



New Jersey Chapter American Society of Safety Engineers

April Meeting
Chapter Update
April 20, 2016

New Jersey Chapter



American Society of Safety Engineers

Protecting people, property, and the environment since 1911

New Jersey Chapter Officers



- John Kraynanski - President
- Greg Decker - President Elect
- Lauren Cranmer – Vice President
- Louise Vallee – Secretary, Gov. Affairs
- Robert Ortiz – Treasurer, Hispanic Outreach
- Pat Delaney – Past President
- Kristin Herman – Awards & Honors
- George Olsen – College/Student Outreach
- Jack Fearing – Community/Youth Outreach
- Brian Cichetti – Construction
- Joe Schwed – CoPS
- Jennifer Chen – Environmental
- Jean Kristensen – Health Care

- Dan Rollino – Membership
- Bob Sagendorf – NAOSH
- Joe Del Greco – Networking
- Judith Neidorff – Newsletter
- Rob Weissman – PEOHSA
- Joe Piccolo – Prof Dev Conf (PDC)
- Alex Ruiz – PDC
- Frank Gesualdo – Program
- Mrunal Vyas – Public Affairs
- Brian Anderson – Risk Management Insurance
- John Vogler – Scholarship
- Anthony Krake – Technology/Social Media
- Gina Mayer-Costa - Webmaster

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2016 Upcoming Events

- **May 11 – Chapter Meeting**
 - Bergen County Public Safety Operations Center
Mahwah, NJ
 - Active Shooter Scenario
 - OSHA Update
- **May 25 – Spring PDC - Save the Date**
- Check our [website](#) for updates and to register



2016 Upcoming Events

- **ASP, CSP Prep Courses offered:**
 - Penn Jersey, NJ and Philadelphia Chapters sponsoring 3 day courses, Rutgers EcoComplex, Bordentown NJ
 - ASP June 6-8
 - CSP June 9-11
- **June – Planning Meeting – TBD**
- **June 26-28 PDC Safety 2016 - Atlanta**
 - NJ Chapter Social planned for Monday evening
 - Send us an email if you are interested in attending info@njasse.org

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Request for Presenters Meeting Locations

- **NJ Chapter wants you!**
- **Interested in presenting a topic, best practice or other training?**
 - ▶ Requesting presenters for our upcoming meetings and PDCs
- **Interested in hosting a future meeting at your company or worksite?**
- **Have an interesting operation, construction site or other technical tour idea to share?**

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OSHA Recordkeeping Update

About Our Speaker – Jack Fearing

- Jack a Certified Professional Environmental Auditor (CPEA) and the Managing Partner for Fearing International Group LLC, a Veteran-owned Small Business (VOSB) occupational and aviation safety consulting firm.
- Jack has more than 30 years of experience in occupational safety and health management and DOD aviation safety and is a professional member of the New Jersey chapter of the American Society of Safety Engineers (ASSE).
- He has extensive hands-on experience in developing OSHA compliance programs, employee and management training and coordinating with state and Federal regulatory agencies in both union and non-union environments. He is a retired US Army Lt Colonel and served as a utility helicopter pilot and Aviation Safety Officer.

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OSHA Recordkeeping Revisions: New Requirements You Need to Know



Presented By:

Jack Fearing, CPEA

April 20, 2016

Presentation Outline

- Purpose and Scope*
- Forms and Records
- Record Retention, Updating & Reporting*
- Establishing Effective OSHA Metrics & Benchmarking
- Summary / Q&A

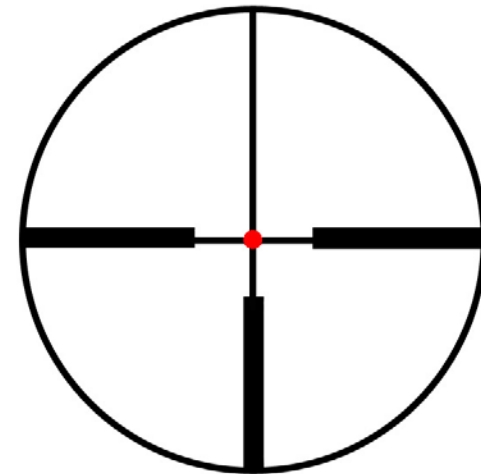


Purpose & Scope

To require employers to record and report work-related fatalities, injuries and illnesses:

- All Employees on payroll
- Employees not on payroll but who are supervised on a day-to-day basis

Note: Recording or reporting a work-related injury, illness, or fatality does not mean the employer or employee was at fault, an OSHA rule has been violated, or that the employee is eligible for Workers' Compensation or other benefits



Industry Exemptions*

- All industries in construction, manufacturing, transportation, maritime, agriculture, utilities and wholesale trade sectors are still required to complete all three required forms
- The revised rule updates the industries that are exempt from the requirements due to relatively low I&I rates (State Plans may differ)

*Effective January 1, 2015

Who is Exempt*

- Employers with ten or fewer employees **at all times during the previous calendar year** are routinely “*partially exempt*” from keeping OSHA injury & illness records
- Employers in certain low-hazard industries are also “*partially exempt*” from routinely keeping OSHA injury and illness. Since 1982 these have included retail trade, finance, insurance and real estate. (State Plans may differ)

*Effective January 1, 2015

Partially Exempt*

Table 1: New List of Partially Exempt Industries

NAICS**	Title of NAICS Code
4431	Electronics and Appliance Stores
4481	Clothing Stores
5412	Accounting & Tax Preparation Services
5417	Scientific Research & Development Services
6214	Outpatient Care Centers
6215	Medical & Diagnostic Laboratories
7213	Rooming and Boarding Houses

*Effective January 1, 2015

**North American Industry Classification System

No Longer Exempt*

Table 2: Industries Newly Required to Keep Records

NAICS**	Title of NAICS Code
4411	Automotive Dealers
4453	Beer, Wine & Liquor Stores
5311	Lessors of Real Estate
5324	Commercial & Industrial Machinery Rental
6219	Other Ambulatory Healthcare Services
7121	Museums, Historical Sites & Similar Institutions
7139	Other Amusement & Recreation Industries

*Effective January 1, 2015

**North American Industry Classification System

Determining Who is Exempt

- **Using the US Census Bureau:**

www.census.gov/eos/www/naics

- **NAICS Number Known:**

www.census.gov/eos/www/naics

- **SIC Number Known:**

[www.census.gov/eos/www/naics/concordances/
concordances.html](http://www.census.gov/eos/www/naics/concordances/concordances.html)



Recordkeeping Forms

- **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



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.

Form approved OMB no. 1218-0170

OSHA's Form 300 (Rev. 01/2004)
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 (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 oxyacetylene torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Away from work (K)	On job transfer or restriction (L)	(M)					
						Remained at Work											
						Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)	_____ days	_____ days	Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Slipping, tripping, falling (5)	All other illnesses (6)
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_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ days	_____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>											

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. 1218-0176

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 this estimate or any other aspect of this data collection, contact US Department of Labor, OSHA Office of Statistical Analysis, Room N-3044, 300 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 _____

