricted work activity does not include the day of injury or onset of illness or any days on which the employee would not have worked even though able to work.

Low-hazard industries. Selected industries in retail trade; finance, insurance, and real estate; and services which are regularly exempt from OSHA recordkeeping. To be included in this exemption, an industry must fall within an SIC not targeted for general schedule inspections and must have an average lost workday case injury rate for a designated 3-year measurement period at or below 75 percent of the U.S. private sector average rate.

Medical treatment. Includes treatment of injuries administered by physicians, registered professional personnel, or lay persons (i.e., nonmedical personnel). Medical treatment does not include first aid treatment (one-time treatment and subsequent observation of minor scratches, cuts, burns, splinters, and so forth, which do not ordinarily require medical care) even though provided by a physician or registered professional personnel.

Occupational illness. Any abnormal condition or disorder, other than one resulting from an occupational injury, caused by exposure to environmental factors associated with employment. It includes acute and chronic illnesses or diseases which may be caused by inhalation, absorption, ingestion, or direct contact. The following categories should be used by employers to classify recordable occupational illnesses on the log in the columns indicated:

Column 7a. Occupational skin diseases or disorders.

Examples: Contact dermatitis, eczema, or rash caused by primary irritants and sensitizers or poisonous plants; oil acne; chrome ulcers; chemical burns or inflammations; etc.

Column 7b. Dust diseases of the lungs (pneumoconioses).

Examples: Silicosis, asbestosis, and other asbestos-related diseases, coal worker's pneumoconiosis, byssinosis, siderosis, and other pneumoconioses.

Column 7c. Respiratory conditions due to toxic agents.

Examples: Pneumonitis, pharyngitis, rhinitis or acute congestion due to chemicals, dusts, gases, or fumes; farmer's lung, etc.

Column 7d. Poisoning (systemic effects of toxic materials).

Examples: Poisoning by lead, mercury, cadmium, arsenic, or other metals; poisoning by carbon monoxide, hydrogen sulfide, or other gases; poisoning by benzol, carbon tetrachloride, or other organic solvents; poisoning by insecticide sprays such as parathion, lead arsenate; poisoning by other chemicals such as formaldehyde, plastics, and resins; etc.

Column 7e. Disorders due to physical agents (other than toxic materials).

Examples: Heatstroke, sunstroke, heat exhaustion, and other effects of environmental heat; freezing, frostbite, and effects of exposure to low temperatures; caisson disease; effects of ionizing radiation (isotopes, X-Rays, radium); effects of nonionizing radiation (welding flash, ultra-violet rays, microwaves, sunburn); etc.

Column 7f. Disorders associated with repeated trauma.

Examples: Noise-induced hearing loss; synovitis, tenosynovitis, and bursitis; Raynaud's phenomena; and other conditions due to repeated motion, vibration, or pressure.

Column 7g. All other occupational illnesses.

Examples: Anthrax, brucellosis, infectious hepatitis, malignant and benign tumors, food poisoning, histoplasmosis, coccidioidomycosis, etc.

Occupational injury. Any injury such as a cut, fracture, sprain, amputation, etc., which results from a work accident or from a single instantaneous exposure in the work environment.

Note: Conditions resulting from animal bites, such as insect or snake bites, and from one-time exposure to chemicals are considered to be injuries.

Occupational injuries and illnesses, extent and outcome. All recordable occupational injuries or illnesses result in either:

- (1) Fatalities, regardless of the time between the injury, or the length of illness, and death;
- (2) Lost workday cases, other than fatalities, that result in lost workdays; or
- (3) Nonfatal cases without lost workdays.

Occupational Safety and Health Administration (OSHA). OSHA is responsible for developing, implementing, and enforcing safety and health standards and regulations. OSHA works with employers and employees to foster effective safety and health programs which reduce workplace hazards.

Posting. The annual summary of occupational injuries and illnesses must be posted at each establishment by February 1 and remain in place until March 1 to provide employees with the record of their establishment's injury and illness experience for the previous calendar year.

Premises, employer's. Consist of the employer's total establishment; they include the primary work facility and

other areas in the employer's domain such as company storage facilities, cafeterias, and restrooms.

Recordable cases. All work-related deaths and illnesses, and those work-related injuries which result in: Loss of consciousness, restriction of work or motion, transfer to another job, or require medical treatment beyond first aid.

Recordkeeping system. Refers to the nationwide system for recording and reporting occupational injuries and illnesses mandated by the Occupational Safety and Health Act of 1970 and implemented by Title 29, Code of Federal Regulations, Part 1904. This system is the only source of national statistics on job-related injuries and illnesses for the private sector.

Regularly exempt employers. Employers regularly exempt from OSHA recordkeeping include: (A) All employers with no more than 10 full- or part-time employees at any one time in the previous calendar year; and (B) all employers in retail trade; finance, insurance, and real estate; and services industries; i.e., SIC's 52-89 (except building materials and garden supplies, SIC 52; general merchandise and food stores, SIC's 53 and 54; hotels and other lodging places, SIC 70; repair services, SIC's 75 and 76; amusement and recreation services, SIC 79; and health services, SIC 80). (Note: Some State safety and health laws may require these employers to keep OSHA records.)

Report form. Refers to survey form OSHA No. 200-S which is completed and returned by the surveyed reporting unit.

Restriction of work or motion. Occurs when the employee, because of the result of a job-related injury or illness, is physically or mentally unable to perform all or any part of his or her normal assignment during all or any part of the workday or shift.

Single dose (prescription medication). The measured quantity of a therapeutic agent to be taken at one time.

Small employers. Employers with no more than 10 full- and/or part-time employees among all the establishments of their firm at any one time during the previous calendar year.

Standard Industrial Classification (SIC). A classification system developed by the Office of Management and Budget, Executive Office of the President, for use in the classification of establishments by type of activity in which engaged. Each establishment is assigned an industry code for its major activity which is determined by the product manufactured or service rendered. Establishments may be classified in 2-, 3-, or 4-digit industries according to the degree of information available.

State (when mentioned alone). Refers to a State of the United States, the District of Columbia, and U.S. territories and jurisdictions.

State agency. State agency administering the OSHA recordkeeping and reporting system. Many States cooperate directly with BLS in administering the OSHA recordkeeping and reporting programs. Some States have their own safety and health laws which may impose additional obligations.

Supplementary Record (OSHA No. 101). The form (or equivalent) on which additional information is recorded for each injury and illness entered on the log.

Title 29 of the Code of Federal Regulations, Parts 1900-1999. The parts of the Code of Federal Regulations which contain OSHA regulations.

Volunteers. Workers who are not considered to be employees under the act when they serve of their own free will without compensation.

Work environment. Consists of the employer's premises and other locations where employees are engaged in work-related activities or are present as a condition of their employment. The work environment includes not only physical locations, but also the equipment or materials used by the employee during the course of his or her work.

Workers' compensation systems. State systems that provide medical benefits and/or indemnity compensation to victims of work-related injuries and illnesses.

Appendix B. OSHA Recordkeeping Forms

1. The Log and Summary of Occupational Injuries and Illnesses, OSHA No. 200.

2. The Supplementary Record of Occupational Injuries and Illnesses, OSHA No. 101.

3. The Annual Occupational Injuries and Illnesses Survey Covering Calendar Year 1985, OSHA No. 200-S.

Instructions for OSHA No. 200

I. Log and Summary of Occupational Injuries and Illnesses

Each employer who is subject to the recordkeeping requirements of the Occupational Safety and Health Act of 1970 must maintain for each establishment a log of all recordable occupational injuries and illnesses. This form (OSHA No. 200) may be used for that purpose. A substitute for the OSHA No. 200 is acceptable if it is detailed, easily readable, and understandable as the OSHA No. 200.

Enter each recordable case on the log within six (6) workdays after learning of its occurrence. Although other records must be maintained at the establishment to which they refer, it is possible to prepare and maintain the log at another location, using data processing equipment if desired. If the log is prepared elsewhere, a copy updated to within 45 calendar days must be present at all times in the establishment.

Logs must be maintained and retained for five (5) years following the end of the calendar year to which they relate. Logs must be available (normally at the establishment) for inspection and copying by representatives of the Department of Labor, or the Department of Health and Human Services, or States accorded jurisdiction under the Act. Access to the log is also provided to employees, former employees and their representatives.

II. Changes in Extent of or Outcome of Injury or Illness

If, during the 5-year period the log must be retained, there is a change in an extent and outcome of an injury or illness which affects entries in columns 1, 2, 6, 8, 9, or 13, the first entry should be lined out and a new entry made. For example, if an injured employee at first required only medical treatment but later lost workdays away from work, the check in column 8 should be lined out, and checks entered in columns 2 and 3 and the number of lost workdays entered in column 4.

In another example, if an employee with an occupational illness lost workdays, returned to work, and then died of the illness, any entries in columns 9 through 12 should be lined out and the date of death entered in column 8.

The entire entry for an injury or illness should be lined out if later found to be nonrecordable. For example, an injury which is later determined not to be work related, or which was initially thought to involve medical treatment but later was determined to have involved only first aid.

III. Posting Requirements

A copy of the totals and information following the fold line of the last page for the year must be posted at each establishment in the place or places where notices to employees are customarily posted. This copy must be posted no later than February 1 and must remain in place until March 1.

Even though there were no injuries or illnesses during the year, zeros must be entered on the totals line, and the form posted.

The person responsible for the annual summary totals shall certify that the totals are true and complete by signing at the bottom of the form.

IV. Instructions for Completing Log and Summary of Occupational Injuries and Illnesses

Column A - CASE OR FILE NUMBER, Self-explanatory.

Column B - DATE OF INJURY OR ONSET OF ILLNESS.

For occupational injuries, enter the date of the work accident which resulted in injury. For occupational illnesses, enter the date of initial diagnosis of illness, or, if absence from work occurred before diagnosis, enter the first day of the absence attributable to the illness which was later diagnosed or recognized.

