



**HIOSH
RECORDKEEPING
RULE
TRAINING
MANUAL**

ABOUT THIS MANUAL

PURPOSE: The purpose of this manual is to assist businesses in understanding the revised recordkeeping regulation, which is scheduled to become effective January 1, 2002.

HOW TO USE IT: The manual is organized to follow the regulation, including 1904.0 (Purpose) to 1904.46 (Definitions) and 1952.4 (Injury and illness recording and reporting requirements for State Plans.) Six exercises have been included to promote discussion and participation, in the event that the manual is used in an instructional environment.

DISCLAIMER: This workbook was compiled and edited by Ken Hirai, Occupational Safety and Health Advisor, Hawaii Occupational Safety and Health Division (HIOSH), Department of Labor and Industrial Relations, State of Hawaii. Materials in this workbook are based on 29 CFR Parts 1904 and 1952, Occupational Injury and Illness Recording and Reporting Requirements, Final Rule, as published in the Federal Register, Friday, January 19, 2001, and information available at the time of publication. The materials in this workbook are not intended to replace the regulation itself. Rather, they are intended to assist employers in understanding the requirements of the regulation, and to record and report work-related fatalities, injuries and illnesses.

On October 12, 2001, OSHA published a Federal Register Notice to delay the effective date of provisions of the final rule related to Hearing Loss, definition of Musculoskeletal Disorders (MSDs), checking an MSD column on the OSHA Form 300, and MSDs not being considered privacy concern cases. The notice also added a new paragraph related to recording cases of work-related Hearing Loss during calendar year 2002.

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WELCOME

Welcome to the Recordkeeping Regulation training. This training is designed to be an interactive learning experience. Your participation is crucial to the learning process. Ask questions, contribute, and have fun!

PURPOSE

This training is intended to familiarize you with the new recordkeeping regulation. At the conclusion of this training, you will be able to coach others in recordkeeping according to the standard.

OBJECTIVES

The information and exercises will enable you to:

1. Properly complete the required or appropriate records (300 Log, 300-A Summary, 301 Incident Report, WC-1 Employer's Report of Industrial Injury, Confidential List of Privacy Concern Cases.)
2. Discuss other recordkeeping requirements, i.e., employee involvement, etc.
3. Be familiar with reporting requirements for fatalities, injury and illness to HIOSH.

Introduction

This course provides you with information and instructional material to enable employers to comply with the new Occupational Injury and Illness Recording and Reporting Requirements; Final Rule, as published in the Federal Register, Friday, January 19, 2001, with an effective date of January 1, 2002.

On June 29, 2001 Secretary of Labor Elaine L. Chao announced that the regulation would go into effect as scheduled. However, the announcement stated that OSHA would be seeking comment on two proposed modifications to the rule—one related to the recording of work-related hearing loss, and the other related to the recording of “musculoskeletal disorders”.

Background

The previous regulation was last clarified in the “Blue Book” in 1986. Since then, there have been major changes in requirements for injury and illness recordkeeping. In 1986, for example, relatively few work-related musculoskeletal disorders, tuberculosis and stress claims were reported. In order to meet one of the primary purposes for recordkeeping – to raise employer awareness of workplace hazards and to help employers and employees to identify and control such hazards – a revision of the regulation was required.

The new recordkeeping rule is a regulation, not a standard. A standard specifies measures to be taken to remedy known occupational hazards. A regulation, on the other hand, is a means to effectuate other statutory purposes, including the collection and dissemination of records on occupational injuries and illnesses.

As with many recent regulations and standards, it is written in plain language, and in a question and answer format. The recordkeeping forms are printed on 8-1/2 by 14 inch paper (legal size).

Under the former rule, most employers maintained two forms to satisfy recordkeeping requirements – the OSHA 200 Log and Summary of Occupational Injuries and Illnesses, and the WC-1 Employer’s Report of Industrial Injury, which was considered to be equivalent to the OSHA 101 Supplementary Record of Occupational Injuries and Illnesses.

The new rule may require employers to maintain up to four or five records:

OSHA Form 300 - Log of Work-Related Injuries and Illnesses

OSHA Form 300A - Summary of Work-Related Injuries and Illnesses

OSHA Form 301 - Injury and Illness Incident Report

WC-1 - Employer's Report of Industrial Injury

Confidential Privacy Concern Case Log

Fundamental Principles/Purpose (1904.0)

Recording or reporting work-related fatality, injury or illness does not mean that:

The employer or employee was at fault, or

A violation of regulations has taken place, or

The employee is eligible for workers' compensation or other benefits

Recordkeeping Exemptions

Size (1904.1) -- If your company, including all establishments, had 10 or less employees **at all times** in the last calendar year, you do not have to maintain injury and illness records, unless you are informed in writing that you must keep records.

