



Welcome!



1 Hour Recordkeeping Seminar

Presented by: Brent Stinnett



Specializing in Keeping
Companies Safety Compliant!



Safety Training & Environmental Protection, LLC

For Best Practices in Emergency Preparedness...

We offer customized Emergency Response Guides

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- 14 tiered pages with site-specific information:
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 - Medical Emergency
 - Injured & Mobile
 - Injured & Unconscious
 - Severe Weather & Tornado Watch
 - Earthquake Event
 - Terrorist Threat
 - Bomb Threat
 - Suspicious Object
 - Fire Emergency
 - Site-Specific Chemical Release
 - Hazardous material/waste- small spill
 - Active Shooter
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STEP Your Partner in Safety

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Safety Training & Environmental Protection, LLC
1205 Center Drive | Murray, KY 42071 | Phone: 270-753-6529
www.stepky.com | Email: step@stepky.com

Was it Work Related?

Did it occur in the **work environment**?

- At the establishment?
- One or more employees working here?
- Condition of employment?

Considered work related if an event or exposure in the work environment **caused or significantly aggravated** a pre-existing injury or illness.

- Death, loss of consciousness, Days away, Restricted, Transfer, Medical Treatment

Employee Accident Incident Report

Personal Information

Name: _____ Date of Birth: _____

Home Address: _____ Other Telephone: _____

Social Security Number: _____

Phone No: _____



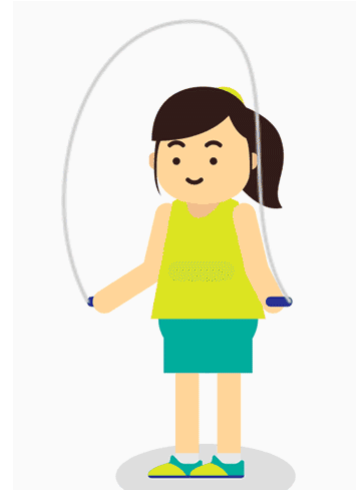
Exceptions to Work Relatedness



On premises as a member of the general public and performing personal tasks outside working hours



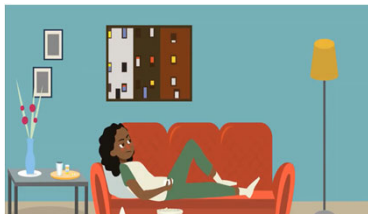
Symptoms arising in work environment are solely due to non-work related event or exposure



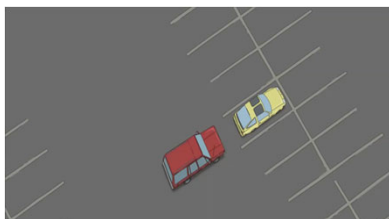
Voluntary participation



Exceptions Cont'd



Common cold or flu, mental illness



Motor vehicle accident in parking lot/access road during commute



Eating, drinking, or preparing food/drink for personal consumption



Personal grooming, self medication for non-work related condition, or intentional self harm



What About When Traveling?

Only if the employee was engaged in work activities in the interest of the employer

Exceptions



Home away from home



Detour for **personal reasons**



Travel outside the U.S.



Now that we have decided it's work related, is it recordable?

Is it a New Case?

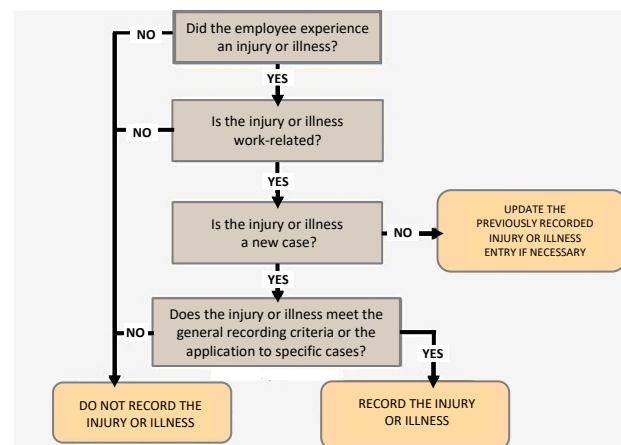
Affects a different body part

Has not experienced before

Completely healed and injury occurs again

Exposure in the work place

triggers the recurrence





It's recordable if...