Columns C through F - Self-explanatory.

Columns 1 and 8 - INJURY OR ILLNESS-RELATED DEATHS.

Self-explanatory.

Columns 2 and 9 - INJURIES OR ILLNESSES WITH LOST WORKDAYS.

Self-explanatory.

Any injury which involves days away from work, or days of restricted work activity, or both must be recorded since it always involves one or more of the criteria for recordability.

Columns 3 and 10 - INJURIES OR ILLNESSES INVOLVING DAYS AWAY FROM WORK.

Self-explanatory.

Columns 4 and 11 - LOST WORKDAYS--DAYS AWAY FROM WORK.

Enter the number of workdays (consecutive or not) on which the employee would have worked but could not because of occupational injury or illness. The number of lost workdays should not include the day of injury or onset of illness or any days on which the employee would not have worked even though able to work.

NOTE: For employees not having a regularly scheduled shift, such as certain truck drivers, construction workers, farm labor, casual labor, part-time employees, etc., it may be necessary to estimate the number of lost workdays. Estimates of lost workdays shall be based on prior work history of the employee AND days worked by employees, not ill or injured, working in the department and/or occupation of the ill or injured employee.

Columns 5 and 12 - LOST WORKDAYS--DAYS OF RESTRICTED WORK ACTIVITY.

Enter the number of workdays (consecutive or not) on which because of injury or illness:

- (1) the employee was assigned to another job on a temporary basis, or
- (2) the employee worked at a permanent job less than full time, or
- (3) the employee worked at a permanently assigned job but could not perform all duties normally connected with it.

The number of lost workdays should not include the day of injury or onset of illness or any days on which the employee would not have worked even though able to work.

Columns 6 and 13 - INJURIES OR ILLNESSES WITHOUT LOST WORKDAYS. Self-explanatory.

Columns 7a through 7g - TYPE OF ILLNESS.

Enter a check in only one column for each illness.

TERMINATION OR PERMANENT TRANSFER--Place an asterisk to the right of the entry in columns 7a through 7g (type of illness) which represented a termination of employment or permanent transfer.

V. Totals

Add number of entries in columns 1 and 8.
Add number of checks in columns 2, 3, 6, 7, 9, 10, and 13.
Add number of days in columns 4, 5, 11, and 12.
Yearly totals for each column (1-13) are required for posting. Running or page totals may be generated at the discretion of the employer.

If an employee's loss of workdays is continuing at the time the totals are summarized, estimate the number of future workdays the employee will lose and add that estimate to the workdays already lost and include this figure in the annual totals. No further entries are to be made with respect to such cases in the next year's log.

VI. Definitions

OCCUPATIONAL INJURY is any injury such as a cut, fracture, sprain, amputation, etc., which results from a work accident or from an exposure involving a single incident in the work environment.

NOTE: Conditions resulting from animal bites, such as insect or snake bites or from one-time exposure to chemicals, are considered to be injuries.

OCCUPATIONAL ILLNESS of an employee is any abnormal condition or disorder, other than one resulting from an occupational injury, caused by exposure to environmental factors associated with employment. It includes acute and chronic illnesses or diseases which may be caused by inhalation, absorption, ingestion, or direct contact.

The following listing gives the categories of occupational illnesses and disorders that will be utilized for the purpose of classifying recordable illnesses. For purposes of information, examples of each category are given. These are typical examples, however, and are not to be considered the complete listing of the types of illnesses and disorders that are to be counted under each category.

7a Occupational Skin Diseases or Disorders
Examples: Contact dermatitis, eczema, or rash caused by primary irritants and sensitizers or poisonous plants, oil acne, chrome ulcers, chemical burns or inflammations, etc.

7b Dust Diseases of the Lungs (Pneumoconiosis)
Examples: Silicosis, asbestosis and other asbestos related diseases, coal worker's pneumoconiosis, byssinosis, siderosis, and other pneumoconioses.

7c Respiratory Conditions Due to Toxic Agents
Examples: Pneumonitis, pharyngitis, rhinitis or acute congestion due to chemicals, dusts, gases, or fumes, farmer's lung, etc.

7d Poisoning (Systemic Effect of Toxic Materials)

Examples: Poisoning by lead, mercury, cadmium, arsenic, other metals, poisoning by carbon monoxide, hydrogen sulfide, or other gases, poisoning by benzol, carbon tetrachloride, other organic solvents, poisoning by insecticide sprays such as parathion, lead arsenate, poisoning by other chemicals such as formaldehyde, plastics, and resins, etc.

7e Disorders Due to Physical Agents (Other than Toxic Materials)

Examples: Heatstroke, sunstroke, heat exhaustion, and effects of environmental heat, freezing, frostbite, and effects of exposure to low temperatures, cisson disease, effects of ionizing radiation (isotopes, X-rays, radium); effects of nonionizing radiation (welding flash, ultraviolet rays, microwaves, sunburn).

7f Disorders Associated With Repeated Trauma

Examples: Noise-induced hearing loss, synovitis, tenosynovitis and bursitis, Raynaud's phenomenon, and other conditions repeated motion, vibration, or pressure.

7g All Other Occupational Illnesses

Examples: Anthrax, brucellosis, infectious hepatitis, malaria and benign tumors, food poisoning, histoplasmosis, coccidiosis, mycosis, etc.

MEDICAL TREATMENT includes treatment (other than first aid) ordered by a physician or by registered professional personnel under standing orders of a physician. Medical treatment does NOT include first aid treatment (one-time treatment and subsequent observation of scratches, cuts, burns, splinters, and so forth, which do not ordinarily require medical care) even though provided by a physician or registered professional personnel.

ESTABLISHMENT: A single physical location where business is conducted or where services or industrial operations are performed (for example, a factory, mill, store, hotel, restaurant, movie theater, farm, ranch, sales office, warehouse, or central administrative office). Where distinct separate activities are performed at a single physical location, such as construction activities operated from the same physical location as a yard, each activity shall be treated as a separate establishment.

For firms engaged in activities which may be physically dispersed, such as agriculture, construction, transportation, communications, and gas, and sanitary services, records may be maintained at a place to which employees report each day.

Records for personnel who do not primarily report or work at an establishment, such as traveling salesmen, technicians, engineers, etc., are maintained at the location from which they are paid or the base to which personnel operate to carry out their activities.

WORK ENVIRONMENT is comprised of the physical location, equipment, materials processed or used, and the kinds of operations performed, course of an employee's work, whether on or off the employer's premises.

Bureau of Labor Statistics
Supplementary Record of
Occupational Injuries and Illnesses

U.S. Department of Labor



**SUPPLEMENTARY RECORD OF OCCUPATIONAL
INJURIES AND ILLNESSES**

This form is required by Public Law 91-600 and must be kept in the establishment for 5 years. Case or File No. Form Approved OMB No. 1220-0029
Failure to maintain can result in the imposition of citations and assessment of penalties.

Employer

1. Name _____

2. Mail address (No. and street, city or town, State, and zip code) _____

3. Location, if different from mail address _____

Injured or ill Employee

4. Name (First, middle, and last) _____ Social Security No. _____

5. Home address (No. and street, city or town, State, and zip code) _____

6. Age _____ Sex (Check one) Male Female

7. Occupation (Enter regular job title, not the specific activity he was performing at time of injury.) _____

8. Department (Enter name of department or division in which the injured person is regularly employed, even though he may have been temporarily working in another department at the time of injury.) _____

The Accident or Exposure to Occupational Illness

If accident or exposure occurred on employer's premises, give address of plant or establishment in which it occurred. Do not indicate department or division within the plant or establishment. If accident occurred outside employer's premises at an identifiable address, give that address. If it occurred on a public highway or at any other place which cannot be identified by number and street, please provide place references locating the place of injury as accurately as possible.

9. Place of accident or exposure (No. and street, city or town, State, and zip code) _____

10. Was place of accident or exposure on employer's premises? Yes No

11. What was the employee doing when injured? (Be specific. If he was using tools or equipment or handling material, name them and tell what he was doing with them.) _____

12. How did the accident occur? (Describe fully the events which resulted in the injury or occupational illness. Tell what happened and how it happened. Name any objects or substances involved and tell how they were involved. Give full details on all factors which led or contributed to the accident. Use separate sheet for additional space.) _____

Occupational Injury or Occupational Illness

13. Describe the injury or illness in detail and indicate the part of body affected (E.g., amputation of right index finger at second joint, fracture of ribs, lead poisoning, dermatitis of left hand, etc.) _____

14. Name the object or substance which directly injured the employee. (For example, the machine or thing he struck against or which struck him, the vapor or poison he inhaled or swallowed, the chemical or radiation which irritated his skin, or in case of stroke, hernia, etc., the thing he was lifting, pulling, etc.) _____

15. Date of injury or in last diagnosis of occupational illness _____ 16. Did employee die? (Check one) Yes No

Other

17. Name and address of physician _____

18. If hospitalized, name and address of hospital _____

Date of report _____ Prepared by _____ Official position _____

OSHA No. 101 (Feb. 1981)

To supplement the Log and Summary of Occupational Injuries and Illnesses (OSHA No. 200), each establishment must maintain a record of each recordable occupational injury or illness. Worker's compensation, insurance, and other reports are acceptable as records if they contain all facts listed below or are supplemented to do so. If a suitable report is made for other purposes, this form (OSHA No. 101) may be used or the necessary facts may be listed on a separate plain sheet of paper. These records must also be available in the establishment without delay at reasonable times for examination by representatives of the Department of Labor and the Department of Health, Education and Human Services, and States accorded jurisdiction under the Act. The records must be maintained for a period of not less than five years following the end of the calendar year to which they relate.