Industry (1904.2) -- Low hazard industries do not need to keep OSHA injury and illness records, unless they are asked to keep the records. These industries are in Standard Industrial Codes (SICs) 52 to 89, and include retail, service, finance, insurance and real estate. The full list of eligible industries is listed in Appendix A to the regulation. **Hardware stores (SIC 525) and Health Services (SIC 80's) including offices and clinics of medical doctors and dentists, specialty outpatient facilities (drug treatment, mental health centers, etc.) are NOT partially exempted in the State of Hawaii.**

The SIC exemption applies to individual establishments. Injury and illness records must be maintained for any establishment that is outside of the exempted SICs. Therefore, in some companies, records may be required for some establishments, while others may be exempt.

Basis for selecting industries for exemption: Using a 3-digit SIC, industries which were below 75% of the national average for their SIC, during the last 3 years prior to the rule were placed on the list of partially exempt industries.

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

Employers are not required to keep OSHA injury and illness records for any establishment classified in the following Standard Industrial Classification (SIC) codes unless they are asked in writing to do so by OSHA, the Bureau of Labor Statistics (BLS), or a state agency operating under the authority of OSHA or the BLS. All employers, including those partially exempted by reason of company size or industry classification, must report to OSHA any workplace incident that results in a fatality or the hospitalization of three or more employees (see §194.39).

SIC CODE	INDUSTRY DESCRIPTION	SIC CODE	INDUSTRY DESCRIPTION
525	Hardware Stores	725	Shoe Repair and Shoeshine Parlors
542	Meat and Fish Markets	726	Funeral Service and Crematories
544	Candy, Nut, and Confectionery Stores	729	Miscellaneous Personal Services
545	Dairy Products Stores	731	Advertising Services
546	Retail Bakeries	732	Credit Reporting and Collection Services
549	Miscellaneous Food Stores	733	Mailing, Reproduction, & Stenographic Services
551	New and Used Car Dealers	737	Computer and Data Processing Services
552	Used Car Dealers	738	Miscellaneous Business Services
554	Gasoline Service Stations	764	Reupholstery and Furniture Repair
557	Motorcycle Dealers	78	Motion Picture
56	Apparel and Accessory Stores	791	Dance Studios, Schools, and Halls
573	Radio, Television, & Computer Stores	792	Producers, Orchestras, Entertainers
58	Eating and Drinking Places	793	Bowling Centers
		—	Offices & Clinics of Medical Doctors
592	Liquor Stores	802	Offices & Clinics of Dentists
594	Miscellaneous Shopping Goods Stores	803	Offices of Osteopathic Physicians
599	Retail Stores, Not Elsewhere Classified	804	Offices of Other Health Practitioners
60	Depository Institutions (banks & savings institutions)	807	Medical and Dental Laboratories
61	Nondepository Institutions (credit institutions)	809	Health and Allied Services, Not Elsewhere Classified
62	Security and Commodity Brokers	81	Legal Services
63	Insurance Carriers	82	Educational Services (schools, colleges, universities and libraries)
64	Insurance Agents, Brokers, & Services	832	Individual and Family Services
653	Real Estate Agents and Managers	835	Child Day Care Services
654	Title Abstract Offices	839	Social Services, Not Elsewhere Classified
67	Holding and Other Investment Offices	841	Museums and Art Galleries
722	Photographic Studios, Portrait	86	Membership Organizations
723	Beauty Shops	87	Engineering, Accounting, Research, Management, and Related Services
724	Barber Shops	899	Services, not elsewhere classified

“Establishment” means a single physical location where business is conducted or where services of industrial operations are performed; for example, a factory, mill, store, hotel, restaurant, movie theater, farm, ranch, bank, sales office, warehouse, or central administrative office (12-50-2).

SIC’s can be determined by using the Standard Industrial Classification Manual, Executive Office of the President, Office of Management and Budget. The manual can be viewed on the OSHA Internet Homepage, www.osha.gov , under Inspection Data. HIOSH offices can assist in determining your SIC.

Exercise No. 1 -- ABC Ranch has a total of 15 employees. The business is located on two properties. On one property, 9 employees operate a cattle ranch (SIC 0212). On the other property, 6 employees operate a retail store, which sells candy, nuts, and other confectionery to tourists. Which establishment, if any, must maintain records of injury and illness?

Other Government Recordkeeping Requirements (1904.3)

Hawaii's WC-1 Employer's Report of Industrial Injury has recently been modified with data elements from OSHA's Form 301. The WC-1 Report can now be used to meet the injury/illness reporting requirement at the Hawaii Disability Compensation Division(DCD) and OSHA (for Form 301).

Reporting Requirements

Regardless of the size of a company or establishment, or the SIC involved, any work-related incident resulting in:

Death of any employee

Inpatient hospitalization of three or more employees

Property damage in excess of \$25,000,

must be orally reported to HIOSH within eight hours of the incident, or the time the incident is reported to any agent or employee of the employer.

Exercise No. 2 -- XYZ and Associates is an insurance company. At 7:30 a.m. the company van, with three employees is involved in a traffic accident with a large construction crane. Two employees are treated at a hospital emergency room and released. The third employee is transferred to an inpatient ward for observation. Must the company report the accident? What is the latest time that the company must report the accident to HIOSH?

