

OSHA Recordkeeping

Part 1

“Nuts and Bolts”

Rules for Calendar Year 2019

Objectives

1. **Develop a basic understanding of the Federal and State recordkeeping and reporting rules, including recent changes to the rules**
2. **Review & discuss differences between recordable & non-recordable injuries**
3. **Address differences between OSHA recordable injuries & L&I (Worker's Compensation) claims**
4. **Learn about DART rates and Recordable Incident Rates and their importance**
5. **Understand the provisions in the rule regarding retaliatory actions**
6. **Review what OSHA provides regarding Post-Accident drug testing**
7. **Learn how to get the most from your employee incentive programs**



Determining if you are Exempt from OSHA Recordkeeping

You are **exempt** from the OSHA recordkeeping requirements **only if**

- you have ten (10) or less employees at all times during the previous calendar year, unless you are informed in writing from the Bureau of Labor Statistics (BLS), OSHA, or DOSH requiring you to comply.

Note: Employee count includes employees at all of your business locations combined; or

- your business establishment is included by 4-digit North American Industrial Classification System (NAICS) code on the industry exemption list in Table-1 under [WAC 29 6-27-00105 \(600 KB PDF\)](#)

Forms

WAC 296-27-01119



Forms for Recording Work-Related Injuries & Illness:

<https://www.osha.gov/recordkeeping/RTKforms.html>

- **OSHA's Form 300 – Log for Work-Related Injuries & Illnesses**
- **OSHA's Form 300A – Summary of Work-Related Injuries & Illnesses**
- **OSHA's Form 301 – Injury & Illness Incident Report** (Workplace Incident Report [FA-1] - approved substitute)

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

Form approved OMB no. 1218-0176

Log of Work-Related Injuries and Illnesses

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 _____
City _____ State _____

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 <i>(e.g., Welder)</i>	(D) Date of injury or onset of illness	(E) Where the event occurred <i>(e.g., Loading dock north end)</i>	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill <i>(e.g., Second degree burns on right forearm from acetylene torch)</i>	Remained at Work				Away from work	On job transfer or restriction	(M)					
						Death	Days away from work	Job transfer or restriction	Other recordable cases	(K)	(L)	Injury	Skin disorder	Respiratory condition	Toxicology	Hearing loss	All other illnesses
			month/day			(G)	(H)	(I)	(J)	_____ days	_____ days	(1)	(2)	(3)	(4)	(5)	(6)
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Page totals ▶						_____	_____	_____	_____	_____ days	_____ days	(1)	(2)	(3)	(4)	(5)	(6)

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.

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

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 50 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.

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., 3715)

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 _____

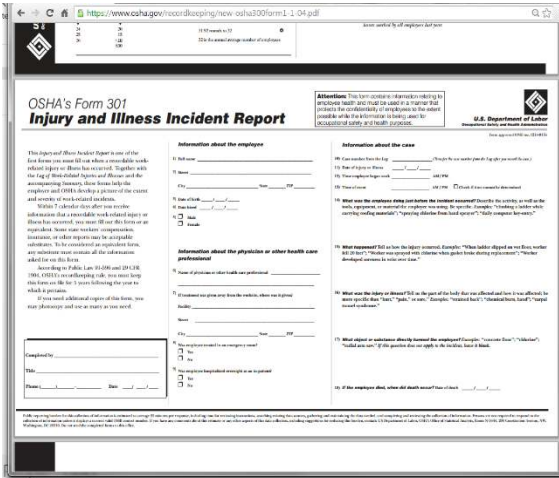
Total hours worked by all employees last year _____

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



IMMEDIATELY SUBMIT COPY TO ERNWEST VIA FAX 877-717-0590 OR VIA EMAIL claimreporting@ERNWest.com



WORKPLACE INCIDENT REPORT

Company Name: _____ Company Location (if applicable): _____

PART I TO BE COMPLETED BY EMPLOYER

Employee:	Job Title:	Time Shift Began:	AM / PM (circle)
Date of Incident:	Time of Incident: AM / PM (circle)	Reported to Employer:	/ /
Employee's Home or Mailing Address:	Home Phone: ()	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
	Date of Hire: / /		
	Date of Birth: / /	Last Full Day Worked:	/ /

Seen by: Emergency Room Urgent Care Other

Treating Caregiver's Name, Address & Phone: _____

1) Were prescription drugs prescribed? Yes No

2) Will employee lose time from work? Yes No

3) Was employee placed on modified duty? Yes No

4) Was worker hospitalized overnight? Yes No

5) Was the incident fatal? Yes No

6) If fatal, date of death: / /

Describe in detail what employee was doing just before the incident occurred including the activity, tools, equipment, and/or material being used (e.g. employee was on a ladder installing a light fixture in the lobby by himself).