Fatality

Any work-related diagnosed case of cancer, chronic irreversible diseases, fractured or cracked bones or teeth, and punctured eardrums

Loss of consciousness, days away from work, restricted work, or transfer to another job

Special recording criteria: infected needlesticks and sharps injuries; medical removal; hearing loss; and tuberculosis (TB)

Medical treatment beyond first aid

Days Away/Restricted/Transfer

1. Do not count day of injury
2. 180 days max (ALL DAYS)
3. If employee quits and unrelated to injury, stop count
4. If employee's job is permanently changed, stop count
5. Medical removal counted the same unless voluntary

First Aid vs Medical Treatment

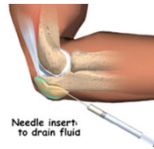
This **does not** include observation by PLHCP, diagnostic procedures, or first aid

First aid is the following (exhaustive list):

- Drilling of nail



- Draining fluid



- Eye patch, Foreign body from eye with irrigation/cotton swab



- Finger guard



- Massage



- Drinking fluids for heat relief



- Splinter with above method, tweezers or other simple means



What about stretching???

First Aid Continued

- Nonprescription meds at non prescription strength



- Tetanus immunization



- Cleaning, flushing, soaking surface wounds



- Wound coverings



- Hot/cold therapy



- Non-rigid support



- Temp. immobilization device



What about medical glue???



Significant Illness or Injury

<p>If medical treatment does not exist or is not recommended at time of diagnosis (cancer, cracked bone, punctured ear drum)</p>		<p>Hearing Loss: Standard threshold shift</p>	<p>TB Skin Test Forearm TB: must be a positive test</p>	<p>Musculoskeletal Disorder</p>

Top 6 Recordkeeping Violations

1. Reporting fatalities (1904.39)
2. Forms (1904.29)
3. Annual Summary (1904.32)
4. Electronic Submission (1904.41)
5. Providing Records to Govt. Officials (1904.40)
6. Recording Criteria (1904.4)



Reporting Fatalities (1904.39)

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

Inspection Number: 1317338
Inspection Date(s): 05/18/2018 - 05/18/2018
Issuance Date: 10/23/2018



Citation and Notification of Penalty

Company Name: NORTHEAST FRAMING, INC
Inspection Site: 191 Paris Street, East Boston, MA 02128

Citation 3 Item 1 Type of Violation: **Other-than-Serious**

29 CFR 1904.39(a)(1): The employer did not report within 8-hours the death of an employee resulting from a work-related incident

Location: Jobsite

On or about 7 May 2018 a worker was killed after falling 32 feet from the 4th floor to the ground below. The employer did not notify OSHA about the death of their employee.

Date By Which Violation Must be Abated:
Proposed Penalty:

10/31/2018
\$10163.00



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

Inspection Number: 1053506
Inspection Date(s): 04/13/2015 - 05/11/2015
Issuance Date: 07/21/2015



Citation and Notification of Penalty

Company Name: Ashley Furniture Industries, Inc.
Inspection Site: One Ashley Way, Arcadia, WI 54612