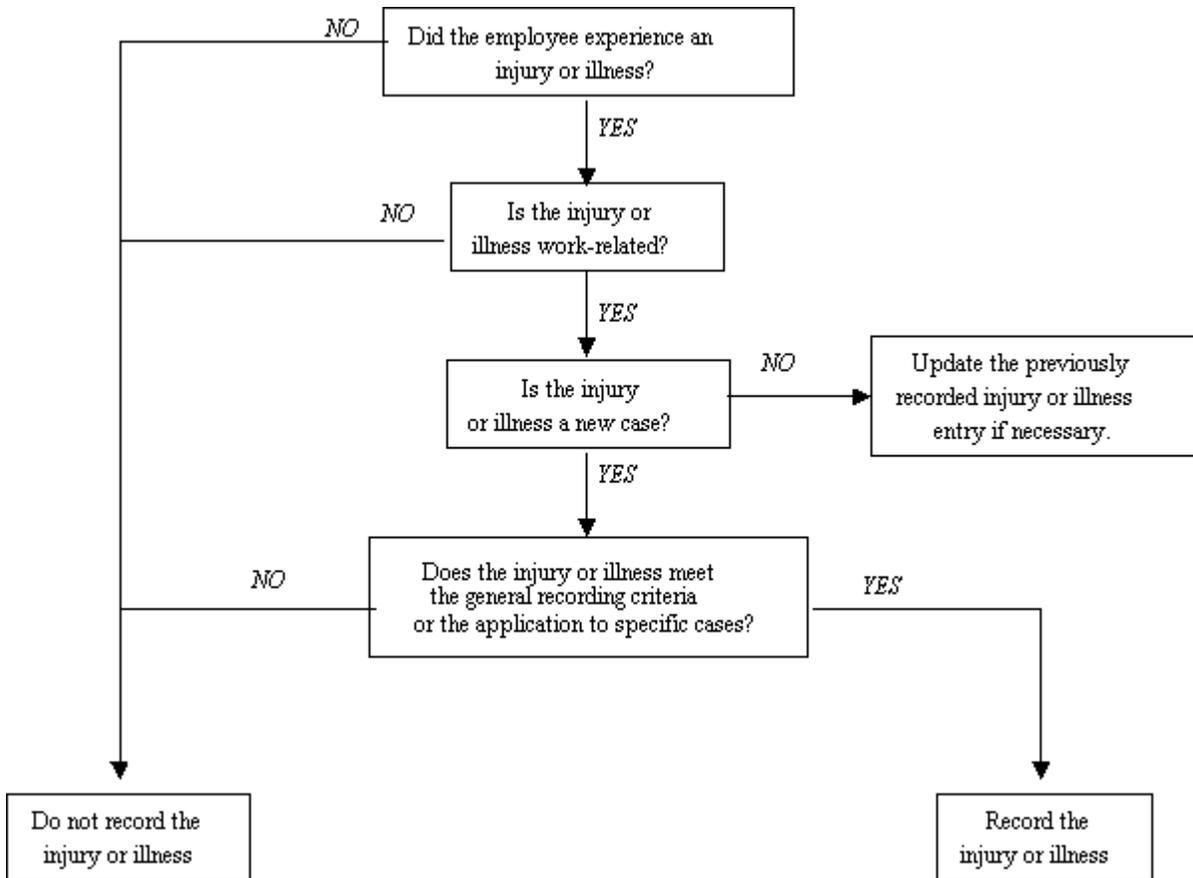
Recordkeeping Forms and Recording Criteria (1904.4)

If your company, because of size or SIC, is required to keep records, then any fatality, injury, or illness must be recorded if it:

- Is work-related (1904.5); and
- Is a new case (1904.6); and
- Meets one or more of the General Recording Criteria (1904.7); or
- Meets the recording criteria for Needlestick and sharps, Medical removal, Hearing loss*, Tuberculosis, and Musculoskeletal disorders (1904.8 thru 1904.12)*

*Recording of work-related hearing loss, the definition of “musculoskeletal disorder” and checking the MSD column on the OSHA Log postponed for one year.

Decision Tree for Recordability



Work-relatedness (1904.5)

An event or exposure in the work environment either:

Caused or contributed to the injury or illness **or**

Significantly aggravated a pre-existing injury or illness

Work Environment

The establishment and other locations where one or more employees work, or are present as a condition of employment.

Includes physical locations, equipment, or materials used during work.

Presumption of Work-relatedness

Work-relatedness is presumed, **unless the following exceptions apply:**

Employee was a member of the general public,

Injury or illness surfaced at work, but resulted from non-work-activity,

Employee was participating in a voluntary wellness program (blood donation, exercise class, etc.),

Injury or illness results from eating, drinking, or preparing food for personal consumption (unless food was contaminated by workplace contaminants),

Employee was doing personal tasks outside of assigned working hours,

Injury or illness results from personal grooming, self-medication for non-work-related condition, or is self-inflicted,

Employee was in a motor vehicle accident on company property while commuting,

Illness is the common cold or flu (other contagious diseases contracted at work are work-related).