Such records must contain at least the following facts:

- 1) *About the employer*—name, mail address, and location if different from mail address.
- 2) *About the injured or ill employee*—name, social security number, home address, age, sex, occupation, and department.
- 3) *About the accident or exposure to occupational illness*—place of accident or exposure, whether it was on employer's premises, what the employee was doing when injured, and how the accident occurred.
- 4) *About the occupational injury or illness*—description of the injury or illness, including part of body affected, name of the object or substance which directly injured the employee, and date of injury or diagnosis.
- 5) *Other*—name and address of physician, if hospitalized, name and address of hospital, date of report, and position of person preparing the report.

SEE DEFINITIONS ON THE BACK OF OSHA FORM 200.



St. Sch No Ck Suf

SIC

[SIC Code Box]

Complete this report whether or not there were recordable occupational injuries or illnesses.
PLEASE READ THE ENCLOSED INSTRUCTIONS

Complete and return ONLY THIS FORM within 3 weeks

<p>I. ANNUAL AVERAGE EMPLOYMENT IN 1985 Enter the average number of employees who worked during calendar year 1985 in the establishment(s) covered by this report. Include all classes of employees: full-time, part-time, seasonal, temporary, etc. See the instructions for an example of an annual average employment calculation. (Round to the nearest whole number.)</p> <p>[]</p>	<p>II. TOTAL HOURS WORKED IN 1985 Enter the total number of hours actually worked during 1985 by all employees covered by this report. DO NOT include any non-work time even though paid such as vacations, sick leave, etc. If employees worked low hours in 1985 due to layoffs, strikes, fires, etc. explain under Comments (section VII). (Round to the nearest whole number.)</p> <p>[]</p>	<p>III. NATURE OF BUSINESS IN 1985 A. Check the box which best describes the general type of activity performed by the establishment(s) included in this report.</p> <p><input type="checkbox"/> Agriculture <input type="checkbox"/> Forestry <input type="checkbox"/> Fishing <input type="checkbox"/> Mining <input type="checkbox"/> Construction <input type="checkbox"/> Manufacturing <input type="checkbox"/> Transportation <input type="checkbox"/> Communication <input type="checkbox"/> Public Utilities <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Retail Trade <input type="checkbox"/> Finance <input type="checkbox"/> Insurance <input type="checkbox"/> Real Estate <input type="checkbox"/> Services <input type="checkbox"/> Public Administration</p>	<p>B. Enter in order of importance the principal products, lines of trade, services or other activities. For each entry also include the approximate percent of total 1985 annual value of production, sales or receipts.</p> <p>[] % [] % [] %</p>	<p>C. If this report includes any establishment(s) which perform services for other units of your company, indicate the primary type of service or support provided. (Check as many as apply.)</p> <p><input type="checkbox"/> 1 Central administration <input type="checkbox"/> 2 Research, development and testing <input type="checkbox"/> 3 Storage (warehouse) <input type="checkbox"/> 4 Other (specify)</p>	<p>IV. MONTH OF OSHA INSPECTION (If the establishment(s) covered by this report had either a Federal or State OSHA compliance inspection during calendar year 1985, please enter the name of the month in which the first inspection occurred.)</p> <p>[]</p> <p>(Leave this box blank.)</p>	<p>V. RECORDABLE INJURIES AND ILLNESSES Did the establishment(s) have any recordable injuries or illnesses during calendar year 1985?</p> <p><input type="checkbox"/> 1 No (Please complete section VII.) <input type="checkbox"/> 2 Yes (Please complete sections VI and VII.)</p>
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REPORT LOCATION AND IDENTIFICATION
Complete this report for the establishment(s) covered by the description below.

Please indicate any address changes below.

RETURN REPORT TO:

For Information Call:

OSHA No. 200-S (Rev. December 1985)

VI. OCCUPATIONAL INJURY AND ILLNESS SUMMARY (Covering Calendar Year 1985)

- Complete this section by copying totals from the annual summary of your 1985 OSHA No. 200.
- Remember to reverse the carbon insert before completing this side.
- Leave section VI blank if there were no OSHA recordable injuries or illnesses during 1985.
- Note: First aid even when administered by a doctor or nurse is not recordable.
- Please check your figures to be certain that the sum of entries in columns (7a) + (7b) + (7c) + (7d) + (7e) + (7f) + (7g) = the sum of entries in columns (8) + (9) + (10) + (11) + (12) + (13).
- If you listed fatalities in columns (1) and/or (8), please give a brief description of the object or event which caused each fatality in the "Comments" section.

OCCUPATIONAL INJURY CASES						OCCUPATIONAL ILLNESS CASES												
INJURY RELATED FATALITIES** (DEATHS)	INJURIES WITH LOST WORKDAYS				INJURIES WITHOUT LOST WORKDAYS*	TYPE OF ILLNESS Enter the number of checks from the appropriate columns of the log (OSHA No. 200).	ILLNESS RELATED FATALITIES** (DEATHS)	ILLNESSES WITH LOST WORKDAYS				ILLNESSES WITHOUT LOST WORKDAYS*						
	Injury cases with days away from work and/or restricted workdays	Injury cases with days away from work	Total days away from work	Total days of restricted activity				Occupational skin diseases or disorders	Dust diseases	Respiratory conditions due to toxic agents	Poisoning (systemic effects of toxic materials)		Disorders due to physical agents	Disorders associated with repeated trauma	All other occupational illnesses	Illness cases with days away from work and/or restricted workdays	Illness cases with days away from work	Total days away from work
Number of DEATHS in col. 1 of the log (OSHA No. 200)	Number of CHECKS in col. 2 of the log (OSHA No. 200)	Number of CHECKS in col. 3 of the log (OSHA No. 200)	Sum of the DAYS in col. 4 of the log (OSHA No. 200)	Sum of the DAYS in col. 5 of the log (OSHA No. 200)	Number of CHECKS in col. 6 of the log (OSHA No. 200)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	Number of DEATHS in col. 8 of the log (OSHA No. 200)	Number of CHECKS in col. 9 of the log (OSHA No. 200)	Number of CHECKS in col. 10 of the log (OSHA No. 200)	Sum of the DAYS in col. 11 of the log (OSHA No. 200)	Sum of the DAYS in col. 12 of the log (OSHA No. 200)	Number of CHECKS in col. 13 of the log (OSHA No. 200)
(1)	(2)	(3)	(4)	(5)	(6)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(8)	(9)	(10)	(11)	(12)	(13)
DEATHS													DEATHS					

VII. REPORT PREPARED BY (Please type or print)

NAME _____
TITLE _____
SIGNATURE _____
AREA CODE _____ PHONE _____
DATE _____

**IF YOU LISTED FATALITIES IN COLUMNS (1) AND/OR (8), PLEASE GIVE A BRIEF DESCRIPTION OF THE OBJECT OR EVENT WHICH CAUSED EACH FATALITY IN THE "COMMENTS" SECTION BELOW.

COMMENTS _____

SURVEY REPORTING REGULATIONS

Title 29, Part 1904.20-22 of the Code of Federal Regulations requires that each employer shall return the completed survey form, OSHA No. 200-S, within 3 weeks of receipt in accordance with the instructions shown below.

INSTRUCTIONS FOR COMPLETING THE OSHA NO. 200-S FORM 1985 OCCUPATIONAL INJURIES AND ILLNESSES SURVEY (Covering Calendar Year 1985)

Change of Ownership—When there has been a change of ownership during the report period, only the records of the current owner are to be entered in the report. Explain fully under Comments (Section VII), and include the date of the ownership change and the time period this report covers.

Partial-Year Reporting—For any establishment(s) which was not in existence for the entire report year, the report should cover the portion of the period during which the establishment(s) was in existence. Explain fully under Comments (Section VII), including the time period this report covers.

ESTABLISHMENTS INCLUDED IN THE REPORT

This report should include only those establishments located in, or identified by, the Report Location and Identification designation which appears next to your mailing address. This designation may be a geographical area, usually a county or city, or it could be a brief description of your operation within a geographical area. If you have any questions concerning the coverage of this report, please contact the agency identified on the OSHA No. 200-S report form.

DEFINITION OF ESTABLISHMENT

An **ESTABLISHMENT** is defined as a single physical location where business is conducted or where services or industrial operations are performed. (For example, a factory, mill, store, hotel, restaurant, movie theatre, farm, ranch, bank, sales office, warehouse, or central administrative office.)

For firms engaged in activities such as construction, transportation, communication, or electric, gas and sanitary services, which may be physically dispersed, reports should cover the place to which employees normally report each day.

Reports for personnel who do not primarily report or work at a single establishment, such as traveling salespersons, technicians, engineers, etc., should cover the location from which they are paid or the base from which personnel operate to carry out their activities.

NOTE: If more than one establishment is included, information in Section III should reflect the combined activities of all such establishments. One code will be assigned which best indicates the nature of business of the group of establishments as a whole.

SECTION IV. MONTH OF OSHA INSPECTION

Enter the name of the first month in 1985 during which your establishment(s) had an OSHA compliance inspection. Include inspections under the Federal or State equivalents of the Occupational Safety and Health Act by Federal or State inspectors and other inspections which may result in penalties for violations of safety and health standards. Do not include inspections limited to elevators, boilers, fire safety or those which are consultative in nature.

SECTION V. RECORDABLE INJURIES OR ILLNESSES

Check the appropriate box. If you checked "Yes," complete Sections VI and VII on the back of the form. If you checked "No," complete only Section VI.

SECTION VI. OCCUPATIONAL INJURY AND ILLNESS SUMMARY

This section can be completed easily by copying the totals from the annual summary of your 1985 OSHA No. 200 form (Log and Summary of Occupational Injuries and Illnesses). Please note that if this report covers more than one establishment, the final totals on the "Log" for each must be added and the sums entered in Section VI.

Leave Section VI blank if the employees covered in this report experienced no recordable injuries or illnesses during 1985.

If there were recordable injuries or illnesses during the year, please review your OSHA No. 200 form for each establishment to be included in this report to make sure that all entries are correct and complete before completing Section VI. Each recordable case should be included on the "Log" in only one of the six main categories of injuries or illnesses.