OSHA's Form 301 Injury and Illness Incident Report

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



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

Form approved OMB no. 1218-0176

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

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

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

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

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 ____/____/____

Completed by _____
Title _____
Phone (____) _____-____ Date ____/____/____

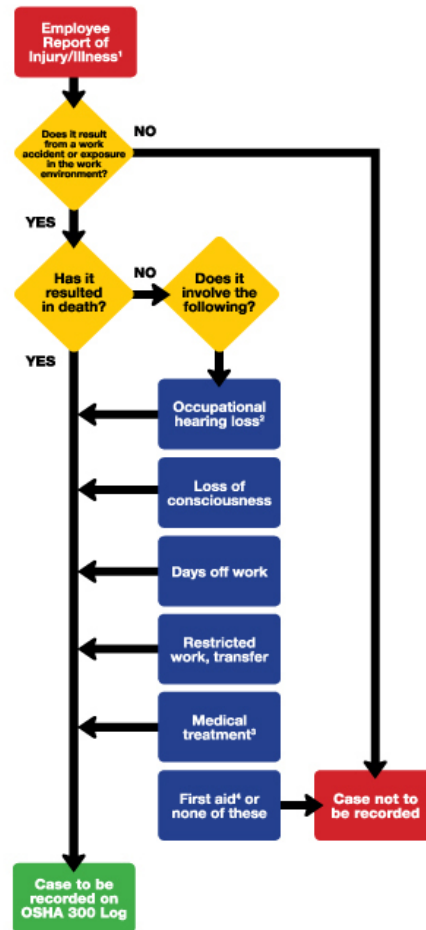
Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons not required 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 collection, including suggestions for reducing this burden, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Recording Exceptions:



- Voluntary participation in wellness program, medical, fitness or recreational activity
- Eating, drinking or preparing food or drink for personal consumption
- Motor vehicle accident in parking lot/access road during commute

Determining Recordability



“Filling Out the Log”

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
Form approved OMB no. 1218-0170

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.

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 acetylene torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Away from work (K) / On job transfer or restriction (L)		(M) Choose one type of illness:					
						Remained at Work											
						Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)			Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Stearing loss (5)	All other illnesses (6)
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Retention & Updating Forms

- Retain forms for 5 years **following** the year that they cover
- Update the OSHA Form 300 during that period
- Updates on the OSHA Form 300A or OSHA Form 301 not required



Posting & Signing the Annual Summary

- Complete & Certify
- Post no later than February 1st
- Keep in place until April 30th



Reporting Information to the Government*

2014

- **Work-Related** Fatality and Catastrophe Reporting

2015*

- **Work-Related** Fatality and Catastrophe Reporting
- **Work-Related** Amputations
- **Work-Related** Losses of an Eye

*Effective January 1, 2015



Reporting Changes for 2015

- **Work-related Fatalities:**
 - Within 8 hours of notification
- **Work-related Inpatient Hospitalization:**
 - Within 24 hours of notification
- **Work-related Amputations**
 - Within 24 hours of notification
 - All or part of a limb or appendage
- **Work-related Loss of an Eye**
 - Within 24 hours of notification

Reporting Changes for 2015

- **Events not required to be reported:**
 - Motor vehicle accidents on public street or highway (exception is a construction zone)
 - Occurred on a commercial or public transportation system
 - Occurred more than 30 days after the incident
 - Inpatient hospitalization for diagnostic testing
 - Heart attack from a work-related incident

What & Where to Report

- Employees reporting a fatality, in-patient hospitalization, amputation or loss of an eye must report the following information:
 - Name of establishment
 - Location of work-related incident
 - Time & type of reportable event
 - Number of and names of employees affected
 - Employer contact person
 - Brief description of work-related incident

Where:

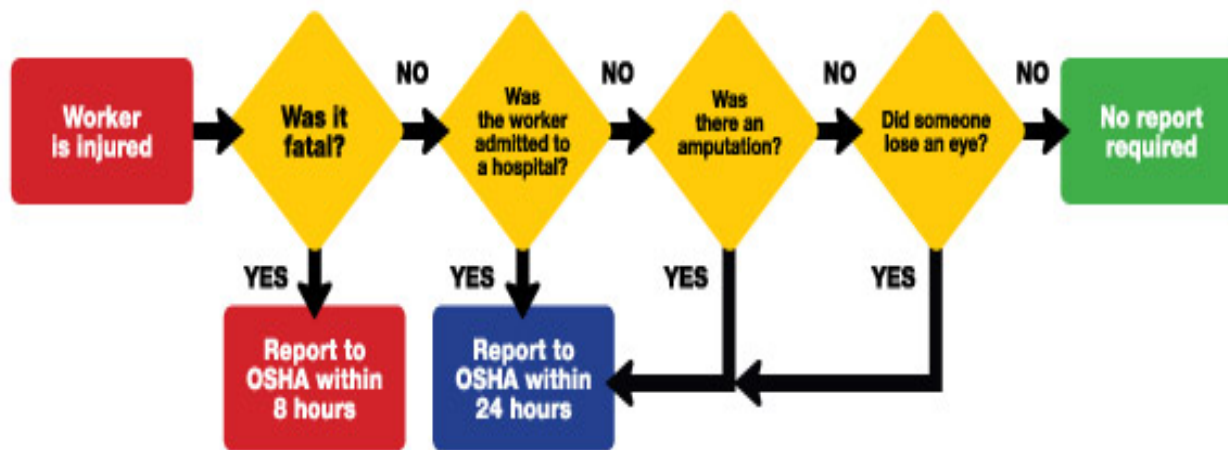
- Nearest OSHA Area Office
- 24-hour OSHA Hotline (+1 800-321-OSHA (6742))
- Electronic Reporting @ www.osha.gov