Illness is a mental illness (unless employee voluntarily provides an opinion from a Physician or Other Licensed Health Care Professional (PLHCP), that the illness is work-related).

Handling a case when **work-relatedness is questionable**.

Employer must evaluate work duties and environment, then decide whether exposures in the work environment either caused, contributed, or significantly aggravated the condition.

Exercise No. 3 – Employee cuts finger while preparing vegetables for the company Christmas party. Employee was in the lunchroom, using another employee’s knife. Employee was taken to the emergency room, where a physician cleaned and closed the wound with a butterfly bandage. Employee returned to work the same day. Was the injury work-related?

Preexisting Injury or Illness

Handling a case when **“significant aggravation” of a preexisting injury or illness is questionable**.

Work relatedness occurs if an event or exposure in the workplace results in any of the following, provided that the preexisting condition, in itself, would not have resulted in the same outcome:

Death,

Loss of consciousness,

One or more days away from work, days of restricted work or job transfer,

Medical treatment (management and care of a patient to combat disease or disorder),

Which injuries and illnesses can be considered **“preexisting conditions”**?

Injuries and illnesses which result solely from a non-work-related event or exposure that occurred outside the work environment.

Travel Status

Handling a case which occurs while on **travel status**.

Work-related injuries and illnesses can occur while the employee is on travel status as long as the employee is engaged in work activities which are **“in the interest of the employer.”** Therefore, work-related injuries and illnesses do not have to occur on the premises. Two exceptions to work-relatedness on travel:

Injuries and illnesses which occur in a hotel, motel, or other temporary residence, are considered to have occurred in a **“home away from home”**, and are generally not work related.

Exercise No. 4 -- Employee is in a motel room, on a business trip. While walking to answer a telephone call from the company, employee accidentally kicks the leg of a coffee table, injuring his foot. X-ray taken immediately after the accident, reveals that a bone in the foot is fractured. Is the injury work related? If a similar injury, under similar circumstances, had happened in the employee's home, would the injury be work related?

Injuries and illnesses which occur when the employee takes a personal detour are generally not work related.

Working at Home

Handling a case which occurs while **working at home**.

Work-relatedness is based on the following criteria:

Work is performed for **pay or compensation**, and

Injury or illness is **directly related to the performance** of work, as opposed to the general home environment.

New Cases (1904.6)

Employee has never experienced the same type of injury or illness that affects the same part of the body, or

Having experienced an injury or illness, the employee recovers completely, and another event or exposure in the work environment causes the signs or symptoms to reappear.

Handling a chronic work-related illness.

In the absence of an exposure in the workplace, chronic illnesses, such as occupational cancer, asbestosis, etc., are **only recorded once**.

Handling multiple events or exposures.

Each incident resulting in signs or symptoms of an injury or illness must be **treated as a new case**.

Reliance on PLHCP to determine new case or recurrence of an old case.

You do not have to seek the advice of a PLHCP, however if you do, you must follow the recommendation. If you receive two or more recommendations, you must make a decision and record the case based on the most authoritative recommendation.

General Recording Criteria (1904.7)

An injury or illness is considered recordable if it results in any one of the **general recording criteria**:

Death [1904.7(b)(2)]

Days away from work [1904.7(b)(3)]

Restricted work or transfer to another job [1904.7(b)(4)]

Medical treatment beyond first aid [1904.7(b)(5)]

Loss of consciousness [1904.7(b)(6)]

Significant injury or illness diagnosed by a PLHCP [1904.7(b)(7)]

Recording Work-related Fatalities

Check the block on the OSHA 300, under the “Death” category. Report the fatality to HIOSH within eight (8) hours.

Recording “Days away from work”

Check the block on the OSHA 300, under the “Days away from work” category.

For extended absences, estimate the number of days the employee will be away, and update the log with actual days, when known.

Count from the day after the injury or illness.

If a PLHCP recommends days away, but employee continues to work, the number of recommended days away must be logged. If two or more PLHCP are involved, follow the most authoritative recommendation.

If a PLHCP recommends return to work, but employee stays away, count ends on date of recommended return.

Count calendar days, including weekends, holidays, or days employee was not scheduled to work.

Total days away from work and/or days of job transfer or restriction is “capped” at 180 days.

If employee terminates employment for reasons unrelated to the injury or illness, the count can stop. If employee leaves because of the injury or illness, estimate and log the total number of days away and/or days of restriction/job transfer.

Exercise No. 5 -- Employee is terminated for violating a company safety rule. The rule violation caused an accident, in which another worker was fatally injured. The employee received injuries, which require restricted work. Must the employer estimate and log total number of restricted work days following the termination?

Each injury or illness is only recorded once—in the year the case occurred. If employee is still away when annual summary is prepared, estimate the total calendar days away, and update the log when the day count is known, or the 180 day cap is reached.

Recording Restricted Work/Job Transfer

Place a check in the block under “job transfer or restriction”, and enter the number of days in the “On job transfer or restriction” column.