1. INJURY—related deaths (Log column 1)
2. INJURIES with days away from work and/or restricted days (Log column 2)
3. INJURIES without lost workdays (Log column 6)
4. ILLNESS—related deaths (Log column 8)
5. ILLNESSES with days away from work and/or restricted days (Log column 9)
6. ILLNESSES without lost workdays (Log column 13)

SECTION I. ANNUAL AVERAGE EMPLOYMENT IN 1985

Enter in Section I the **average** (not the total) number of full and part time employees who worked during calendar year 1985 in the establishment(s) included in this report. If more than one establishment is included in this report, add together the annual average employment for each establishment and enter the sum. Include all classes of employees—seasonal, temporary, administrative, supervisory, clerical, professional, technical, sales, delivery, installation, construction and service personnel, as well as operators and related workers.

Annual Average employment should be computed by summing the employment from all pay periods during 1985 and then dividing that sum by the total number of such pay periods throughout the entire year, including periods with no employment. For example, if you had the following monthly employment—Jan-10, Feb-10, Mar-10, Apr-5, May-5, June 5, July 5, Aug-0, Sept-0, Oct-0, Nov-5, Dec-5—you would sum the number of employees for each monthly pay period (in this case, 60) and then divide that total by 12 (the number of pay periods during the year) to derive an annual average employment of 5.

SECTION II. TOTAL HOURS WORKED IN 1985

Enter in Section II the **total** number of hours actually worked by all classes of employees during 1985. Be sure to include **ONLY** time on duty. **DO NOT include any non-work time** even though paid, such as vacations, sick leave, holidays, etc. The hours worked figure should be obtained from payroll or other time records wherever possible, if hours worked are not maintained separately from hours paid, please enter your best estimate. If actual hours worked are not available for employees paid on commission, salary, by the mile, etc., hours worked may be estimated on the basis of scheduled hours or 8 hours per workday.

For example, if a group of 10 salaried employees worked an average of 8 hours per day, 5 days a week, for 50 weeks of the report period, the total hours worked for this group would be: $10 \times 8 \times 5 \times 50 = 20,000$ hours for the report period.

SECTION III. NATURE OF BUSINESS IN 1985

In order to verify the nature of business code, we must have information about the specific economic activity carried on by the establishment(s) included in your report during calendar year 1985.

Complete Parts A, B and C as indicated in Section III on the OSHA No. 200-S form. Complete Part C **only** if supporting services are provided to other establishments of your company. Leave Part C blank, if a) supporting services are not the primary function of any establishment(s) included in this report or b) supporting services are provided but only on a **contract or fee basis** for the general public or for other business firms. (Instructions continued on page 2.)

Also review each case to ensure that the appropriate entries have been made for the other columns if applicable. For example, if the case is an Injury with Lost Workdays, be sure that the check for an injury involving days away from work (Log column 3) is entered if necessary. Also verify that the correct number of days away from work (Log column 4) and/or days of restricted work activity (Log column 5) are recorded. A similar review should be made for a case which is an illness with Lost Workdays (including Log columns 10, 11 and 12). Please remember that if your employees' loss of workdays is still continuing at the time the annual summary for the year is completed, you should estimate the number of future workdays they will lose and add this estimate to the actual workdays already lost. Each partial day away from work, other than the day of the occurrence of the injury or onset of illness, should be entered as one full restricted workday.

Also, for each case which is an illness, make sure that the appropriate column indicating Type of illness (Log columns 7a-7g) is checked.

After completing your review of the individual case entries on the "Log," please make sure that the "Totals" line has been completed by summarizing Columns 1 through 13 according to the instructions on the back of the "Log" form. Then, copy these "Totals" onto Section VI of the OSHA No. 200-S form. If you entered fatalities in columns (1) and/or (8), please include in the "Comments" section a brief description of the object or event which caused each fatality.

FIRST AID

Finally, please remember that all injuries which, in your judgement, required only First Aid Treatment, even when administered by a doctor or nurse, should not be included in this report. First Aid Treatment is defined as one-time treatment and subsequent observation of minor scratches, cuts, burns, splinters, etc., which do not ordinarily require medical care.

SECTION VII. COMMENTS AND IDENTIFICATION

Please complete all parts including your area code and telephone number. Then return the OSHA No. 200-S form in the pre-addressed envelope. **KEEP** your file copy.

Dear Employer:

The Occupational Safety and Health Act of 1970 requires the Secretary of Labor to collect, compile, and analyze statistics on occupational injuries and illnesses. This is accomplished through a joint Federal/State survey program with States that have received Federal grants for collecting and compiling statistics. Establishments are selected for this survey on a sample basis with varying probabilities depending upon size. Certain establishments may be included in each year's sample because of their importance to the statistics for their industry.

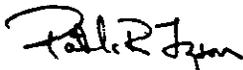
You have been selected to participate in the nationwide Occupational Injuries and Illnesses Survey for 1985. Under the Occupational Safety and Health Act, your report is mandatory.

The following items are enclosed for your use: (1) instructions for completing the form; (2) the OSHA No. 200-S form and a copy for your files; and (3) An addressed return envelope. Please complete the OSHA No. 200-S form and return it within three weeks in the envelope provided.

If you have any questions about this survey, contact the survey collection agency indicated on the OSHA No. 200-S form.

Thank you for your cooperation with this important survey.

Sincerely,



PATRICK R. TYSON
Acting Assistant Secretary for
Occupational Safety and Health

Appendix C. Selected Illnesses Which May Result From Exposure in the Work Environment

The following table is included for information purposes only, to assist employers in recognizing certain occupational illnesses and diseases. It does not include every condition, illness, or disease that may result from an exposure in the work environment.

The table is based upon a Sentinel Health Event (Occupational) List (SHEO), initially prepared by the National Institute for Occupational Safety and Health (NIOSH), which encompassed 50 disease conditions linked to the workplace. A Sentinel Health Event (Occupational) is defined by NIOSH as a disease, disability, or untimely death which is occupationally related and whose occurrence may: (1) provide the impetus for epidemiologic or industrial hygiene studies; or (2) serve as a warning signal that materials substitution, engineering control, personal protection, or medical care may be required. The list included only those conditions for which NIOSH found "objective documentation of an associated agent, industry, and occupation. . . . in the

scientific literature." NIOSH has indicated that the list will be expanded in the future.

The following table lists illness conditions, the industry and/or occupation where each condition is likely to occur, symptoms associated with each condition, the agent likely to cause the condition, and the appropriate illness column to be checked on the log, OSHA No. 200.

Recording illnesses has historically been a problem for employers, especially chronic or long term latent illnesses. This table is furnished to assist employers in making accurate illness determinations. *The table should not be interpreted to mean that a specific condition can only be contracted in the industries or occupations listed. It also does not mean that every condition listed is recordable if experienced by employees in these industries and/or occupations.* For the case to be OSHA recordable, employers must still establish that the condition is a result of an exposure in their work environment. For guidelines for determining work relationship, see chapter V, section C.

Condition	Industry and/or occupation	Symptoms	Agent	Log column
Pulmonary tuberculosis	Physicians, medical personnel, medical laboratory workers.	Tuberculous lesion; chest pain; coughing; bloody and pus-like sputum; hectic fever; weight loss; or night sweats.	Mycobacterium tuberculosis	7c
Silicon tuberculosis	Quarrymen, sandblasters, silica processors, mining, metal foundries, ceramic industry.	Decrease in maximum breathing capacity; massive fibrosis; pronounced, energetic or labored respiration with low oxygen content in arteries producing bluish skin and mucous membrane discolorations; bloodstained sputum; attacks of bronchopneumonia; malaise; disturbed sleep; anorexia; chest pains; or hoarseness.	SiO ₂ , Mycobacterium tuberculosis	7b
Plague	Shepherds, farmers, ranchers, hunters, field geologists, medical laboratory workers.	Acutely inflamed and painful lymph nodes; pulmonary lesions; cough; chills; 103°-106°F temperature; rapid and thready pulse, hypertension; restlessness; delirium; confusion; incoordination; headache; vomiting; or diarrhea.	Yersinia pestis via bite of infected flea, wild rodents, or inhalation	7g
Tularemia	Hunters, fur handlers, sheep industry workers, cooks, veterinarians, ranchers, veterinary pathologists, forestry workers, farmers, butchers, laboratory workers.	Ulcer at bite site followed by inflammation of regional lymph nodes; a nonspecific rash; headache; muscle pains; chills; nausea; vomiting and rapid rise in temperature to 103°-104°F with severe prostration; extreme weakness; and drenching sweats—all symptomatic of a typhoid-like state; bacteremia; and atypical pneumonia.	Francisella tularensis via bite of flies, fleas, ticks, and lice or handling infected animals	7g
Anthrax (diagnosis of anthrax as an occupational disease hinges upon determination of occupation)	Shepherds, farmers, butchers, handlers of imported hides or fbers, veterinarians, veterinary pathologists, weavers.	<i>Cutaneous Form:</i> Red-brown papule skin eruption which enlarges with red patches of variable size and shape; pus-like pimples; and hardening of tissue. Progressive ulceration follows with blood and pus bursting from the pimples and dead tissue forming. Local lymph node enlargement is accompanied by general feeling of illness; muscle pain; headache; fever; nausea; and vomiting. <i>Pulmonary Form:</i> Symptoms are insidious, suggesting an influenza-like illness. Increased fever is followed in 1-3 days by severe respiratory distress with bluish-purple discoloration of mucous membranes and skin; shock; and coma.	Bacillus anthracis	7g