Describe how the incident occurred, including the activity being performed and objects, people associated with the incident (e.g. Ladder slipped on wet floor, worker fell 10 feet to the ground, injuring his back, shoulder and head):

If applicable what object or substance directly harmed the employee (e.g. concrete floor, chlorine, circular saw):

Part of Body (Circle side if applicable)

- | | | |
|--|---|---|
| <input type="checkbox"/> Head | <input type="checkbox"/> Hand (L or R) | <input type="checkbox"/> Knee (L or R) |
| <input type="checkbox"/> Eyes (L or R) | <input type="checkbox"/> Finger | <input type="checkbox"/> Abdomen |
| <input type="checkbox"/> Nose | <input type="checkbox"/> Leg (L or R) | <input type="checkbox"/> Entire |
| <input type="checkbox"/> Mouth | <input type="checkbox"/> Foot (L or R) | <input type="checkbox"/> Glasses |
| <input type="checkbox"/> Ear | <input type="checkbox"/> Toes | <input type="checkbox"/> Teeth |
| <input type="checkbox"/> Shoulder (L or R) | <input type="checkbox"/> Internal | <input type="checkbox"/> Groin |
| <input type="checkbox"/> Back | <input type="checkbox"/> Multiple | <input type="checkbox"/> Neck |
| <input type="checkbox"/> Chest | <input type="checkbox"/> Ankle (L or R) | <input type="checkbox"/> Elbow (L or R) |
| <input type="checkbox"/> Arm (L or R) | <input type="checkbox"/> Wrist (L or R) | <input type="checkbox"/> Rib |
| <input type="checkbox"/> Hip | <input type="checkbox"/> Face | |

MARK INJURED AREA(S) BELOW



1) Rate of Pay _____ per mo/wk/hr 2) Days Worked per Week _____ 3) Hours per Week _____

4) Health Benefits (circle) Y or N 5) Monthly benefits (med/vision) paid \$ _____ per mo/wk/hr

EMPLOYER Fill out this section if employee misses more than one day of work.

PART II TO BE COMPLETED BY EMPLOYEE

Was injury work related? Yes No
I understand light work might/is available to me. Yes No

Employee statement of how incident occurred: _____

MEDICAL RELEASE AUTHORIZATION: I hereby authorize my physician, clinic, hospital, agency, HMO network or therapy provider to release to my employer's representative any medical records regarding current or previous treatment(s) that has been furnished to me.

Employee's Signature _____ Date _____

Form Completed By: _____ Phone: _____ Date: _____ Title: _____
OSHA Log case number _____ (transfer the case number from the OSHA 300 log after recording the case)

Incident Investigation Report-Sample 2

Instructions: Complete this form as soon as possible after an incident that results in serious injury or illness. (Optional: Use to investigate a minor injury or near miss that could have resulted in a serious injury or illness.)

This is a report of a: Death Lost Time Dr. Visit Only First Aid Only Near Miss

Date of incident: _____ This report is made by: Employee Supervisor Team First Report

Step 1: Injured employee (complete this part for each injured employee)

Name: _____ Sex: Male Female Age: _____

Department: _____ Job title at time of incident: _____

Part of body affected: (shade all that apply)

Nature of injury: (most serious one)

Abrasion, scrapes

Amputation

Broken bone

Bruise

Burn (heat)

Burn (chemical)

Concussion (to the head)

Crushing injury

Cut, laceration, puncture

Illness

Sprain, strain

Damage to a body system: (eg. nervous, respiratory, or circulatory systems)

Other: _____

This employee works:

Regular full time

Regular part time

Seasonal

Temporary

Months with this employer: _____

Months doing this job: _____

Other injury information: _____

Step 2: Describe the incident

Exact location of the incident: _____ Exact time: _____

What part of employee's workday?