Restricted work occurs when employee is denied performance of one or more routine job functions, or a full workday by the employer or PLHCP.

“Routine functions” are work activities which employee would perform at least once per week.

Restriction or job transfer is **not** recorded, if it only applies to the day of injury or illness.

Work restriction is logged only if it affects the employee’s performance of routine functions. If employee is restricted from lifting, but the employee’s routine functions do not include lifting, there is no work restriction.

A partial work shift is logged as a day of job transfer/restriction, but not on the day of injury or illness.

If employee works a full shift, and performs all routine functions – but at a slower pace, there is no work restriction.

If PLHCP recommends vague restrictions, such as, “take it easy”, work restrictions, as defined by the standard, must be clarified. If clarification cannot be obtained, the case will be logged as restricted work.

If PLHCP recommends job restriction, but employee works anyway, the case must be logged as recommended. In addition, the employer should insure that employee complies with the restriction.

Job transfer occurs when employee is assigned to another job for part of a day – but not on the day of injury or illness.

Job transfer or work restriction are recorded in the same block of the OSHA 300.

Job transfer or work restriction are counted in the same way as days away from work. However, if employee is permanently transferred to a job that has been modified or permanently changed to eliminate the routine functions that the employee was restricted from performing, the count stops when the modification or change is made permanent. At least one day must be counted.

Recording Medical Treatment Beyond First Aid

When employee receives medical treatment, but the injury or illness did not involve death, one or more days away from work, restricted work, or job transfer, the case is logged under the column “Other recordable cases”.

“Medical treatment” is the management and care of a patient to combat disease or disorder. Medical treatment does **not** include:

Visits to a PLHCP for observation or counseling,

Diagnostic procedures, such as X-ray or blood tests;

First aid – complete list for recordkeeping purposes:

Nonprescription medication at nonprescription strength

Tetanus immunization (other vaccinations are medical treatment)

Cleaning wounds on surface of skin

Use of bandages and gauze pads (including butterfly bandages)

Hot or cold therapy

Non-rigid means of support, such as elastic bandages

Temporary immobilization devices used for transport (slings, etc.)

Drilling finger/toenail to relieve pressure, draining a blister

Eye patches

Irrigating foreign bodies from the eye, including use of cotton swab

Removing splinters/foreign material with tweezers, swabs

Finger guards

Massages (physical therapy or chiropractic are medical treatment)

Consuming fluids to relieve heat stress

For the purpose of the standard, first aid treatments can be provided by a PLHCP. Medical treatment can be provided by someone other than a PLHCP.

Medical treatment recommendations of a PLHCP must be logged, even if the employee does not follow the recommendation.

Recording Loss of Consciousness

Loss of consciousness is recorded, regardless of the length of time.

Recording “Significant” diagnosed injury or illness by a PLHCP

Cases involving cancer, chronic irreversible disease, fractured or cracked bone, or eardrum puncture must be **recorded at the time of diagnosis** by a PLHCP -- even if such cases do not require medical treatment or work restrictions at the time of diagnosis.

Recording Needlestick and Sharps Injuries (1904.8)

For privacy purposes, the employee’s name is not entered on the OSHA 300.

All injuries from needles and sharp objects that are contaminated with another person’s blood or other potential infectious material (OPIM) must be recorded with a check in the “Injury” column.

“OPIM” includes semen, vaginal secretions, saliva in dental procedures, any fluid visibly contaminated with blood, and other human body fluids, unfixed human tissues or organs, and other HIV or HBV-infected tissues, blood or organs, from humans or experimental animals (see definition in HIOSH Standard 12-205.1).

Cuts, lacerations, punctures, or scratches are only recorded if they are work related and involve contamination with another person’s blood or OPIM, **or** if the case falls under one of the general recording criteria.

In the absence of cuts, lacerations, punctures, or scratches, exposure to blood or OPIM need not be recorded unless:

The exposure, such as a splash, results in a diagnosis of bloodborne illness, or the case falls under one of the general recording criteria.

Recorded injuries which are later diagnosed as an infectious disease, must be updated on the OSHA 300. The description must be changed to identify the infectious disease, the classification must be changed from injury to illness, and, it is a privacy concern case, the employee's name must be removed.

Recording Cases Involving Medical Removal (1904.9)

Medical removal under the medical surveillance requirements of a HIOSH standard must be recorded on the OSHA 300.

Medical removal cases are logged as "days away from work" or restricted work activity.

When chemical exposure is the cause of medical removal, the block under "Poisoning" must be checked.

Not all HIOSH standards have medical removal provisions. Standards which feature medical removal include lead, cadmium, MeCl, formaldehyde, etc.

Voluntary removal from exposure, before required medical removal, is not recordable.

Recording Occupational Hearing Loss (1904.10) *(Postponed for one year -- until Jan 1, 2003)**

Any Standard Threshold Shift (STS) must be recorded by checking the block under "Hearing Loss".

STS is defined as a change in hearing threshold, relative to the most recent audiogram, of an average of 10 decibels (dB) or more at 2000, 3000, and 4000 hertz in one or both ears.