Condition	Industry and/or occupation	Symptoms	Agent	Log column
Brucellosis.....	Farmers, shepherds, veterinarians, laboratory workers, slaughterhouse workers.	Remittant undulatory evening fever for 1-5 weeks; headaches and back-of-neckaches; morning sweats with lowered fever; weakness and aching without localizing findings. Is repetitive with remissions over months or years. Cervical pain; constipation; occasional diarrhea; anorexia; weight loss; irritability; insomnia; mental depression; emotional instability. Enlarged spleen and lymph nodes may occur.	Brucella abortus, suis.....	7g
Tetanus.....	Farmers, ranchers.	Lockjaw; spasms, primarily of masseter and neck muscles and secondarily of the back muscles; stiffness of the jaw; restlessness; irritability; constipation; stiff neck; difficulty in swallowing; stiff arms or legs; headache; fever; sore throat; chilliness; painful convulsions.	Clostridium tetani.....	7g
Rubella.....	Medical personnel, intensive care personnel.	Pale pink rash or measles-like eruptions following slight fever and inflammation of mucous membranes of head, nose, throat; sore throat; pains in limbs; cough; intense intolerance of light.	Rubella virus.....	7g
Hepatitis A (infectious).....	Day care center staff, orphanage staff, mental retardation institution staff, medical personnel.	Anorexia; fever; liver enlargement and tenderness; generalized debilitation; drowsiness; nausea; headache; occasionally jaundice.	Hepatitis A virus.....	7g
Hepatitis B (serum).....	Nurses and aides, anesthesiologists, orphanage and mental institution staff, medical laboratory personnel, general dentists, oral surgeons, physicians.	Flu-like feeling; weakness; drowsiness; anorexia; nausea; abdominal discomfort; fever; headache; definite jaundice.	Hepatitis B virus.....	7g
Non-A, non-B hepatitis (toxic).....	As above for hepatitis A & B.	Nausea; vomiting; jaundice; stupor; coma; toxic effects on kidney, brain, or bone marrow may be more conspicuous.	Unknown; suspected drugs and chemicals include: Carbon tetrachloride, insecticides, industrial solvents, and various metallic compounds (arsenic, gold, mercury, iron).....	7g
Rabies.....	Veterinarians, animal and game wardens, lab researchers, farmers, ranchers, trappers, cave explorers, delivery personnel.	Malaise or general feeling of illness or discomfort; depression of spirits; swelling of lymphatics around wound; choking; spasmodic catching of breath, succeeded by increasing spasms, especially of the muscles of respiration and swallowing, which are increased by attempts to drink water or even by sight of water. Also, fever; headache; mental derangement; nausea; vomiting; profuse secretion of a sticky saliva; and albumin in the urine. Usually fatal within 2-5 days.	Rabies virus.....	7g
Ornithosis.....	Psittacine bird (parrot and parakeet) breeders, pet shop staff, poultry producers, veterinarians, zoo employees, taxidermists, laboratory and hospital personnel.	Chills; headache; dry cough; feverish with slow pulse; lethargy; insomnia; abnormal fear of light; sore throat; nausea; vomiting; diarrhea; protein in urine; anorexia; abnormal white blood cell count; enlarged but non-tender liver; and commonly, inflammation of lungs. Severe cases include muscle pain with stiffness and spasms; delirium and stupor.	Chlamydia psittaci.....	7g
Hemangiosarcoma of the liver.....	Vinyl chloride polymerization industry, vintners (winemaker).	A malignant tumor composed of cancerous thin and flat scale-like cells forming vessel-like spaces in some instances.	Vinyl chloride monomer; arsenical pesticides.....	7g
Malignant neoplasm of nasal cavities.....	Woodworkers, cabinet and furniture makers; boot and shoe industry; radium chemists and processors; dial painters; chromium producers, processors, users; nickel-smelting and refining.	Malignant tumor; headache; pain; paralysis of the lateral rectus muscle of the eye.	Unknown; Hardwood dusts; radium; chromates; nickel..	7g
Malignant neoplasm of larynx.....	Asbestos industries and utilizers.	Hoarseness; acute laryngitis; polyp of a vocal cord; dropped voice pitch which becomes monotone; voicelessness; difficult or labored breathing.	Asbestos.....	7g
Malignant neoplasm of trachea, bronchus, and lung..	Asbestos industry and utilizers, topside coke oven workers, uranium fluor spar miners, chromium producers and processors, users, nickel smelters, processors, users, smelters, mustard gas formulators, ion exchange resin makers, chemists.	Chronic cough; localized wheeze; collapsed portion of lung with shrinkage of chest wall and diminution of chest movement and breath sounds; scanty and mucoid sputum unless an infection away from bronchial obstruction occurs; occasional spitting of blood or bloody sputum; severe, constant, nonpleuritic, unilateral pain; sometimes a remote metastasis, especially in the brain, occurs; advanced state-weight loss, anorexia, weakness, hoarseness, bone pain.	Asbestos; coke oven emissions; radon daughters; chromates; nickel; arsenic; mustard gas; bis(chloromethyl) ether; chloromethyl methyl ether.....	7g
Mesothelioma (MN of peritoneum) (MN of pleura)...	Asbestos industries and utilizers.	Primary tumor composed of cells similar to those forming lining of the peritoneum, pericardium, or pleura.	Asbestos.....	7g
Malignant neoplasm of bone	Dial painters, radium chemists, and processors.	Fracture may be first clue to bone cyst, pain, swelling.	Radium.....	7g

Condition	Industry and/or occupation	Symptoms	Agent	Log column
Malignant neoplasm of scrotum	Automatic lathe operators; metalworkers; coke oven workers; petroleum refiners, tar distillers, chimney sweeps.	Scrotal mass progressively increasing in size; sometimes associated with pain; minor trauma; hemorrhaging may produce extreme local pain, and tenderness.	Mineral/cutting oils; soots and tars, tar distillates	7g
Malignant neoplasm of bladder	Rubber and dye workers.	Discharge of blood or pus-filled urine; pain or burning while urinating; colicky pain accompanying obstruction; frequent urination.	Benzidine, alpha and beta naphthylamine, auramine, magenta, aminobiphenyl, 4-Nitrophenyl	7g
Malignant neoplasm of kidney, other, and unspecified urinary organs	Coke oven workers.	Pain; malignant mass or tumor of the connective tissues, muscles, urogenital system, vascular system, and epithelial lining of the coelom; discharge of bloody urine; fever; anorexia; nausea; vomiting; hypertension.	Coke oven emissions	7g
Lymphoid leukemia, acute...	Rubber industry, radiologists.	Abrupt onset of fever with secondary infection of mouth, throat, or lungs; joint pains; thrombocytopenia (decrease in absolute number of platelets below normal) may cause minute rounded spots of hemorrhage on skin, mucous membrane, or organ, and discoloration of skin due to blood vessel rupture, plus bleeding from mouth, nose, kidneys, and bowel. Moderate enlargement of liver, spleen, and lymph nodes and progressive weakness and pallor.	Unknown; ionizing radiation	7g
Myeloid leukemia, acute	Occupations with exposure to benzene; radiologists.	Fatigue; weakness; anorexia; weight loss; moderately enlarged spleen causing epigastric stress or a heavy feeling; sternal tenderness reflects hypercellularity of the marrow; minor lymph node enlargement; thrombocytopenia (decrease in absolute number of blood platelets below normal) followed by hemostasis (arrest of a flow of blood or hemorrhage).	Benzene; ionizing radiation ..	7g
Erythroleukemia	Occupations with exposure to benzene.	Rare form of leukemia in which multiple hemorrhages, especially from the base of the tongue and gums occur; plus an uninterrupted fall of both the white and red blood cell count of the blood; fever; aplastic anemia.	Benzene	7g
Hemolytic anemia, nonautoimmune	Whitewashing and leather industry; electrolytic processes, arsenical ore smelting; plastics industry; dye, celluloid, resin industry.	Weakness; vertigo; headache; tinnitus; spots before the eyes; easy fatigability; drowsiness; irritability; euphoria; psychotic behavior; occasionally amenorrhea (absence of menstruation); loss of libido; or low-grade fever; gastrointestinal complaints and congestive heart failure. Characterized by jaundice; enlargement of the spleen; and evidence of accelerated blood destruction. Hemolytic crises are accompanied by malaise, chills, and fever; aching in the extremities, back, and abdomen; and the presence of hemoglobin and methemoglobin in the urine which is diminished in the amount excreted over 24 hours if the blood destruction is intravascular. In chronic hemolytic anemia, liver enlargement and pigment gallstones as well as chronic leg ulcers are often seen.	Copper sulfate; arsine; trimellitic anhydride; naphthalene	7d
Aplastic anemia	Explosives manufacturing, occupations with exposure to benzene, radiologists, radium chemists, and dial painters.	Usually insidious, but can be explosive in development. Waxy pallor of skin and mucous membranes. Chronic cases show brown skin pigmentation. If decrease in absolute number of platelets is below normal (thrombocytopenia), blood may rupture into mucous membranes and skin. Hemorrhages into ocular fundi are frequent. Severe sore throat associated with sharp reduction in number of granulocytes (agranulocytic angina) may occur. Spleen enlargement is absent.	TNT; Benzene; ionizing radiation	7d 7e
Agranulocytosis of neutropenia	Occupations with exposure to benzene, explosives and pesticide industries, pesticides, pigments, pharmaceuticals.	Acute disease characterized by marked leukopenia and neutropenia (below normal number of leukocytes and neutrophils per unit volume of peripheral blood) and with ulcerative lesions of the throat and other mucous membranes, of the gastrointestinal tract and of the skin. Two or three days of fatigue or overpowering weakness is followed by general ill feeling, chills, high fever, rapid weak pulse, sore throat, difficulty in swallowing, ulcers of the oral mucosa, and ulcerations of the pharyngeal and buccal mucosae. Prostration is extreme. Regional lymph disease but no enlargement of nodes, liver, or spleen. Fatal.	Benzene; phosphorus; inorganic arsenic	7d