During meal period During break Entering or leaving work Doing normal work activities

Working overtime Other

Names of witnesses (if any): _____

continues on other side

Resource Pages

OSHA 300 vs. Worker's Compensation

OSHA 300

- Time loss days – calculated on calendar days, cap at 180
- Days on restricted duty – calculated on calendar days, cap at 180
- First aid only incidents – not recordable, even if treated by a physician
- Any incident that occurs on the work site is reportable, even if it occurs before or after an employee's shift

Worker's Compensation

- Time loss days – paid based on an employee's regular schedule with no cap
- Days on modified duty – paid only for days worked based on hours approved by treating physician with no cap
- Any treatment by a physician may result in a claim, even if it's only first aid
- An incident that occurs on the work site before or after the employee's shift may not result in a claim

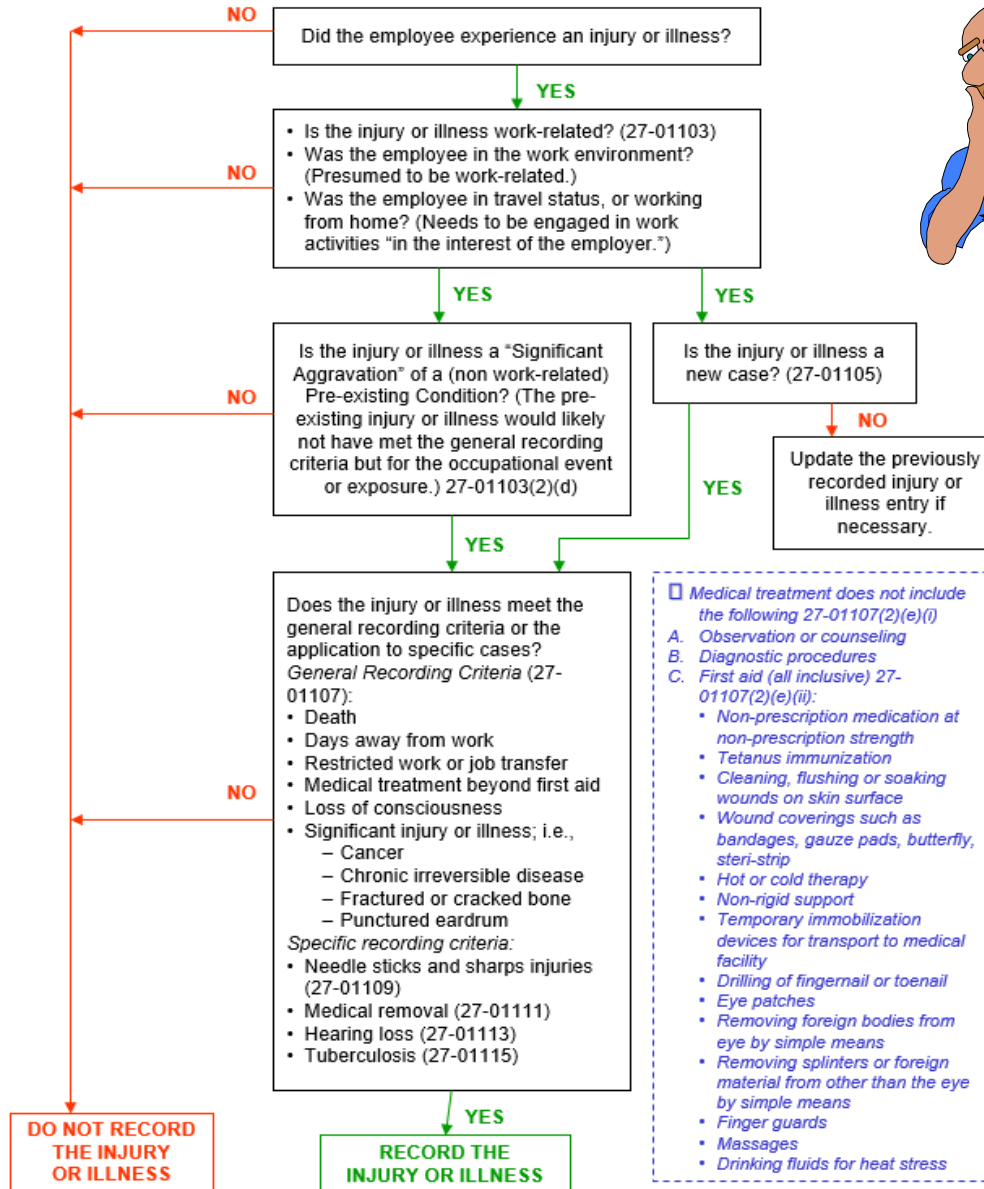
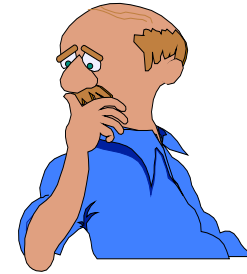
FATALITIES & CATASTROPHES

