

The background image shows a modern, multi-story building with a glass facade and a curved section. In the foreground, there is a large, dark bronze sculpture of a bull in a running pose, positioned in a shallow pool of water. Another smaller bull sculpture is visible in the distance. The scene is set outdoors with some greenery and a clear sky.

**South Florida AGC Safety Session
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OSHA Records Keeping Overview (29 CFR Part 1904)

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Today's Presenters

Gabriel Garcia

Based in Miami, Gabriel Garcia serves as a USF SafetyFlorida Safety and Health Supervisor to employers in South Florida. Mr. Garcia performs site interventions/inspections focused on OSHA standards and best practices for workplace safety and health management systems. He develops and conducts programmatic training and evaluates safety and health program management activities for small, privately owned companies. Mr. Garcia started his Health and Safety career in 1981 in the US Air Force and continued with the Florida Department of health.

Angelo Filippi

Angelo Filippi is a Partner in Kelley Kronenberg's Fort Lauderdale office focusing his practice on Employment and Labor Law and Occupational Safety and Health Act (OSHA) defense. Angelo represents employers on a broad range of matters applicable to the workplace. His practice also includes counseling clients in regulatory compliance with the standards and regulations enforced by the Department of Labor, OSHA and Homeland Security. As part of his OSHA practice, Angelo assists clients in establishing compliant safety programs; guides employers during OSHA inspections; and defends employers in OSHA enforcement actions.

Purpose of the Rule

The purpose of this rule (part 1904) is to require employers to record and report work-related fatalities, injuries, and illnesses.

- Note: *Recording or reporting a work-related injury, illness, or fatality does not mean that the employer or employee was at fault, that an OSHA rule has been violated, or that the employee is eligible for workers' compensation or other benefits.*
- OSHA injury and illness recordkeeping and Workers' Compensation are independent of each other



Records Keeping exemptions

- **Size** (CFR1904.1)
 - 10 or less
- **Partial** (CFR1904.2) (based on specific NAICS)
 - Still can be requested to do so
- **Industry** (CFR1904.2) (based on NAICS)
 - **All** industries in agriculture, **construction**, manufacturing, utilities and wholesale trade sectors **are covered**.

Recording Criteria

- Covered employers must record each fatality, injury or illness that:
 - is work-related, and
 - is a new case, and
 - meets one or more of the criteria contained in sections 1904.7 through 1904.11.

Determination of work-relatedness. – CFR Part 1904

- 1904.5(a) **Basic requirement.** You must consider an injury or illness to be work-related if *an event or exposure in the work environment either caused or contributed to the resulting condition or significantly aggravated a pre-existing injury or illness*. Work-relatedness is presumed for injuries and illnesses resulting from **events or exposures occurring in the work environment**, unless an exception in §1904.5(b)(2) specifically applies

Determination of work-relatedness. – Cont.

- [1904.5\(b\)\(1\)](#) What is the "work environment"? OSHA defines the work environment as "the establishment and other locations where one or more employees are working 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."

Five Step Process CFR1904.4

Did the employee experience an injury or illness?



Is the injury or illness work-related? CFR1904.5



Is the injury or illness a new case? CFR1904.6



Does the injury or illness meet the general criteria
or the application to specific cases?

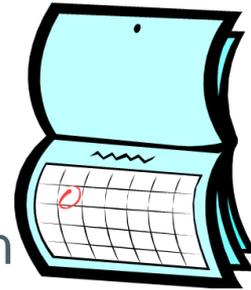


RECORD THE INJURY OR ILLNESS

RECORDING DAYS AWAY RESTRICTED OR TRANSFERRED (DART)

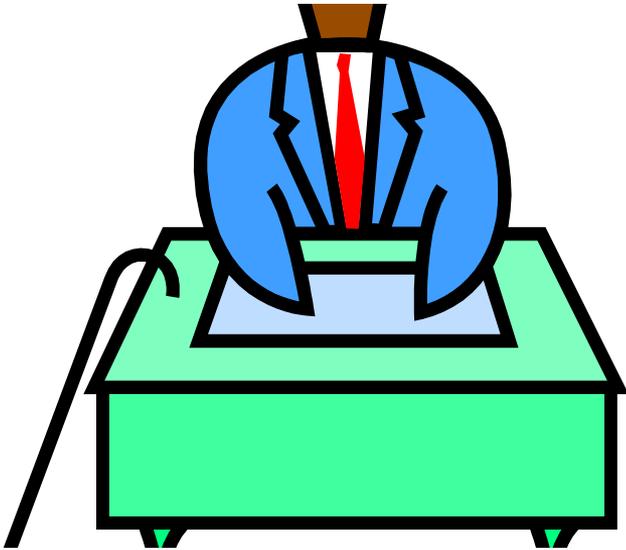


- Record if the case involves one or more days away from work
- Check applicable box (OSHA 300) and count the number of days
- **Do not include the day of injury/illness**
- Count the number of **calendar days** the employee was unable to work (**include weekend days, holidays, vacation days, etc.**)
- **Cap day count at 180 days** away and/or days restricted
- Keep it in the year that happened
- May stop day count if employee leaves company for a reason unrelated to the injury or illness
- If a medical opinion exists, employer must follow that opinion