Condition	Industry and/or occupation	Symptoms	Agent	Log column
Methemoglobinemia.....	Explosives and dye industries.	The oxidized form of hemoglobin, in which the iron atom is trivalent, and which is not able to combine reversibly with oxygen. Formation of large amounts of methemoglobin prevents the normal function of hemoglobin, that of transporting oxygen in the body thus causing asphyxia of the tissues. When large amounts are present, the blood becomes chocolate-brown in color. The skin takes on a bluish-gray color varying in intensity from lilac to a deep leaden hue, and quite different from the bluish-purple color of cyanosis due to a lack of oxygen. This distinctive tint is most noticeable on the cheeks, ears, tip of the nose, and fingernails. Sensation of weakness in the knees and a staggering gait follow. If destruction of the red blood cells is severe, anemia occurs and there may also be injuries to the kidney and liver. Jaundice and enlargement of the spleen may occur. Attacks usually develop some hours after employee has left plant and rarely during work.	Aromatic amino and nitro compounds (aniline, TNT, nitroglycerin).....	7d
Toxic encephalitis (noninfectious).....	Battery, smelter, and foundry workers; electrolytic chlorine production; battery makers; fungicide formulators.	Rapid onset of fever; depression; loss of consciousness or coma; seizures; meningeal symptoms and signs may be accompanied by cerebral disorder, including alterations of consciousness, personality change, convulsions, tremor, muscle weakness of one side of the body (hemiparesis), and cranial nerve abnormalities, progressing within a few days to coma and death.	Lead; inorganic and organic mercury.....	7d
Parkinson's disease (secondary).....	Manganese processing, battery makers, welders, internal combustion engine industries.	Listlessness and sleepiness by day but insomnia by night; muscular pains, including cramps in the calves; unsteady gait; weakness and stiffness of the limbs; involuntary movements of the arms, legs, trunk, jaw, and head which may be severe enough to shake the bed; occasionally uncontrollable laughter or crying; impulsive acts such as running, dancing, singing, and uncontrolled talking; or forced movements such as falling without being able to catch oneself. Also, absentmindedness; mental confusion; hallucinations; and attacks of aggressiveness; irritability and euphoria; handwriting is tremulous, letters and words cramped, and micrographia is common; speech disturbances include run-on words and sentences, monotone voice, loss of speech (aphonia); impaired swallowing; masklike face; excessive salivation and sweating.	Manganese; carbon monoxide.....	7g
Cerebellar ataxia.....	Chemical industry using toluene, electrolytic chlorine production, battery makers, fungicide formulators.	Unsteadiness in walking; arm tremors; pyramidal tract involvement or posterior column disorder may be present; the motor neurons or peripheral nerves may be affected; sometimes optic atrophy, retinitis pigmentosa, paralysis of the eye muscles (ophthalmoplegia), nerve deafness, or mental deterioration. Skeletal changes (scoliosis or spinal curvature and pedal or foot abnormalities) are common.	Toluene; organic mercury ...	7g
Inflammatory and toxic neuropathy.....	Pesticides, pigments, pharmaceuticals, furniture refinishers, degreasing operations, plastic-coated-fabric workers, explosives industry, rayon manufacturing, plastics, hydraulics, coke industries, battery, smelter, and foundry workers, dentists, chloralkali workers, chloralkali plants, fungicide makers, battery makers, plastics industry, paper manufacturing.	Numbness, tingling, and burning of feet and hands, followed by muscular weakness. There may also be a decrease in touch, pain, and temperature sensation in the feet and hands, and tendon reflexes may be diminished or absent.	Arsenic and arsenic compounds; hexane; methyl N-butyl ketone; TNT; CS ₂ ; tri-o-cresyl phosphates; inorganic lead; inorganic mercury; organic mercury; acrylamide.....	7g
Cataract.....	Microwave and radar technicians; explosives industries; radiologists; blacksmiths, glassblowers, bakers; moth repellent formulators, fumigators; explosives, dyes, herbicide and pesticide industries.	Progressive, painless loss of vision unless the cataract swells and produces secondary glaucoma. Well-advanced cataracts appear as gray opacities in the lens. Small ones stand out as dark defects in the red reflex.	Microwaves; ionizing radiation; infrared radiation; naphthalene; and dinitrophenol, dinitro-o cresol.....	7e

Condition	Industry and/or occupation	Symptoms	Agent	Log column
Noise effects on inner ear	Any industry and/or occupation involving exposure to excessive noise.	Tinnitus—hissing, ringing, buzzing, humming, thumping, whistling, or roaring in the ear—may be constant or intermittent and often accompanied by hearing loss. Clicking; cracking; or ticking sounds or abnormal or pathological sounds, originating within the patient's body (by a muscle contraction, etc.) in region of the ear and audible to others as well as to the patient.	Excessive noise	7f
Raynaud's phenomenon (secondary).....	Lumberjacks, chain sawyers, grinders, chippers, vinyl chloride polymerization industry.	Intermittent pallor and sometimes bluish-purple discoloration (cyanosis) of the skin precipitated by exposure to cold, without clinical evidence of blockage of the large peripheral vessels and with nutritional lesions (if present at all, limited to the skin). Blanching and numbing when exposed to chilling weather or emotional upsets with probable loss of muscular control and reduction of sensitivity to heat, cold, and pain are main symptoms. Cyanosis and pain are rare. Gangrene and serious complications are very rare if, indeed, they occur at all.	Whole body or segmental vibration; vinyl chloride monomer	7f
Extrinsic allergic alveolitis...	Farmer's lung, bagassosis, bird fancier's lung, suberosis, malt worker's lung, mushroom worker's lung, maple bark disease, cheese washer's lung, coffee worker's lung, fish-meal worker's lung, furrier's lung, sequoiosis, wood worker's lung, miller's lung.	Difficult or labored breathing (dyspnea); fever; and oxygen deficiency (hypoxia) during acute phase lasting several weeks. Cough with scanty, black, stringy, occasionally bloody sputum; bluish-purple discoloration of mucous membranes (cyanosis); patchy infiltrates in the lung can also occur.	Various agents (usually a fungus or mold and dusty substances).....	7g
Extrinsic asthma or allergic asthma	Jewelry, alloy and catalyst makers; polyurethane, adhesive, paint workers; alloy, catalyst, refinery workers; solderers, plastic, dye, insecticide makers; foam workers; latex makers; biologists; printing industry; nickel plasters; bakers; plastics industry; woodworkers; furniture makers; detergent formulators.	Sudden onset after exposure to an allergen. Sense of tightness in the chest due to spasmodic contraction of the bronchi; difficult or labored breathing (dyspnea); wheezing. Symptoms may subside in one hour or less, continue for several hours, or persist as status asthmaticus for many days. End of attack is marked by pronounced coughing with expectoration of thick, tenacious sputum, immediately followed by a sensation of relief and "clearing" of the air passages. Physical signs consist of prolongation of expiration and the presence of sonorous and sibilant rales throughout the chest; normal but labored respiration; markedly distended chest; bluish-purple discoloration of skin and mucous membranes (cyanosis). Between attacks breathing may be quiet, but forced expiration will produce sonorous or sibilant rales. Frequency and severity of attacks may be greatly influenced by secondary factors (e.g., changes in temperature and humidity); by exposure to noxious fumes; by fatigue; by endocrine changes (puberty, menstruation, pregnancy, menopause); by emotional stress. Since these secondary factors may perpetuate attacks, attention should be directed to their control.	Platinum; isocyanates; chromium and cobalt; aluminum soldering flux; phthalic anhydride; formaldehyde; gum arabic; N ₂ SO ₄ ; flour; trimellitic anhydride; red cedar and other wood dusts; bacillus-derived exoenzymes ..	7e
Coalworkers pneumoconiosis	Coal miners.	Black spit increasing in quantity as disease advances; jet-black nodules and cavities of the lung; chest becomes barrel-shaped and there may be clubbing of the fingers; right heart failure or silico-tuberculosis may supervene to cause death; disease is visualized by X-ray as fine, discrete pinhead mottling or nodulation or dense conglomerate shadows resembling angel's wings; eventually large fibrotic masses develop and difficult or labored breathing with cough may ensue.	Coal dust	7b
Asbestosis	Asbestos industries and utilizers.	Progressive, difficult, or labored breathing (dyspnea); nonproductive cough (little or no sputum), unless pulmonary TB is present yielding bloodstained sputum; slight pain between shoulders, under shoulder blades, or sternum; visualized by X-ray as fine pulmonary fibrosis enmeshed with asbestos bodies giving a ground glass appearance; increased susceptibility to lung cancer; pleural plaques and calcifications are often present in the fibrous tissues and emphysema is extensive, but localized to lower and apical parts of the lungs.	Asbestos	7b