WAC 296-800-32005

- **Call within 8 hours if:**
 - Workplace death
 - Any in-patient hospitalization related to a workplace incident
- **Call within 24 hours if:**
 - Workplace injury that is possibly fatal.
 - Loss of an eye
 - Amputation
- **Call to**
 - DOSH (800) 423-7233
 - Be ready with...
 - Name of establishment
 - Location, time & date of incident
 - Number of fatalities, hospitalized employees, or pesticide exposures
 - Brief description of incident
 - Contact information



RECORDKEEPING DECISION TREE



Is it an Injury or an Illness?

What are the determining factors?

Occupational Injury – Results from instantaneous events or exposures

Occupational Illness – Results from non-instantaneous events or exposures in the work environment

Occupational Diseases are “Illnesses”, not injuries and are, generally, caused by injury to soft tissue but are treated as an illness by the medical profession; including - - -

MSD's

tendinitis

CTS

osteoarthritis

rheumatoid arthritis

fibromyalgia

bone fractures

WHAT IS WORK-RELATEDNESS?

WAC 296-27-01103

*“ ... 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.”*

SIGNIFICANT AGGRAVATION

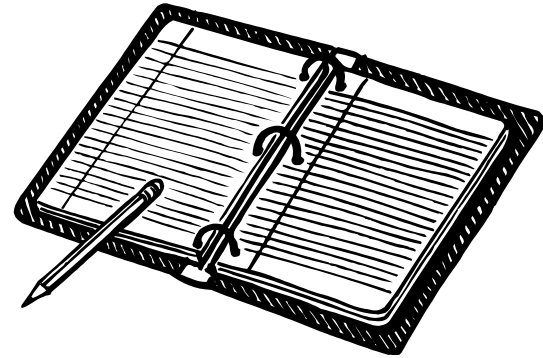
- A pre-existing injury or illness is *significantly* aggravated when an event or exposure in the current work environment results in any of the following -
 - Death
 - Loss of consciousness
 - Days away, days restricted or job transfer
 - Medical treatment
- which otherwise would not have occurred!

GENERAL RECORDING CRITERIA

WAC 296-27-01101

- **An injury or illness is recordable if it results in one or more of the following:**

- Death
- Days away from work
- Restricted work activity
- Transfer to another job
- Medical treatment beyond first aid
- Loss of consciousness
- Significant injury or illness diagnosed by a doctor or physician assistant



OTHER RECORDABLE CASES

WAC296-27-021

- **Loss of Consciousness**
- **Needle stick & Sharps Injuries** (WAC 296-27-01109)
- **Medical Removal** (WAC 296-27-01111)
- **Hearing Loss** (WAC 296-27-01113)
- **Tuberculosis** (WAC 296-27-01115)
- **MSD's** (WAC 296-27-011) (OSHA 29CFR 1904.7)



Establishment/Facility Name: _____

Sample Sharps Injury Log

Year 2 _____

Date	Case/ Report No.	Type of Device (e.g., syringe, suture needle)	Brand Name of Device	Work Area where injury occurred [e.g., Geriatrics, Lab]	Brief description of how the incident occurred [i.e., procedure being done, action being performed (disposal, injection, etc.), body part injured]

29 CFR 1910.1030, OSHA's Bloodborne Pathogens Standard, in paragraph (h)(5), requires an employer to establish and maintain a Sharps Injury Log for recording all percutaneous injuries in a facility occurring from *contaminated* sharps. The purpose of the Log is to aid in the evaluation of devices being used in healthcare and other facilities and to identify problem devices or procedures requiring additional attention or review. This log must be kept in addition to the injury and illness log required by 29 CFR 1904. The Sharps Injury Log should include all sharps injuries occurring in a calendar year. The log must be retained for five years following the end of the year to which it relates. The Log must be kept in a manner that preserves the confidentiality of the affected employee.

OTHER RECORDABLE CASES

WAC296-27-021

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IS IT A NEW CASE?