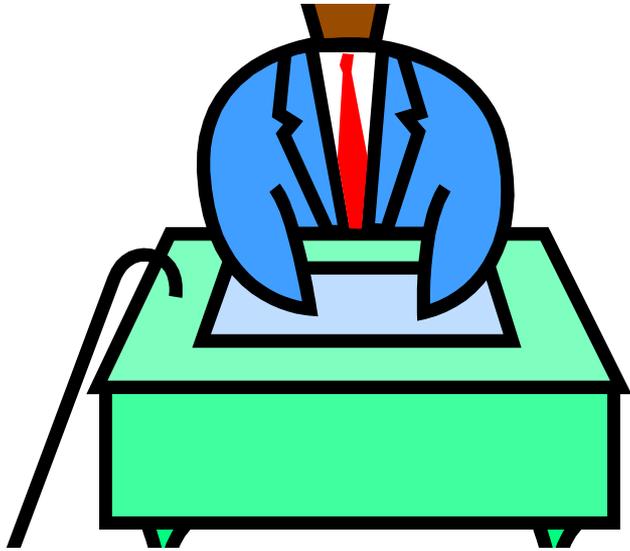
Restricted Work Cases

NOTE: An employee's routine job functions are those activities the employee regularly performs at least once per week



- Restricted work activity exists if the employee is:
 - Unable to work the full workday he or she would otherwise have been scheduled to work; or
 - Unable to perform one or more routine job functions

Restricted Work Cases Cont.



NOTE: A case is *not recordable* under 1904.7(b)(4) as a restricted work case if:

- The employee experiences minor musculoskeletal discomfort,
- A health care professional determines that the employee is fully able to perform all of his or her routine job functions, and
- The employer assigns a work restriction to that employee for the purpose of preventing a more serious condition from developing.

Job Transfer



NOTE: A case is recordable if the injured or ill employee performs his or her routine job duties for part of a day and is assigned to another job for the rest of the day

Medical Treatment



- Medical treatment is the management and care of a patient to combat disease or disorder.
- It does not include:
 - Visits to a PLHCP solely for observation or counseling
 - Diagnostic procedures
 - First aid

First Aid

- Using nonprescription medication at nonprescription strength
- Tetanus immunizations
- Cleaning, flushing, or soaking surface wounds
- Wound coverings, butterfly bandages, Steri-Strips
- Hot or cold therapy
- Non-rigid means of support
- Temporary immobilization device used to transport accident victims



- Drilling of fingernail or toenail, draining fluid from blister
- Eye patches
- Removing foreign bodies from eye using irrigation or cotton swab
- Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means
- Finger guards
- Massages
- Drinking fluids for relief of heat stress



Loss of Consciousness

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



Significant Diagnosed Injury or Illness

- The following **work-related** conditions must always be recorded at the time of diagnosis by a PLHCP:
 - Cancer
 - Chronic irreversible disease
 - Punctured eardrum
 - Fractured or cracked bone or tooth

Preexisting Conditions (CFR1904.5)

How do I know if an event or exposure in the work environment "significantly aggravated" a preexisting injury or illness?

- 1904.5(b)(4) A preexisting injury or illness has been significantly aggravated, for purposes of OSHA injury and illness recordkeeping, when an event or exposure in the work environment results in any of the following:
 - 1904.5(b)(4)(i) Death, provided that the preexisting injury or illness would likely not have resulted in death but for the occupational event or exposure.
 - 1904.5(b)(4)(ii) Loss of consciousness, provided that the preexisting injury or illness would likely not have resulted in loss of consciousness but for the occupational event or exposure.

Preexisting Conditions (CFR1904.5)

- [1904.5\(b\)\(4\)\(iii\)](#) One or more days away from work, or days of restricted work, or days of job transfer that otherwise would not have occurred but for the occupational event or exposure.
- [1904.5\(b\)\(4\)\(iv\)](#) Medical treatment in a case where no medical treatment was needed for the injury or illness before the workplace event or exposure, or a change in medical treatment was necessitated by the workplace event or exposure.