To determine if an STS has occurred, compare the employee's current audiogram with:

Employee's baseline audiogram, if the employee has never experienced a recordable hearing loss, or

Employee's revised baseline audiogram, if the employee has previously experienced a recordable hearing loss.

When comparing audiogram results, adjustment can be made for age by using Tables F-1 (Males) or F-2 (Females), Appendix F, 29 CFR 1910.95.

A hearing loss need not be recorded, if a retest is performed within 30 days of the first test, and the retest does not confirm the STS. However, if the retest confirms the STS, the hearing loss illness must be recorded on the OSHA 300 within 7 calendar days of the retest.

Work-relatedness is presumed if the employee is exposed to an 8-hour TWA of 85 dBA or greater, or a total dose of 50%. However, when such conditions do not exist, work-relatedness can be determined by applying the standard rules in 1904.5.

Hearing loss is not recordable if a PLHCP determines that the hearing loss was not work-related or was not significantly aggravated by occupational noise exposure.

**** From Jan 1, 2002 to Dec 31, 2002, work-related hearing loss averaging 25dB or more at 2000, 3000, and 4000 hertz in either ear must be recorded.***

Recording Tuberculosis (TB) (1904.11)

A TB case is recorded by checking the block under “Respiratory infection”, if:

Employee was occupationally exposed to anyone with a known case of active TB,
and

Employee subsequently develops a TB infection, a positive skin test, or is
diagnosed by a PLHCP.

A positive skin test result obtained at a pre-employment physical is not recordable, because the employee was not occupationally exposed in the work environment (employee has not started work.)

A recorded TB case can be lined-out or erased, under the following circumstances:

Employee lives in a household with a person with active TB,

The Health Department identified the employee as a contact of another individual with active TB, unrelated to the work environment,

A medical investigation confirms that employee’s TB infection was unrelated to the work environment.

Recording Musculoskeletal Disorders (MSD) (1904.12) *(Postponed for one year -- until Jan 1, 2003)*

Work-related MSD is recorded by checking the block under “Musculoskeletal disorders”.
(Postponed for one year.)

MSDs include disorders of the muscles, nerves, tendons, ligaments, joints, cartilage and spinal discs. MSDs do not include disorders caused by slips, trips, falls, motor vehicle accidents, or other similar accidents. Examples of MSDs include Carpal tunnel syndrome, Rotator cuff syndrome, Trigger finger, Carpet layers knee, Herniated spinal disc, and Low back pain. *(Postponed for one year.)*

Work-related injuries involving muscles, nerves, tendons, ligaments, joints, cartilage and spinal discs are recorded using the same criteria for any other injury or illness, i.e., work-related, a new case, or involving days away from work, restricted work or transfer to another job, or medical treatment beyond first aid. Under Column M on the OSHA 300 Log, a check must be placed under “injury” or “all other illnesses”.

Subjective symptoms, such as tingling, burning, numbness, etc., must be recorded if the case meets the recording criteria.

Completing the OSHA 300 Log of Work-Related Injuries and Illnesses (1904.29)

Instructions for filling out the log are included with the form. A few highlights:

Protect the confidentiality of employees to the extent possible.

Record specific details about what happened and how it happened.

Separate records and logs must be kept for separate establishments that are expected to remain in operation for one year or longer.

Injuries are recorded under the “Injury” column. Illnesses are recorded under one of the five illness columns. The definitions of injury and illness differs from the previous regulation only in minor respects. Simply,

Injuries result from a work accident or from an exposure involving a single incident (cut, fracture, sprain, amputation, etc.)

Illnesses, acute and chronic, are associated with exposure to environmental factors, and are caused by inhalation, absorption, ingestion, or direct contact.

Exercise No. 6 – Employee is “stung” by a bee (injected with bee venom). Employee has difficulty breathing. In the ambulance, employee loses consciousness briefly, but is revived by paramedics. At the hospital emergency room, antihistamine is administered. The employee recovers and returns to work. Is the case recordable? Did the employee suffer an injury or an illness? If illness, what type of illness?

Days are logged as calendar days and the count can stop at 180 days.

Days are counted starting the day after the injury or illness. (If work restriction or transfer is the only criteria, and is limited to the day of injury or illness, the case is not recordable.)

The OSHA 300 log is not posted. The totals are transferred to the OSHA 300A Summary, which is posted.

Entries on the OSHA 300 and 301(WC-1) must be posted within 7 calendar days of receiving information of a recordable case.

Records can be kept on equivalent forms, including forms produced by a computer, as long as the information is the same, readable, and understandable.

Recording Privacy Concern Cases

In the space under “Employee’s name”, enter “privacy case”. A separate, confidential list of the case numbers and employee names must be kept.

The following injuries and illnesses are considered privacy concern cases:

Injury or illness to an intimate body part or the reproductive system.

Injury or illness resulting from a sexual assault.

Mental illness.

HIV infection, hepatitis, or tuberculosis.

Needlestick and injuries from sharps contaminated with another person’s blood or OPIM.