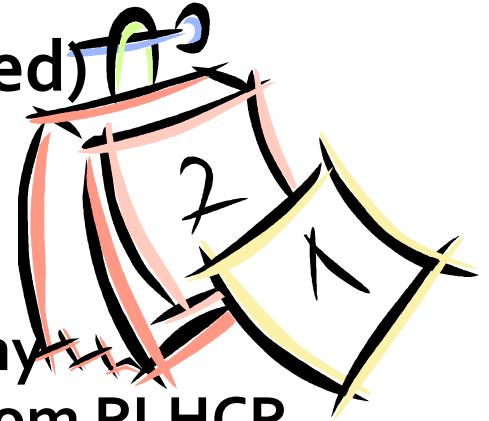
WAC 296-27-01105

• New case if:

- No previously experienced injury-illness
- The employee previously experienced a recordable injury-illness that affects the same body part, BUT had recovered completely & an event or exposure in the work environment caused the signs & symptoms to reappear

CALCULATING DAYS

- **Day counts (days away or days restricted)**
 - Do not count day of injury
 - Count the number of calendar days
 - Cap at 180 days
 - Stop day count if employee leaves company
 - Must follow medical directions provided from PLHCP
 - If you KOS an employee, record these as days away (count calendar days during period of KOS)
 - If case has days away & days restricted, record both, but combination caps at 180 days



RESTRICTED WORK

- **Restricted work activity occurs when:**
 - An employee is kept from performing one or more routine functions
 - OR
 - An employee is kept from working a full workday



JOB TRANSFER



- Job transfer

- An injured or ill employee is assigned to a job other than his or her regular job for part of the day
- An injured or ill employee performs his or her routine job duties for part of a day then is assigned to another job for the rest of the day



MEDICAL TREATMENT

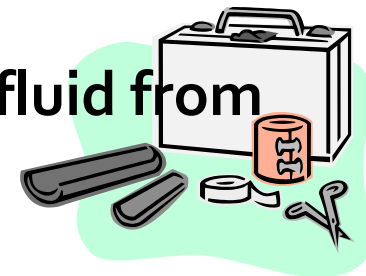
- Medical treatment is the management & care of a patient to combat disease or disorder.
- It does not include:
 - Visits to doctor solely for observation or counseling
 - Diagnostic procedures
 - First aid



FIRST AID

WAC 296-800-150

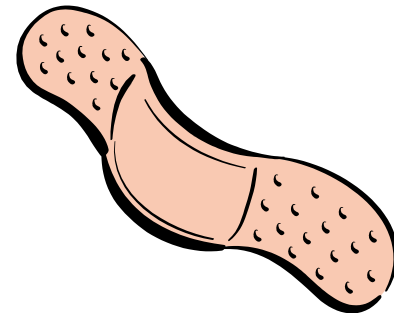
- Using nonprescription medication at nonprescription strength
- Tetanus immunizations
- Cleaning, flushing, or soaking surface wounds
- Wound coverings, butterfly bandages, Steri-Strips
- Hot or cold therapy
- Non-rigid means of support
- Temporary immobilization device used to transport accident victims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



FIRST AID

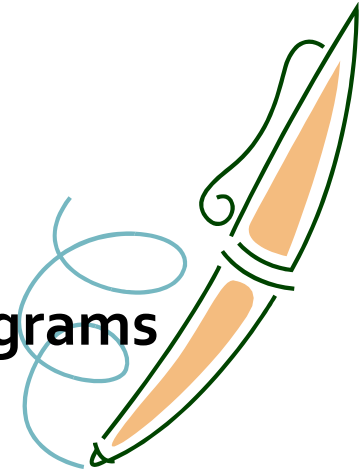
WAC 296-800-150 (CONTINUED)

- 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



NOT RECORDABLE

- Employee is part of public
- Symptoms are non-work-related
- Voluntary participation in recreational programs
- Eating, drinking for personal consumption
- Personal tasks outside work
- Personal care, self medication for non-work-related condition
- Car accident in parking lot/during commute
- Common cold or flu
- Mental illness



OUTSIDE OFFICE INJURIES

- **Business trips**
- **Detour for personal reasons**
- **Working from home (defined as)**
 - *'while performing work for pay or compensation in the home and the injury or illness is directly related to the performance of work rather than to the general home environment or setting.'*