COVID-19 is a recordable illness, if:

- The case is a confirmed case of COVID-19, as defined by the Centers for Disease Control and Prevention (CDC);
- The case is work-related as defined in 1904.5 and
- The case involves one or more of the general recording criteria set forth in 29 CFR § 1904.7

OSHA Forms

- Employers must enter each recordable case on the forms within seven (7) calendar days of receiving information that a recordable case occurred
- An equivalent form has the same information, is as readable and understandable, and uses the same instructions as the OSHA form it replaces
- Forms can be kept on a computer as long as they can be produced when they are needed (i.e., meet the access provisions of 1904.35 and 1904.40)

OSHA's Form 301

Injury and Illness Incident Report

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



U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by _____

Title _____

Phone (____) _____-____ Date ____/____/____

Information about the employee

- 1) Full name _____
- 2) Street _____
City _____ State _____ ZIP _____
- 3) Date of birth ____/____/____
- 4) Date hired ____/____/____
- 5) Male
 Female

Information about the physician or other health care professional

- 6) Name of physician or other health care professional _____

- 7) If treatment was given away from the worksite, where was it given?
Facility _____
Street _____
City _____ State _____ ZIP _____

- 8) Was employee treated in an emergency room?
 Yes
 No
- 9) Was employee hospitalized overnight as an in-patient?
 Yes
 No

Information about the case

- 10) Case number from the Log _____ (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness ____/____/____
- 12) Time employee began work _____ AM / PM
- 13) Time of event _____ AM / PM Check if time cannot be determined
- 14) **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. *Example:* "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
- 15) **What happened?** Tell us how the injury occurred. *Examples:* "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
- 16) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." *Examples:* "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
- 17) **What object or substance directly harmed the employee?** *Examples:* "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.
- 18) **If the employee died, when did death occur?** Date of death ____/____/____

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G) _____	(H) _____	(I) _____	(J) _____

Number of Days

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

Injury and Illness Types

Total number of . . .
(M)

(1) Injuries _____	(4) Poisonings _____
(2) Skin disorders _____	(5) Hearing loss _____
(3) Respiratory conditions _____	(6) All other illnesses _____

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

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time to review the instructions, search existing data sources, gather the data needed, and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this data collection, including suggestions for reducing the burden, to Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name _____

Street _____

City _____ State _____ ZIP _____

Industry description (e.g., *Manufacture of motor truck trailers*) _____

Standard Industrial Classification (SIC), if known (e.g., 3713) _____

OR

North American Industrial Classification (NAICS), if known (e.g., 336212) _____

Employment information (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees _____

Total hours worked by all employees last year _____

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive _____ Title _____

(____) / ____ / ____ Date

Phone _____

When should incidents be redlined?

- Throughout the incident investigation process, new information may come to light for a [OSHA recordable incident case](#) that has been recorded on the OSHA 300 log, which makes it no longer considered as a recordable incident.
- Redlining often occurs when supervisors or safety professionals may have incomplete or conflicting information when completing the initial incident investigation of an incident. For example, a physician may propose an initial treatment that is defined as medical treatment beyond first aid, while a 2nd physician may propose a first aid only medical treatment. The incident investigator may initially determine the incident as OSHA recordable based on the recommendation of the 1st physician but later need to redline the incident on determining that the employee followed the recommendation of the 2nd physician.

Covered Employees (CFR1904.31)

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

Fatality/Catastrophe Reporting (CFR1904.39)

- Report within 8 hours any work-related fatality
- Report within 24 hours any work-related amputation, loss of an eye, or in-patient hospitalization of one or more employees
- Do not need to report highway or public street motor vehicle accidents (outside of a construction work zone)
- Do not need to report commercial airplane, train, subway or bus accidents

Retention and Updating (CFR1904.44)

- Retain forms for 5 years following the year that they cover
- Update the OSHA Form 300 during that period
- Need not update the OSHA Form 300A or OSHA Form 301

Providing Records to Government Representatives (CFR1904.40)

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

Electronic Reporting

- Many, but not all, establishments must electronically report their Form 300A data to OSHA on an annual basis.
 - Establishments with 20-249 employees that are classified in certain industries - See Appendix A of subpart E of Part 1904.
 - Establishments with 250 or more employees that are currently required to keep OSHA injury and illness records
- Covered establishments must submit information from their completed Form 300A by March 2 of each year.
- OSHA provides a secure website where employers create an account, enter, and submit their data. Information about and access to the Injury Tracking Application (ITA) is available at <https://www.osha.gov/injuryreporting/index.html>

Thank you!

For more information contact:

USF SafetyFlorida Consultation Program

www.usfsafetyflorida.com

1-866-273-1105

USF OTI Education Center

www.usfotiec.org

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Questions