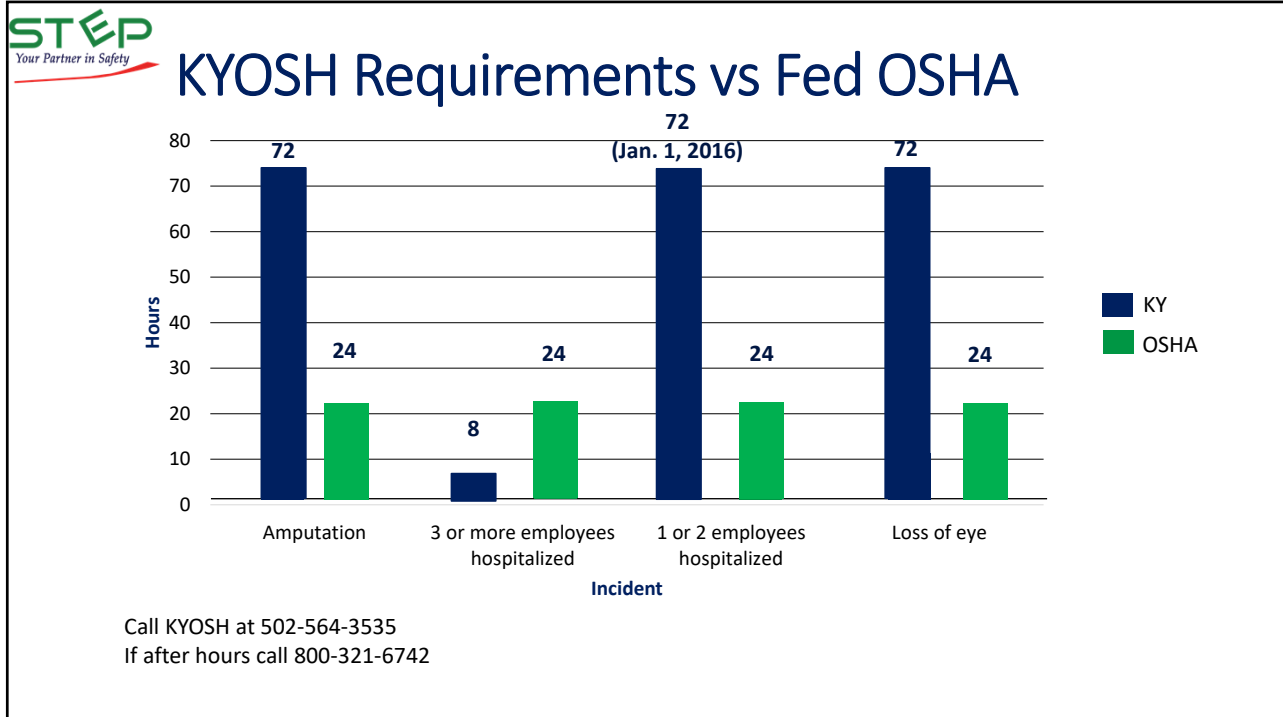
Citation 1 Item 2 Type of Violation: **Willful**

29 CFR 1904.39(a)(2): The employer did not report an in-patient hospitalization, amputation, or loss of an eye as a result of a work-related incident to OSHA within twenty-four (24) hours:

- (a) On or about April 13, 2015, the employer failed to report to OSHA a work-related in-patient hospitalization of one or more employees.

Date By Which Violation Must be Abated:
Proposed Penalty:

Corrected During Inspection
\$11000.00



Forms (1904.29)

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

Inspection Number: 1053506
Inspection Date(s): 04/13/2015 - 05/11/2015
Issuance Date: 07/21/2015

Citation and Notification of Penalty

Company Name: Ashley Furniture Industries, Inc.
Inspection Site: One Ashley Way, Arcadia, WI 54612

Citation 2 Item 1 Type of Violation: **Other-than-Serious**

29 CFR 1904.29(b)(1): The log of occupational injuries and illnesses, (OSHA Form No. 300), was not completed in the detail provided in the form and the instructions contained therein:

Ashley Furniture Industries, Inc. - One Ashley Way, Arcadia, WI. On or about April 13, 2015, the employer had not correctly and completely entered workplace injuries or illnesses on the OSHA Form 300 for calendar year 2015.

- (a) On or about January 24, 2015, an employee received a strain to the right shoulder when pulling product down onto a plate, which resulted in medical treatment, lost time, and restricted work activity. The employer did not enter the case on the log.
- (b) On or about January 27, 2015, an employee received a laceration to the fingertip while performing an adjustment on dovetail machine number WD212, Case number 14565, which resulted in one day away and four days restricted. The employer entered the injury date as January 28, 2015, classified the case as one involving job transfer or restriction, and entered four days restricted/transferred.
- (c) On or about February 26, 2015, an employee received a right shoulder strain from lifting back panels from one location to another, which resulted in medical treatment and restricted work activity. The employer did not enter the case on the log.
- (d) On or about February 1, 2015 through April 3, 2015, approximately 17 additional recordable injuries occurred which the employer did not enter on the log.