PRIVACY PROTECTION

- **Privacy concern cases are:**
 - An injury to an intimate body part
 - An injury or illness resulting from sexual assault
 - Mental illness
 - HIV infection, hepatitis, tuberculosis
 - Needlestick & sharps injuries that are contaminated with another person's blood
 - Employee voluntarily requests to keep name off for other illness cases



MULTIPLE BUSINESS LOCATIONS

- **Keep a separate OSHA 300 Form for each establishment that is in operation for more than a year**
- **May keep one OSHA 300 form for all short-term establishments**



Change of ownership

- Compliance with Part §1904.34 of the OSH rules

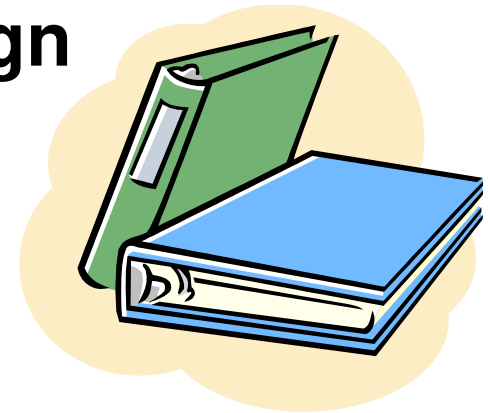
**UNDER NEW
OWNERSHIP**

TEMPORARY/CONTRACT EMPLOYEES

You **MUST** include the recordable injuries and illnesses that occur to employees who are not on your payroll if you supervise these employees on a day-to-day basis.

RETENTION & UPDATING WAC 296-27-02107

- Retain records for 5 years
- Update the OSHA Form 300 as needed during 5 year period
- Post summary (300A) from February 1st to April 30th
- Company Executive **MUST** Sign



Why does OSHA address retaliation in this rule?

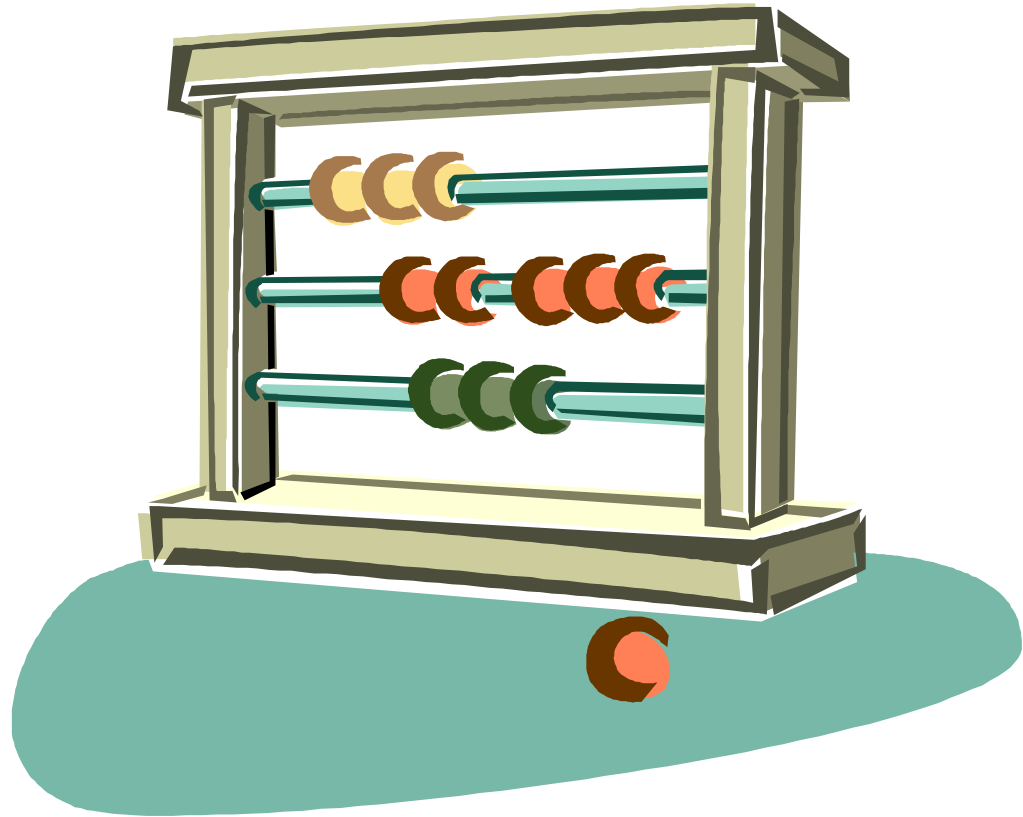
Isn't it already against the law to retaliate against an employee for reporting a workplace injury or illness?