Condition	Industry and/or occupation	Symptoms	Agent	Log column
Silicosis	Quarrymen, sandblasters, silica processors, mining, metal, and ceramic industries.	Discrete nodulation in the absence of emphysema is usually asymptomatic. It is the massive conglomerate fibrosis resulting from the coalescence of nodules that yields symptoms: Difficult or labored breathing (dyspnea) which is progressively deeper and faster; dry cough; malaise; disturbed sleep; anorexia; chest pains; hoarseness; bluish discoloration of skin and mucous membranes (cyanosis); and bloodstained sputum with bronchopneumonia and subsequent bronchiectasis developing. TB often develops. Fever is rare. Physical signs are few or absent. In advanced cases second palmonic heart sound, decreased chest expansion and excursion of diaphragm, breath sounds and rales may be present. Right heart failure or pus-producing bronchopneumonia will result in death.	Silica	7b
Talcosis	Talc processors.	Difficult or labored breathing (dyspnea), X-ray yields nodular shadows distributed over both lungs; nodules show whorling different from silicosis and contain fiber-like structures arranged singly and in clumps.	Talc	7b
Chronic beryllium disease of the lung	Beryllium alloy workers; ceramic and cathode ray tube makers; nuclear reactor workers.	Morbid condition of the lungs, more rarely of the skin (conjunctivitis and dermatitis), subcutaneous tissue, lymph nodes, liver, and other structures, characterized by formation of granulomas (tumors). Chronic granulomatous pneumoconiosis with thickening of alveolar walls. An acute transient inflammation of respiratory tract (nasal passages and pharynx) yielding nosebleeds, bronchitis or pneumonitis. Symptoms of respiratory insufficiency with diffusion difficulty (weakness, anorexia, weight loss, malaise, dyspnea or difficult or labored breathing, hyperpnea or deeper and faster breathing, cyanosis or bluish discoloration of skin or mucous membranes, and cough) are most prominent and out of proportion to physical or X-ray signs. Resembles miliary TB or pulmonary sarcoidosis. (Onset may be 5 years after exposure.)	Beryllium	7b
Byssinosis	Cotton industry workers.	Periodic bronchoconstriction or Monday morning fever with wheezing and difficult or labored breathing upon return to work after 2-day absence. Later develops into severe airway obstruction and impaired elastic recoil due to chronic bronchitis, and emphysema. Patient has overdistended lungs but no characteristic X-ray pattern or recognizable lung fibrosis or infiltration are seen. Diagnosis is established by measuring the patient's ventilatory capacity before he starts work on Monday and again no more than 1 hour after his work shift. (Develops over 10-year period working with raw or waste cotton.)	Cotton, flax, hemp, cotton-synthetic dusts	7b
Acute bronchitis, pneumonitis, and pulmonary edema due to fumes and vapors ...	Refrigeration, fertilizer, oil refining industries, alkali and bleach industries, silo filters, arc welders, nitric acid industry, paper and refrigeration industry, oil refining, cadmium smelters, processors, plastics industry.	Acute inflammation of the tracheo bronchial tree. Symptoms are those of acute URL. Inflammation of the mucous membranes of the nose, usually marked by sneezing, nasal airway congestion, and discharge of watery mucous (coryza); malaise; chilliness; slight fever; back and muscle pain; sore throat. Dry nonproductive cough signals bronchitis, later yielding a glutinous and mucous with pus-filled sputum. Fever to 101° or 102° F occurs for 3-5 days. Persistent occasional sibilant or crackling pulmonary sounds may suggest complications. Pulmonary edema; asthmatic wheezing; difficulty breathing except in upright position (orthopnea); pallor; sweating, bluish discoloration of skin and mucous membranes (cyanosis); frothy or pinkish sputum.	Ammonia; chlorine; nitrogen oxides; sulfur dioxide; cadmium; trimellitic anhydride	7c
Toxic hepatitis	Solvent utilizers, drycleaners, plastics industry, explosives and dye industries, fire and waterproofing additive formulators, plastics formulators, fumigators, gasoline, fire extinguisher formulators, disinfectant, fumigant, synthetic resin formulators.	Nausea; vomiting; jaundice; stupor; and coma may follow exposure. Toxic effects on kidney, brain, or bone marrow may be more conspicuous than the hepatic involvement.	Carbon tetrachloride, chloroform, tetrachloroethane, trichloroethylene; phosphorus TNT; chloronaphthalenes; methylenedianiline; ethylene dibromide; cresol	7d

Condition	Industry and/or occupation	Symptoms	Agent	Log column
Acute or chronic renal failure.....	Battery makers, plumbers, solderers, electrolytic processes, arsenical ore smelting, battery makers, jewelers, dentists, fluorocarbon formulators, fire extinguisher makers, antifreeze manufacture.	Failure to void; lumbar pain and tenderness; and analysis of urinary volume and the character of the urinary sediment is extremely valuable in differential diagnosis of acute renal failure. In <i>obstruction</i> , urinary sediment is scanty, with only occasional red and white blood cells or hyaline and granular casts. Proteinuria is minimal or absent. In <i>prerenal failure</i> , occasional hyaline and granular casts are found and proteinuria is minimal. Urinary sp. gr. is usually >1.020 and urinary sodium concentration <15 m Eq/L. In <i>acute tubular necrosis</i> numerous, renal epithelial cells, cell casts, and coarsely granular casts are present. Hb and RBC casts are seen occasionally. Proteinuria is minimal or moderate. Urinary sp. gr. is usually <1.018 and sodium concentration >20 m Eq/L. In <i>acute glomerulonephritis and collagen diseases</i> , hematuria and RBC casts are characteristic and protein excretion is usually moderate or heavy.	Inorganic lead; arsine; inorganic mercury; carbon tetrachloride; ethylene glycol.....	7d
Infertility, male.....	Formulators; DBCP producers, formulators, and applicators.	Physical examination and semen analysis are necessary to diagnosis and should include work history.	Kepon; dibromochloropropane.....	7d
Contact and allergic dermatitis.....	Leather tanning, poultry dressing plants, fish packing, adhesives and sealants industry, boat building and repair.	Transient redness to severe swelling and blister (bulla) formation; itching and vesiculation are practically always present. Vesicles and bullas rupture, ooze, and crust; followed by scaling and some temporary thickening of skin. Secondary infection, excoriation (skin abrasions), and reaction to treatment may complicate and induce a chronic eczematous dermatitis.	Irritants (e.g., cutting oils, solvents, phenol acids, alkalis, detergents); allergens (e.g., nickel, chromates, formaldehyde, dyes, rubber products).....	7a

Columns 1, 2, and 4 based on Rutstein, D.D.; Mullan, R.J.; Frazier, T.M.; Halperin, W.E.; Melius, J.M.; Sestito, J.P.; "Sentinel Health Events (Occupational): A Basis for Physician Recognition and Public Health Surveillance,"

American Journal of Public Health, 1983; 73(9): 1054-1062. Columns 3 and 5 prepared by Ilma Roszkopf, of BLS.

Appendix D. Participating State Agencies

Agencies preceded by an asterisk (*) are those in which a State safety and health plan under section 18(b) of the act is in operation. This agency may be contacted directly for specific information regarding regulations in the State.

Alabama Department of Labor
600 Administrative Building
Montgomery, Alabama 36130
Phone: (205) 261-3460

*Alaska Department of Labor
Research and Analysis Section
Post Office Box 1149
Juneau, Alaska 99802
Phone: (907) 465-4520

Territory of American Samoa
Department of Manpower Resources
Government of American Samoa
Pago Pago, American Samoa 96799
Phone: 633-5849

*Industrial Commission of Arizona
Division of Administration/Research
and Statistics Section
1601 W. Jefferson St.
Post Office Box 19070
Phoenix, Arizona 85005
Phone: (602) 255-3739

Workers' Compensation Commission,
OSH
Arkansas Department of Labor
OSH Research and Statistics,
Rm. 502, 1022 High St.
Little Rock, Arkansas 72202
Phone: (501) 371-2770

*California Department of Industrial
Relations
Labor Statistics and Research
Post Office Box 603
San Francisco, California 94901
Phone: (415) 557-1466

*Colorado Department of Labor and
Employment
Division of Labor
1313 Sherman St., Room 323
Denver, Colorado 80203
Phone: (303) 866-3748

*Connecticut Department of Labor
200 Folly Brook Boulevard
Wethersfield, Connecticut 06109
Phone: (203) 566-4380

Delaware Department of Labor
Division of Industrial Affairs
820 N. French Street, 6th Floor
Wilmington, Delaware 19801
Phone: (302) 571-2888

Florida Department of Labor and
Employment Security
Division of Workers' Compensation
2551 Executive Center Circle West,
Room 204
Tallahassee, Florida 32301-5014
Phone: (904) 488-3044

Guam Department of Labor
Bureau of Labor Statistics
Post Office Box 23548
Guam Main Facility
Agana, Guam 96921
Phone: 477-9241

*State of Hawaii
Department of Labor and Industrial
Relations
Research and Statistics Office
Post Office Box 3680
Honolulu, Hawaii 96811
Phone: (808) 548-7638

*Indiana Department of Labor
Research and Statistics Division
State Office Building-Room 1013
100 N. Senate Avenue
Indianapolis, Indiana 46204
Phone: (317) 232-2665

*Iowa Bureau of Labor
307 East 7th Street
Des Moines, Iowa 50319
Phone: (515) 281-5151

Kansas Department of Health and
Environment
Division of Policy and Planning
Occupational Safety and Health
Topeka, Kansas 66620
Phone: (913) 862-9360 Ext. 280

*Kentucky Labor Cabinet
Occupational Safety and Health
Program
U.S. 127 South Building
Frankfort, Kentucky 40601
Phone: (502) 564-3100

Louisiana Department of Labor
Office of Employment Security-OSH
1001 North 23rd and Fuqua
Baton Rouge, Louisiana 70804
Phone: (504) 342-3126

Maine Department of Labor
Bureau of Labor Standards
Division of Research and Statistics
State Office Building
Augusta, Maine 04330
Phone: (207) 289-3331

*Maryland Department of Licensing
and Regulation
Division of Labor and Industry
501 St. Paul Pl.
Baltimore, Maryland 21202
Phone: (301) 659-4202

Massachusetts Department of Labor
and Industries
Division of Industrial Safety
100 Cambridge Street
Boston, Massachusetts 02202
Phone: (617) 727-3593

*Michigan Department of Labor
7150 Harris Drive, Secondary
Complex
Post Office Box 30015
Lansing, Michigan 48909
Phone: (517) 322-1848

*Minnesota Department of Labor and
Industry IMSD
444 Lafayette Road, 5th Floor
St. Paul, Minnesota 55101
Phone: (612) 296-4893

Mississippi State Department of Health
Office of Public Health Statistics
Post Office Box 1700
Jackson, Mississippi 39215-1700
Phone: (601) 354-7233

Missouri Department of Labor and Industrial Relations
Division of Workers' Compensation
Post Office Box 58
Jefferson City, Missouri 65102
Phone: (314) 751-4231

Montana Department of Labor and Industry
Workers' Compensation Division
5 South Last Chance Gulch
Helena, Montana 59601
Phone: (406) 444-6515

Nebraska Workmens' Compensation Court
State Capitol, 12th Floor
Lincoln, Nebraska 68509-4967
Phone: (402) 471-3547