How is OSHA Using this Data?

- 35% of the reports result in an OSHA inspection
- The other 65% result in a letter requiring the employer to respond with a reasonable corrective action
- OSHA is gathering all the data for targeting industries for outreach, inspections and hazard alerts
- Hazard alerts have already been issued for retail grocery industry and meat slicers



The Reporting Criteria



HOW DO I REPORT?

1. Call 1-800-321-OSHA (6742) or
2. Call your nearest area office during normal business hours or
3. Report online at: www.osha.gov/report_online

Reporting Information to the Government

- Access for Government Representatives
- OSHA / State I&I Survey*
- BLS Survey*

* Used for Benchmarking (SIC/NAICS)



OSHA Work-Related I&I Data Collection Form

OSHA WORK-RELATED INJURY AND ILLNESS DATA COLLECTION FORM 2014

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

OSHA
Occupational Safety and Health Administration
U.S. DEPARTMENT OF LABOR
400 MICHIGAN AVENUE, N.W.
WASHINGTON, D.C. 20340

2008

Public Law 91-596 requires you to participate in the data initiative collection.

OSHA estimates that it will take you, on average, 10 minutes to complete the form in this data collection, including the time you'll spend reviewing the instructions, searching and gathering 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 currently valid OMB control number. If you have any comments regarding these estimates or any other aspect of this data collection, send them to:

U.S. Department of Labor
Occupational Safety and Health Administration
Directorate of Evaluation and Analysis
Office of Statistical Analysis
Room N-2644
200 Constitution Ave., N.W.
Washington, D.C. 20210

DO NOT SEND THE COMPLETED FORM TO THIS ADDRESS. Send the completed form to the Return Address indicated on the mailing label.

RETURN ADDRESS:
U.S. Department of Labor, OSHA
Jacksonville Area Office
1281 Executive Center Drive, Suite 227
Jacksonville, FL 32207

YOUR REPORTING SITE:
Panama City Beach, FL 32408

YOUR COMPANY'S MAILING ADDRESS:

ESTABLISHMENT INFO:
APRX. EMPLOYMENT: 100
SIC: 4801 - Airports, Flying
Trains, & Sewices
NAICS: 220110 - Other Airport
Operators

IF YOU WISH TO RESPOND BY FAX, FAX PAGES 1, 2, & 4 OF THIS FORM TO 804-232-1234

IF YOU HAVE QUESTIONS REGARDING THIS DATA COLLECTION, PLEASE CONTACT US AT: 904-232-2895

Please Make Any Necessary Corrections to your Establishment Site Address, SIC, and NAICS.

Did you know you can submit your form electronically on the web?
Access our electronic survey at
<http://www.osha.gov/form196/cy08.htm>

Why Safety Metrics?

- Helps Define a Company's Mission and Vision
- Supports Continuous Improvement
- Tracks Progress Year over Year
- Able to be Benchmarked
- Makes a Strong Business Case

“What gets measured gets done.”