ABATEMENT DOCUMENTATION REQUIRED FOR THIS ITEM

Date By Which Violation Must be Abated: 08/04/2015
Proposed Penalty: \$1100.00



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

Inspection Number: 1053506
Inspection Date(s): 04/13/2015 - 05/11/2015
Issuance Date: 07/21/2015



Citation and Notification of Penalty

Company Name: Ashley Furniture Industries, Inc.
Inspection Site: One Ashley Way, Arcadia, WI 54612

Citation 2 Item 2 Type of Violation: **Other-than-Serious**

29 CFR 1904.29(b)(2): The employer did not fill out or correctly fill out an OSHA Form 301 or equivalent for each recordable injury or illness:

Ashley Furniture Industries, Inc. - One Ashley Way, Arcadia, WI. On or about April 13, 2015, an OSHA Form 301 or equivalent for the following work-related injuries or illnesses was not filled out or incorrectly filled out for the calendar year 2015:

- (a) On or about March 11, 2015, an employee was performing a pre-shift preventative maintenance check on dovetail machine WD213 when the back of the employee's right hand contacted a spinning groover blade, Case number 15166, resulting in an amputation. The worker's compensation form, WKC-12, that the employer uses as an equivalent to the OSHA Form 301 did not contain the name of the treating practitioner, that the employee was hospitalized overnight as an in-patient, and an accurate description of the injury.

ABATEMENT DOCUMENTATION REQUIRED FOR THIS ITEM

Date By Which Violation Must be Abated: **08/04/2015**
Proposed Penalty: **\$1100.00**

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.



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. *Examples:* "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 ____/____/____

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate or any other aspects of this data collection, including suggestions for reducing this burden, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed form to this office.

OSHA's Form 300 (Rev. 01/2004)

Log of Work-Related Injuries and Illnesses

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.

Year 20 ____
U.S. Department of Labor
Occupational Safety and Health Administration



You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name _____ State _____
City _____

Identify the person		Describe the case		Classify the case				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:							
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetone torch)	Remained at Work				Away from work	On job transfer or restriction						
						Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)	(K)	(L)	Injury (M)	Skin disorder	Respiratory condition	Repeating	Hearing loss	All other illnesses
						(5)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)
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Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.


Page totals > _____ Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Page ____ of ____ (1) (2) (3) (4) (5) (6)



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

Inspection Number: 1011044
Inspection Date(s): 12/01/2014 - 03/19/2015
Issuance Date: 05/28/2015



Citation and Notification of Penalty

Company Name: Case Farms Processing, Inc.
Inspection Site: 1818 County Road 160, Winesburg, OH 44690

Citation 1 Item 1 Type of Violation: Willful

29 CFR 1904.32(a)(1): Review the OSHA 300 Log to verify that the entries are complete and accurate, and correct any deficiencies identified:

- a. Case 14-3, the employer did not ensure that the 2014, OSHA 300 Log reflected the job transfer.
- b. Case 14-20, the employer did not ensure that the 2014, OSHA 300 Log reflected the job restriction and transfer.
- c. The employer did not include an injury to the OSHA 300 log that took place on September 03, 2014, which resulted in job restrictions.

ABATEMENT DOCUMENTATION REQUIRED FOR THIS ITEM

Date By Which Violation Must be Abated: **06/17/2015**
Proposed Penalty: **\$11000.00**

Annual Summary (1904.32)



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

Inspection Number: 1011044
Inspection Date(s): 12/01/2014 - 03/19/2015
Issuance Date: 05/28/2015



Citation and Notification of Penalty

Company Name: Case Farms Processing, Inc.
Inspection Site: 1818 County Road 160, Winesburg, OH 44690

Citation 3 Item 1 Type of Violation: **Other-than-Serious**

29 CFR 1904.32(b)(3): How do I certify the annual summary? A company executive must certify that he or she has examined the OSHA 300 Log and that he or she reasonably believes, based on his or her knowledge of the process by which the information was recorded, that the annual summary is correct and complete:

a. The employer certified the 2014 OSHA 300A with erroneous information on the 300 and 300A forms, the job transfers were inaccurate.