**Can an employer require
post-incident drug testing for
an employee who reports a
workplace injury or illness?**

Does the rule allow an employer to have an employee incentive program?

CALCULATIONS

Optional



RECORDABLE INCIDENT RATE

$$\text{RIR} = \frac{\# \text{ of Recordable Injuries} \times 200,000}{\text{Manhours Worked}}$$

Painting Contractor had 70 employees. During this time they had 10 recordable injuries. They reported 257,000 man hours. What is the RIR for this Contractor?

7.78

DART RATE

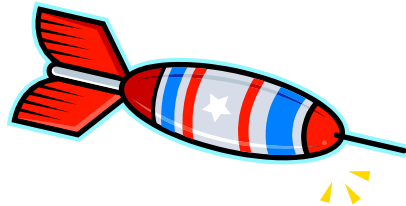
$$\text{DART} = \frac{\# \text{ of Lost Time, Restricted, \& Transfer Cases} \times 200,000}{\text{Man hours Worked}}$$

You're bidding a job & the General Contractor wants to see your Recordable Incident Rate along with DART Rate.

You check your OSHA log & find 4 time-loss cases, 2 restricted cases, 1 fatality, & 1 other recordable case.

You reported 100 employees & 380,234 manhours worked.

Calculate the DART Rate for the bid.



3.15 DART

DART Rate – Cont'd

TABLE Q1. Incidence rates¹ of total recordable cases of nonfatal occupational injuries and illnesses, by quartile distribution and employment size, 2012 — Continued

Industry, NAICS code, ² and establishment employment size	Average incidence rates for all establishments: (mean)	One-quarter of the establishments had a rate lower than or equal to: (1st quartile)	One-half of the establishments had a rate lower than or equal to: (median)	Three-fourths of the establishments had a rate lower than or equal to: (3rd quartile)
Construction of buildings (NAICS 236)				
1 - 10	3.3	(4)	(4)	(4)
11 - 49	4.4	(4)	(4)	6.7
50 - 249	3.3	(4)	1.8	4.4
250 - 999	1.8	.7	1.4	2.9
1,000+9	.2	.4	1.8
Residential building construction (NAICS 2361)				
Total all sizes	3.7	(4)	(4)	(4)
1 - 10	3.0	(4)	(4)	(4)
11 - 49	4.8	(4)	(4)	7.5
50 - 249	3.8	(4)	2.0	4.9
250 - 999	2.4	-	-	-
Nonresidential building construction (NAICS 2362)				
Total all sizes	3.2	(4)	(4)	(4)
11 - 49	4.1	(4)	(4)	5.6
50 - 249	3.2	(4)	1.7	4.4
250 - 999	1.7	.6	1.1	2.8
1,000+8	.2	.4	1.3

REFERENCES

- Federal OSHA www.osha.gov
- Washington Department of Labor & Industries
<http://www.lni.wa.gov/>
- US Census Bureau – North American Industry Classification System (NAICS)
<http://www.census.gov/eos/www/naics/>
- Free NAICS & SIC Code Search
<http://www.naics.com/search.htm>

ERNwest – Safety / Loss Control

SAFETY & LOSS CONTROL

Implementing Safety & Loss Control doesn't just improve the workplace for your employees; it also improves your bottom line: employers who integrate and implement effective safety and health management programs are more likely to significantly reduce workplace injuries, workers' compensation costs, and lost productivity. A safer workplace is more profitable, more productive, and more likely to benefit from programs such as Retrospective Rating. ERNwest can assist your company through a thorough Loss Control and Safety audit. Our Loss Control consultants are trained to identify and analyze hazards within your business, and to provide practical and sustainable strategies to help you manage your safety performance. Our Loss Control team has identified 10 program elements that all companies can specifically implement into their business plan to help drive their safety performance and reduce workers' compensation costs.



ERNwest can help you control losses and improve workplace safety with an effective program that fits your specific business and industry.

[» CONTACT US](#)

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Supervising for Safety

For workshops held on August 20th and 22nd, please go to our [training](#) page to find out more and sign up. Already signed up? Download the training materials before attending.

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THANK YOU!