Other illnesses, **excluding MSDs**, if the employee independently and voluntarily requests that his or her name not be entered on the log.

No other injuries or illnesses may be classified as privacy concern cases.

If omitting the employee's name is insufficient to protect confidentiality, discretion may be used in describing the injury or illness, omitting details of an intimate or private nature. However, enough information must be entered to identify the cause and general severity of the injury or illness.

When voluntarily providing access to the OSHA 300 or 301(WC-1) to other than government representatives, employees, former employees or authorized representatives, employees' names and other personally identifying information must be removed. However, personally identifying information may be disclosed to:

An auditor or consultant hired by the employer to evaluate the safety and health program.

The extent necessary for processing a claim for workers' compensation or other insurance benefits.

A public health authority or law enforcement agency for uses and disclosures for which consent, authorization, or opportunity to agree or object is not required under Department of Health and Human Services Standards for Privacy of Individually Identifiable Health Information, 45 CFR 164.512.

Multiple Business Establishments (1904.30)

A separate OSHA 300 log must be kept for each establishment that is expected to be in operation for one year or longer.

Injury and illness records must be maintained for short-term established, but not on a separate log.

Records may be kept at a company headquarters or other central location provided that:

Information about injuries and illnesses can be transmitted from the establishment to the central location within 7 calendar days of being informed that a recordable case has occurred, and

Records can be produced and sent from the central location to the establishment within required timeframes, i.e., to an employee by the end of the next business day.

Each employee must be linked to an establishment, for recordkeeping purposes. Therefore, injuries and illnesses of an employee who works at several different locations must be recorded on that employee's establishment log.

When an employee normally works at one establishment, but is injured at another establishment, record information on the OSHA 300 log of the establishment at which the injury or illness occurred.

When an employee is injured at a location away from an establishment, record information on the OSHA 300 log at the establishment where employee normally works.

Covered Employees (1904.31)

All employees on the payroll are covered (labor, executive, hourly, salary, part-time, seasonal, or migrant worker).

Employees who are supervised on a day-to-day basis, but are not on the payroll, are covered. Included are employees of temporary help services, employee leasing services, or personnel supply services.

The owner of a sole proprietorship or partners of a partnership are not considered employees for recordkeeping purposes.

Self-employed persons are neither covered by the OSH Act or the recordkeeping regulation.

Whoever supervises a contractor employee on a day-to-day basis must record the injury or illness. Coordination should be made with the contractor or a leasing service to make sure that each injury or illness is recorded only once.

Annual Summary (1904.32)

Basic requirements:

Review the OSHA 300 Log, verify accuracy and correct deficiencies.

Prepare , certify and post the OSHA 300A Annual Summary.

Completing the OSHA 300A Annual Summary

Total the columns on the OSHA 300 Log. Enter zeros if no recordable cases.

On the OSHA 300A, enter the calendar year covered and the establishment information in the block provided.

A company executive must certify that the entries are true, accurate, and complete. The company executive may be the owner, an officer of the corporation, the highest ranking company official at the establishment, or the immediate supervisor of that person.

The annual summary for each establishment must be posted in conspicuous places where employee notices are customarily posted, and must not be altered, defaced or covered by other material.

The annual summary is posted not later than February 1 of the year following the year covered by the records, and remains posted until April 30.

Retention and Updating of Records (1904.33)

The OSHA 300, 300A, 301(WC-1), and the privacy case list (if one exists), must be retained for 5 years following the end of the record year.

During the 5-year period, OSHA 300 Logs must be updated to include newly discovered cases or changes in classification of previously recorded cases.

The OSHA 300A and the OSHA 301 forms(WC-1) are not required to be updated.

Change in Business Ownership (1904.34)

Records must be maintained during the period of ownership. Upon transfer of ownership, records must be passed to the new owner, who must retain such records for the 5-year period.

Employee Involvement (1904.35)

Employees must be informed of how to report an injury or illness. The procedure must be clear, and allow for prompt reporting.

Employees, former employees, personal representatives, and authorized employee representatives must have access to records, with some limitations as follows:

Authorized employee representatives are authorized collective bargaining agents of employees.

Personal representatives are persons designated in writing by the employee, or legal representatives of deceased or legally incapacitated employees or former employees.

When requested, relevant OSHA 300 Logs and the OSHA 301(WC-1), must be provided by the end of the next business day.

When relevant OSHA 300 Logs are provided, employee names may not be removed. However names of employees should already be omitted for “privacy concern cases”.

When an authorized collective bargaining agent properly requests copies of the OSHA 301(WC-1) for an establishment where the agent has representation, only the information from the section titled “Tell us about the case” is given. All other information must be removed. The forms must be provided to the agent within 7 calendar days.

No charges may be made for initial copies of records. Reasonable charges for retrieving and copying may be made for additional copies.

Discrimination (1904.36)

The Hawaii Occupational Safety and Health Law prohibits discrimination against an employee for reporting hazards, injuries and illnesses, making a complaint, asking for injury and illness records, or exercising other rights afforded under the law.