*Nevada Department of Industrial Relations
Division of Occupational Safety and Health
1370 South Curry St.
Carson City, Nevada 89710
Phone: (702) 885-5240

New Jersey Department of Labor and Industry
Division of Planning and Research,
C N 056
Trenton, New Jersey 08625
Phone: (609) 292-8997

*New Mexico Health and Environment Department
Environmental Improvement Division
Occupational Health and Safety
P.O. Box 968--Crown Building
Sante Fe, New Mexico 87504-0968
Phone: (505) 827-5271 Ext. 230

New York Department of Labor
Division of Research and Statistics
2 World Trade Center
New York, New York 10047
Phone: (212) 488-4661

*North Carolina Department of Labor Research and Statistics Division
214 West Jones Street
Raleigh, North Carolina 27603
Phone: (919) 733-4940

Ohio Department of Industrial Relations
OSHA Survey Office
Post Office Box 12355
Columbus, Ohio 43212
Phone: (614) 466-7520

Oklahoma Department of Labor Supplemental Data Division
315 North Broadway Place
Oklahoma City, Oklahoma 73105
Phone: (405) 235-1447

*Oregon Workers' Compensation Department
Research and Statistics Section
Labor and Industries Building
Salem, Oregon 97310
Phone: (503) 378-8254

Pennsylvania Department of Labor and Industry
Office of Employment Security
7th and Forster Sts.
Labor and Industry Building
Harrisburg, Pennsylvania 17121
Phone: (717) 787-1918

*Puerto Rico Department of Labor and Human Resources
Bureau of Labor Statistics
505 Munoz Rivera Avenue
San Juan, Puerto Rico 00918
Phone: (809) 754-5339

Rhode Island Department of Labor
220 Elmwood Avenue
Providence, Rhode Island 02907
Phone: (401) 277-2731

*South Carolina Department of Labor
Division of Technical Support
Post Office Box 11329
Columbia, South Carolina 29211
Phone: (803) 734-9652

*Tennessee Department of Labor Research and Statistics
501 Union Building, 2nd Floor
Nashville, Tennessee 37219
Phone: (615) 741-1748

Texas Department of Health
Division of Occupational Safety
1100 West 49th Street
Austin, Texas 78756
Phone: (512) 458-7287

*Utah Industrial Commission
OSH Statistical Section
160 East 300 South
Salt Lake City, Utah 84110-5800
Phone: (801) 530-6827

*Vermont Department of Labor and Industry
State Office Building
Montpelier, Vermont 05602
Phone: (802) 828-2765

*Virgin Islands Department of Labor
Post Office Box 818
St. Thomas, Virgin Islands 00801
Phone: (809) 776-3700

*Virginia Department of Labor and Industry
Research and Statistics
205 North 4th Street
Post Office Box 12064
Richmond, Virginia 23241
Phone: (804) 786-2384

*State of Washington
Department of Labor and Industries
Division of Industrial Safety and Health
Post Office Box 2589
Olympia, Washington 98504
Phone: (206) 753-4013

West Virginia Department of Labor
OSH Project Director
Rm. 319, Bldg. 3, Capitol Complex
1800 Washington Street East
Charleston, West Virginia 25305
Phone: (304) 348-7890

Wisconsin Department of Industry, Labor, and Human Relations
Workers' Compensation Division/
Research Section
201 E. Washington Avenue
Post Office Box 7901
Madison, Wisconsin 53707
Phone: (608) 266-7850

*Wyoming Department of Labor and Statistics
Herschler Building
Cheyenne, Wyoming 82002
Phone: (307) 777-6370

Appendix E. United States Department of Labor, Occupational Safety and Health Administration -Regional Offices

The list below gives addresses and telephone numbers for OSHA Regional Offices. Complete information on field locations may be obtained from any OSHA Regional Office.

Region I: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont
1 Dock Square Building, 4th Floor
16-18 North Street
Boston, Massachusetts 02109
Phone: (617) 223-6710

Region II: New Jersey, New York, Puerto Rico, Virgin Islands
1515 Broadway, Room 3445
New York, New York 10036
Phone: (212) 944-3432

Region III: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia
Gateway Building, Suite 2100
3535 Market Street
Philadelphia, Pennsylvania 19104
Phone: (215) 596-1201

Region IV: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee
1375 Peachtree St. N.E., Suite 587
Atlanta, Georgia 30367
Phone: (404) 347-3573

Region V: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin
230 South Dearborn Street, Rm. 3244
Chicago, Illinois 60604
Phone: (312) 353-2220

Region VI: Arkansas, Louisiana, New Mexico, Oklahoma, Texas
525 Griffin Square Bldg., Rm. 602
Dallas, Texas 75202
Phone: (214) 767-4731

Region VII: Iowa, Kansas, Missouri, Nebraska
911 Walnut Street, Room 406
Kansas City, Missouri 64106
Phone: (816) 374-5861

Region VIII: Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming
Federal Building, Room 1554
1961 Stout Street
Denver, Colorado 80294
Phone: (303) 837-3061

Region IX: Arizona, California, Hawaii, Nevada, American Samoa, Guam, Trust Territory of the Pacific Islands
450 Golden Gate Ave., Box 36017
San Francisco, California 94102
Phone: (415) 556-7260

Region X: Alaska, Idaho, Oregon, Washington
Federal Office Building, Room 6003
909 First Avenue
Seattle, Washington 98174
Phone: (206) 442-5930

Recordkeeping Summary

Basic recordkeeping concepts and guidelines are included with instructions on the back of form OSHA No. 200. The following summarizes the major recordkeeping concepts and provides additional information to aid in keeping records accurately.

General concepts of recordability

1. An injury or illness is considered work related if it results from an event of exposure in the work environment. The work environment is primarily composed of: (1) The employer's premises, and (2) other locations where employees are engaged in work-related activities or are present as a condition of their employment. *When an employee is off the employer's premises, work relationship must be established; when on the premises, this relationship is presumed.* The employer's premises encompass the total establishment. This includes not only the primary facility, but also such areas as company storage facilities, cafeterias, and restrooms. In addition to physical locations, equipment or materials used in the course of an employee's work are also considered part of the employee's work environment.

2. All work-related fatalities are recordable.

3. All recognized or diagnosed work-related illnesses are recordable.

4. All work-related injuries requiring medical treatment or involving loss of consciousness, restriction of work or motion, or transfer to another job are recordable.

Analysis of injuries

Recordable and nonrecordable injuries. Each case is distinguished by the treatment provided; i.e., if the injury was such that *medical treatment* was provided or should have been provided, it is recordable; if only first aid was required, it is not recordable. *However, medical treatment is only one of several criteria for determining recordability.* Regardless of treatment, if the injury involved loss of consciousness, restriction of work or motion, or transfer to another job, the injury is recordable.

Medical treatment. The following procedures are generally considered medical treatment. Injuries for which this type of treatment was provided or should have been provided are almost always recordable if the injury is work related:

- Treatment of **INFECTION**
- Application of **ANTISEPTICS** during second or subsequent visit to medical personnel
- Treatment of **SECOND OR THIRD DEGREE BURN(S)**
- Application of **SUTURES** (stitches)
- Application of **BUTTERFLY ADHESIVE DRESSING(S)** or **STERI STRIP(S)** in lieu of sutures
- Removal of **FOREIGN BODIES EMBEDDED IN EYE**
- Removal of **FOREIGN BODIES FROM WOUND**; if pro-

cedure is **COMPLICATED** because of depth of embedment, size, or location

- Use of **PRESCRIPTION MEDICATIONS** (except a single dose administered on first visit for minor injury or discomfort)
- Use of hot or cold **SOAKING THERAPY** during second or subsequent visit to medical personnel
- Application of hot or cold **COMPRESS(ES)** during second or subsequent visit to medical personnel
- **CUTTING AWAY DEAD SKIN** (surgical debridement)
- Application of **HEAT THERAPY** during second or subsequent visit to medical personnel
- Use of **WHIRLPOOL BATH THERAPY** during second or subsequent visit to medical personnel
- **POSITIVE X-RAY DIAGNOSIS** (fractures, broken bones, etc.)
- **ADMISSION TO A HOSPITAL** or equivalent medical facility **FOR TREATMENT.**

First aid treatment. The following procedures are generally considered first aid treatment (e.g., one-time treatment and subsequent observation of minor injuries) and should not be recorded if the work-related injury does not involve loss of consciousness, restriction of work or motion, or transfer to another job:

- Application of **ANTISEPTICS** during first visit to medical personnel
- Treatment of **FIRST DEGREE BURN(S)**
- Application of **BANDAGE(S)** during any visit to medical personnel
- Use of **ELASTIC BANDAGE(S)** during first visit to medical personnel
- Removal of **FOREIGN BODIES NOT EMBEDDED IN EYE** if only irrigation is required
- Removal of **FOREIGN BODIES FROM WOUND**; if procedure is **UNCOMPLICATED**, and is, for example, by tweezers or other simple technique
- Use of **NONPRESCRIPTION MEDICATIONS** AND administration of **single dose of PRESCRIPTION MEDICATION** on first visit for minor injury or discomfort
- **SOAKING THERAPY** on initial visit to medical personnel or removal of bandages by **SOAKING**
- Application of hot or cold **COMPRESS(ES)** during first visit to medical personnel
- Application of **OINTMENTS** to abrasions to prevent drying or cracking
- Application of **HEAT THERAPY** during first visit to medical personnel
- Use of **WHIRLPOOL BATH THERAPY** during first visit to medical personnel
- **NEGATIVE X-RAY DIAGNOSIS**
- **OBSERVATION** of injury during visit to medical personnel.

The following procedure, by itself, is not considered medical treatment:

- Administration of **TETANUS SHOT(S)** or **BOOSTER(S)**. However, these shots are often given in conjunction with more serious injuries; consequently, injuries requiring these shots may be recordable for other reasons.

Reminder: Work-related injuries requiring only first aid treatment and that do not involve any of the conditions in item 4 above, are not recordable.

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