ABATEMENT DOCUMENTATION REQUIRED FOR THIS ITEM

Date By Which Violation Must be Abated: **06/17/2015**
Proposed Penalty: **\$1100.00**

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20__
U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OMB no. 1218-015

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 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3614, 200 Constitution Avenue, NW, 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., *J715*) _____
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 _____
() _____ / /
Phone _____ Date _____

Electronic Submission (1904.41)

250 or more employees at any point in last calendar year

20 or more, but less than 250 for industries listed in App. A to subpart E

If notified by OSHA to do so

Must have Employer Identification Number (EIN)


Submit by March 2 of calendar year following year covered

<https://www.osha.gov/injuryreporting/ita/>

Input information from 300A, website is quite helpful


Confirmation email will be sent once submitted

May go over the data to ensure it is correct



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

Inspection Number: 1186266
Inspection Date(s): 10/21/2016 - 10/21/2016
Issuance Date: 04/11/2017



Citation and Notification of Penalty

Company Name: ATLANTIC DRAIN SERVICE COMPANY, INC.
Inspection Site: 10 - 12 Dartmouth Street, Boston, MA 02116

Citation 2 Item 1 Type of Violation: **Willful**

29 CFR 1904.40(a): The employer did not provide an authorized government representative the records within the four business hours.

Location: Jobsite in front of 10 - 12 Dartmouth Street, Boston, MA

On or about 24 October 2016, the employer failed to provide copies of the injury and illness records within the required four business hours after they were requested both verbally and in writing.

ABATEMENT DOCUMENTATION REQUIRED FOR THIS ITEM

Date By Which Violation Must be Abated:	04/19/2017
Proposed Penalty:	\$18922.00

Providing Record to Government Officials (1904.40)



What's required?

NIOSH and OSHA **ONLY** can
request these records in **FULL**



Use the business hours of
the facility that keeps your
records!



Must be able to produce
records from the
previous 5 years!



Have 4 business
hours to provide
the information



Secretary of Labor (OSHA),
Secretary of Health and Human
Services (NIOSH), representative
of a State agency implementing
a state plan



Enforcement Guidance for Recording Cases of Coronavirus Disease 2019 (COVID-19)

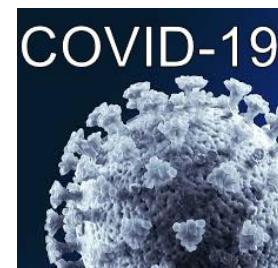
Under OSHA's recordkeeping requirements, COVID-19 is a recordable illness.
Employers are required to record cases if:

- Case is confirmed, as defined by the CDC
- Case is work related
- Case involves one or more general recording criteria (first aid, DART, death, etc.)

However, due to ongoing community transmission there may be difficulty in making work-related determinations on such cases in industries outside of healthcare, emergency response organizations, and correctional facilities.

OSHA will not enforce recordkeeping requirements for these "other" industries except where:

- There is objective evidence that COVID-19 case may be work related. Several cases develop among employees that work closely together.
- This evidence was reasonably available to the employer.



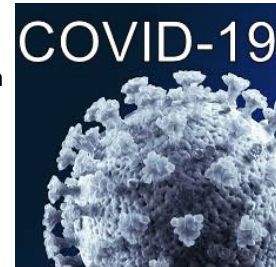


Enforcement Guidance for Recording Cases of Coronavirus Disease 2019 (COVID-19)

In other words, for employers not in healthcare, emergency response, or corrections, if there is no evidence that is objective and reasonably available to the employer that a confirmed case may be work-related, the employer can assume it is not work-related, and does not have to record the case on its OSHA 300 log.

COVID-19 is a respiratory illness and should be coded as such on the OSHA Form 300. Because this is an illness, if an employee voluntarily requests that his or her name not be entered on the log, the employer must comply as specified.

So....you have a third shift maintenance crew of 6 people.....



Thank You

1 Hour Recordkeeping Seminar

Presented by: Brent Stinnett



Safety Training & Environmental Protection, LLC

PO Box 1402 - 1205 Center Drive

Murray, KY 42071

p. 270.753.6529 f. 270.759.4196 www.stepky.com