State Recordkeeping Regulations (1904.37)

Hawaii has an approved State Plan approved by OSHA. Hawaii’s recordkeeping requirements for determining which injuries and illnesses are recordable and how they are recorded, are substantially identical to OSHA requirements.

Certain Hawaii-specific recording and reporting requirements may deviate from OSHA requirements (may be more stringent than or may supplement OSHA requirements), however such differences are approved by OSHA.

Under Hawaii's approved State Plan, state and county employees are covered by the regulation, along with development of injury/illness statistics for them.

Issuance of injury/illness or reporting and recording variances:

Federal OSHA prohibits the State from issuing variances to a private sector employer, and requires the state to recognize all variances issued by OSHA.

Approval of OSHA is required to issue a variance to a state or county government employer.

Variations (1904.38)

Requests for variances to keep records in a different manner from that prescribed in the regulation may be submitted to OSHA. Variances will be issued only if the alternative recordkeeping system:

Collects the same information as the regulation requires.

Meets the purposes of the regulation.

Does not interfere with the administration of the regulation.

Petitions for variance must include:

Company name and address; states in which variance would be used; address(es) of establishment(s) involved; why a variance is required; how proposed procedures would collect the same information and meet the purposes of the regulation; and a statement that employees have been informed of the petition by providing a copy and posting the petition.

Approval of variances involves:

Offering employees the opportunity to submit data about the petition.

Allowing the public to comment after publishing the petition in the Federal Register.

Consideration of all input from employees, the public, and requirements of the regulation.

When a variance petition is granted, the procedures, conditions, and reasons for granting the variance will be published in the Federal Register.

Alternative recordkeeping procedures may not be used without an approved variance.

Variance petitions do not affect pending citations, except that OSHA may elect not to review the petition, if citations are under review by a legal body (court, appeals board, etc.)

Variances may be revoked for good cause. The employer and employees may be given the opportunity to participate in revocation hearings.

Reporting Fatalities and Multiple Hospitalization Incidents (1904.39)

An oral report to HIOSH (808-586-9102), or a report in person shall be made within 8 hours of an accident or learning of an accident involving:

Loss of life; or

Injury to 3 or more employees requiring inpatient hospitalization; or

Property damage in excess of \$25,000.

The report must include establishment name, location, number of fatalities or hospitalized employees, extent of injuries, time of incident, contact person and telephone number, amount of property damage. Other information, including names of injured employees may be required.

Fatalities, multiple hospitalizations, or property damage which do not have to be reported:

Occurring as a result of motor vehicle accidents on public streets and highways. However, injuries must be recorded.

Occurring on a commercial or public transportation system.

Occurring more than 30 days of an incident.

Fatality caused by a heart attack must be reported.

Providing Records to Government Representatives, i.e., HIOSH (1904.40)

When requested, copies of records must be provided within 4 business hours.

OSHA Annual Survey (1904.41)

If selected to participate in the annual survey, employers must send the requested data to HIOSH by the date stated in the survey form.

Bureau of Labor Statistics (BLS) Survey (1904.42)

If selected to participate in the BLS Survey of Occupational Injuries and Illnesses, the survey form must be completed and returned per instructions promptly.

Transition from Previous Regulation

2001 data must be summarized and posted by February 1, 2002 and remain posted until March 1, 2002 (1904.43).

Data recorded under the previous regulation must be retained for 5 years. Access to the data must be provided in accordance with the current regulation, but are not required to be updated.

Key Definitions (1904.46)

An **establishment** is a single physical location where business is conducted, services or industrial operations are performed, except that:

Mobile worksites, i.e., construction, transportation, etc., are represented by the base establishment, main office, terminal, station, etc.

One location may have two or more establishments, if each establishment

Is a distinctly separate business;

Is engaged in a different economic activity;

When considered jointly, cannot be described by a single SIC;

Prepares separate reports on employment, wages, sales, etc.

One establishment can be located on more than one physical location, if

The locations are operated as a single business under common management;

The locations are in close proximity to each other;

One set of reports on employment, wages, sales, etc. is prepared.

When working from home, the home is not an establishment. The employee must be linked to an establishment.

Injury is an abnormal condition or disorder and includes, but is not limited to, a cut, fracture, sprain, or amputation.

Illness is an abnormal condition or disorder and includes, but is not limited to a skin disease, respiratory disorder, or poisoning.

Physician or Other Licensed Health Care Professional (PLHCP) is an individual whose legally permitted scope of practice (i.e., license, registration, or certification) allows him or her to independently perform, or be delegated the responsibility to perform, the activities described by this regulation.

Injury and Illness Recording and Reporting Requirements for State Plans (1952.4)

HIOSH recording and reporting requirements must be substantially identical to Federal requirements.

State and local government employers are included within the scope of the regulation.

Only Federal OSHA can grant variances to reporting and recording requirements. HIOSH must recognize any variances issued by Federal OSHA.

Hawaii may participate in the Annual OSHA Injury/Illness Survey and require selected employers to participate (1904.41).