- *“What gets done well should be celebrated.”*

Current OSHA Injury & Illness Metrics

- **TCIR** = Total Case Incidence Rate:
$$(N / EH) \times 200,000 = \text{TCIR}$$

N = Columns G-J on OSHA 300 Log
- **DART** = Days Away From Work, Restricted Work Activity, and/or Job Transfer:
$$(N^* / EH) \times 200,000 = \text{DART}$$

N = Columns H&I on OSHA 300 Log*

N = The total number of recordable cases (injuries & illnesses)

N* = The total number of lost, restricted and job transfer days

EH = The total number of exposure hours (hours worked)

200,000 = 100 employees working 40 hours per week for 50 weeks (OSHA standard for all industries)

Benchmarking TCIR & DART Rates

TABLE 1. Incidence rates¹ of nonfatal occupational injuries and illnesses by industry and case types.

Industry ²	NAICS code ³	Annual average employment ⁴ (thousands)	Total recordable cases	Cases with days away from work, job transfer, or restriction			Other recordable cases
				Total	Cases with days away from work ⁵	Cases with job transfer or restriction	
All industries including state and local government ⁶		124,668.5	3.8	1.9	1.2	0.8	1.9
Private industry ⁶		106,444.4	3.5	1.8	1.1	.8	1.7
Goods producing ⁶		18,727.9	4.2	2.3	1.2	1.1	1.9
Natural resource and mining ^{6,7}		1,579.8	3.7	2.2	1.4	.8	1.5
Agriculture, forestry, fishing and hunting ⁶	11	967.8	4.8	2.7	1.7	1.1	2.0
Crop production ^{6,8}	111	416.0	4.6	2.7	1.6	1.1	1.9
Olive and grain farming ⁶	1111	16.4	4.7	2.6	1.3	1.3	2.1
Vegetable and melon farming ⁶	1112	83.5	4.2	2.4	1.6	.8	1.8
Fruit and tree nut farming ⁶	1113	155.1	4.8	2.6	1.7	.9	2.2
Greenhouse, nursery, and floriculture production ⁶	1114	125.2	5.2	3.2	1.5	1.7	1.9
Other crop farming ^{6,9}	1119	35.9	3.1	1.9	1.4	.4	1.3
Animal production ^{6,10}	112	158.6	5.2	2.8	2.0	.9	2.4
Cattle ranching and farming ⁶	1121	88.5	4.4	2.3	1.9	.4	2.0
Beef cattle ranching and farming, including feedlots ⁶	11211	23.3	5.5	2.6	2.1	.5	2.9
Dairy cattle and milk production ⁶	11212	65.2	4.0	2.2	1.8	.4	1.8
Poultry and egg production ⁶	1123	35.2	5.8	3.2	1.6	1.6	2.6
Sheep and goat farming ⁶	1124	.6	-	-	-	-	-
Animal aquaculture ^{6,8}	1125	3.7	6.8	2.5	.9	-	4.4
Other animal production ⁶	1129	9.6	4.8	2.5	1.0	1.6	2.3
Forestry and logging	113	55.9	3.6	2.0	1.8	.2	1.7
Logging	1133	49.5	3.9	2.2	2.0	.2	1.7
Support activities for agriculture and forestry	115	328.9	4.9	2.9	1.6	1.3	2.0
Support activities for crop production	1151	286.5	4.7	2.8	1.4	1.4	1.9
Support activities for crop production	11511	286.5	4.7	2.8	1.4	1.4	1.9
Cotton ginning	115111	6.8	4.5	1.5	1.1	-	3.0
Soil preparation, planting, and cultivating	115112	22.8	3.3	1.8	1.3	.5	1.5
Crop harvesting, primarily by machine	115113	9.5	2.5	1.6	-	.9	.9
Postharvest crop activities (except cotton ginning)	115114	77.7	6.6	4.2	1.8	2.4	2.4
Farm labor contractors and crew leaders	115115	154.7	4.1	2.3	1.2	1.1	1.8
Farm management services	115116	14.9	3.0	1.9	.8	1.2	1.1
Support activities for animal production	1152	27.9	7.5	4.3	3.8	.6	3.2
Support activities for forestry	1153	14.5	3.3	1.2	.8	.4	2.1
Mining ⁷	21	612.0	2.3	1.4	1.0	.4	.9
Oil and gas extraction	211	148.2	1.2	.7	.5	.2	.5
Oil and gas extraction	2111	148.2	1.2	.7	.5	.2	.5

See footnotes at end of table.



OSHA Recordkeeping Resources

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OSHA[®] FactSheet

Updates to OSHA's Reporting and Recordkeeping Rule: An Overview

The Occupational Safety and Health Administration's updated recordkeeping rule includes two key changes. First, the rule updates the list of industries that are exempt from the requirement to routinely keep OSHA injury and illness records due to relatively low occupational injury and illness rates. The previous list of industries was based on the old Standard Industrial Classification (SIC) system and injury and illness data from the Bureau of Labor Statistics (BLS) from 1996-1998.



OSHA[®] FactSheet

Updates to OSHA's Recordkeeping Rule: Reporting Fatalities and Severe Injuries

OSHA's updated recordkeeping rule expands the list of severe injuries that all employers must report to OSHA. Establishments located in states under Federal OSHA jurisdiction must begin to comply with the new requirements on January 1, 2015. Establishments located in states that operate their own safety and health programs should check with their state plan for the implementation date of the new requirements.

- [08/18/2014](#) - Determining work-relatedness for pre-existing condition.
- [02/28/2014](#) - Clarification of Multiple Business Establishments and Covered Employees.
- [02/28/2014](#) - Clarification of a pre-existing injury or illness and recordable events.
- [06/26/2013](#) - Determining Whether the Employer is Required to Record a Work-related Injury Sustained by an Employee which was Treated by a Reduction Procedure Performed on Her Dislocated Ring Finger.
- [08/13/2012](#) - The Requirements of Submitting OSHA's Recordkeeping Forms to the United States Department of Labor/OSHA.
- [06/06/2012](#) - Clarifying the Recordability Criteria of Several Examples Addressing the Issues of Determining Work-relatedness and Covered Employees.
- [02/01/2012](#) - Recordkeeping regulation contained in 29 CFR Part 1904 - Recording and Reporting Occupational Injuries and Illnesses.
- [08/10/2011](#) - Clarification of Multiple Business Establishments and Covered Employees.
- [05/20/2011](#) - Clarification on whether an exercise regime is first aid or medical treatment.

“Bulletproofing” Your Records

- Maintain Timely and Accurate Records
- Providing Records to the Government
- Encourage Employee Involvement
- Ensure Employee Privacy Protection
- Complete and Post the Annual Summary
- Establish a System for Retention and Updating
- Complete OSHA/BLS Surveys
- Conduct an Annual Audit



What's Coming Down the Pike?

In November 2013 OSHA released a Notice of Proposed Rulemaking (NPRM) designed to improve workplace safety and health through improved tracking of workplace fatalities, injuries and illnesses. The proposal has two requirements:

- Establishments with **>250 employees** would be required to electronically submit their records to OSHA on a quarterly basis
- Establishments with **>20 employees**, in high hazard industries, submit their records to OSHA once a year

Note: The proposed rule would amend current recordkeeping regulations adding requirements for the electronic submission of injury and illness information under existing standards (Part 1904). The Final Comment period ended in March of 2014 and a Final Rule has yet to be issued by OSHA

Proposed Citations & Penalties

(Bipartisan Budget Act of 2015 – H.R. 1314, Section 701)

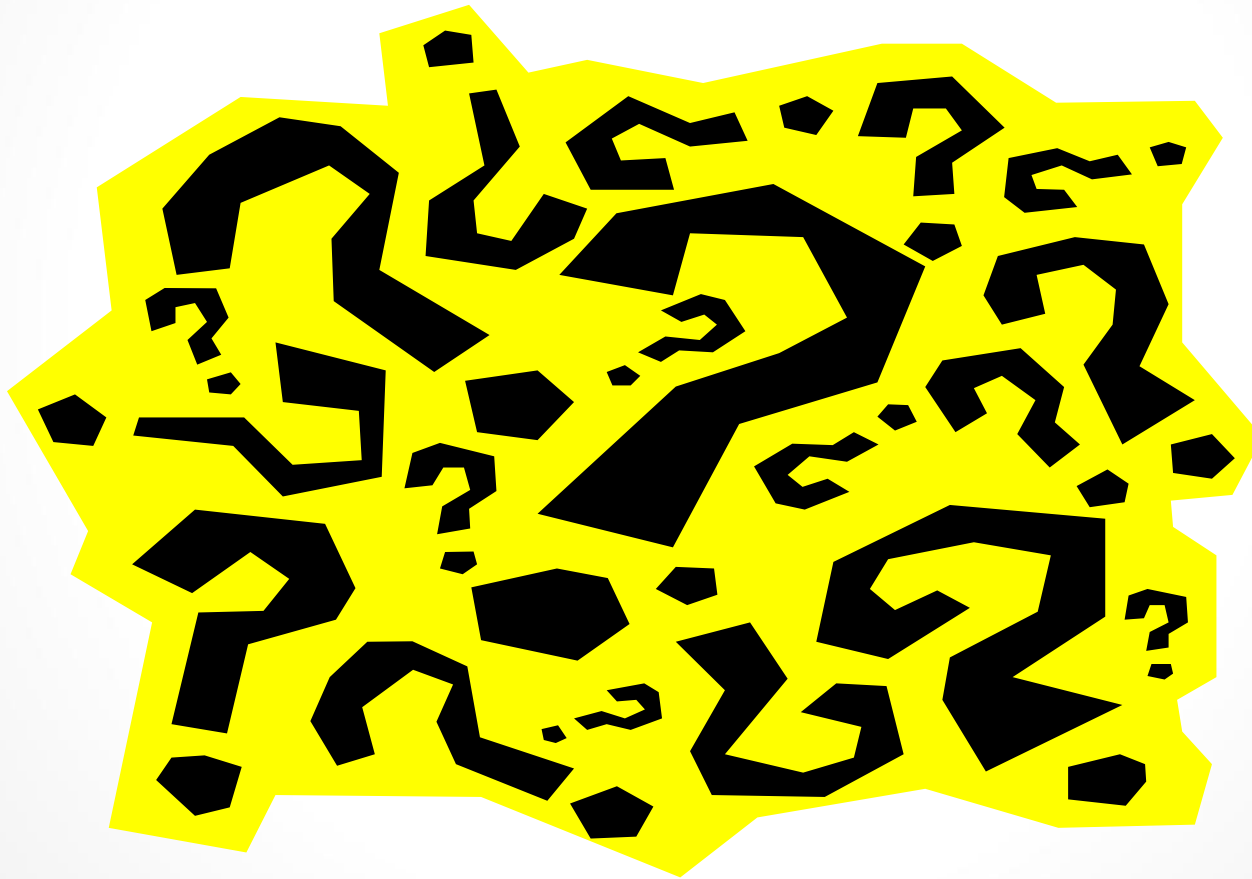
VIOLATION TYPE	CURRENT PENALTY	PROPOSED PENALTY (CPI “Catch Up” Adjustment)*
WILLFUL	\$70,000 for each willful violation, with a minimum penalty of \$5,000 for each willful violation.	\$125,000. per violation
SERIOUS	Mandatory penalty for serious violations which may be up to \$7,000.	\$13,000. per violation
OTHER-THAN-SERIOUS	\$7,000 for each other-than-serious violation.	\$13,000. per violation
REPEATED	\$70,000 for each repeated violation.	\$125,000. per violation

Important Points To Remember!

- Purpose and Scope
- Forms and Records
- Record Retention, Updating & Reporting
- Establishing Useful Metrics & Benchmarking



Questions?



THANK YOU!

Jack Fearing, CPEA

Managing Partner

Fearing International Group LLC

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"Occupational & Aviation Safety Experts"