



AMERICAN SOCIETY OF  
**SAFETY PROFESSIONALS**

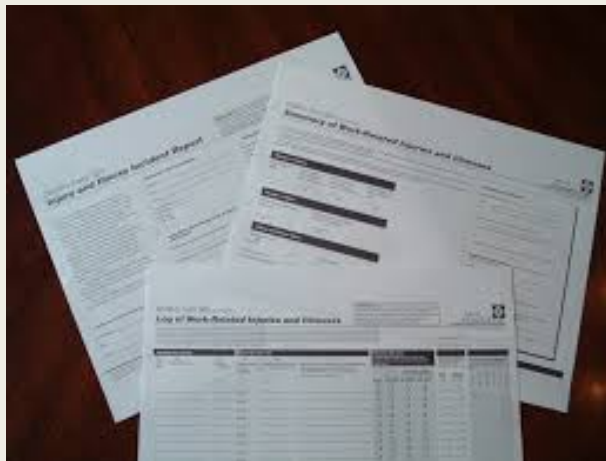
New Jersey Chapter

# **Welcome to the January 2022 Chapter Virtual Meeting**



**Joseph Leuzzi, CHMM, ASP  
Chapter President**

# OSHA Reporting & Recordkeeping Requirements for 2022



WEBINAR HOST: Jack Fearing, CPEA

# Meet Today's Presenter

- 35 years of experience in General Industry Compliance
- OSHA 10/30 authorized instructor
- Professional member of the NJASSP Chapter since 1984. Chapter Safety Professional of the Year (SPY) - 2019
- B.S., University of Massachusetts, M.Ed., Boston University
- Retired US Army LTC, Senior Army Aviator & Aviation Safety Officer



**Jack Fearing, CPEA**  
Managing Partner  
Fearing International Group LLC



# Presentation Overview

- OSHA Recordkeeping Rule
- OSHA Recordkeeping Forms
- Reporting & Recording Cases
- COVID-19 Recordkeeping Criteria
- OSHA Injury Tracking Application (ITA)
- “Bulletproofing” Your Records





# Disclaimer

*Due to the constantly changing nature of government regulations, particularly during the ongoing COVID-19 pandemic, it is impossible to guarantee the total and absolute accuracy of the material contained herein or presented. Fearing International Group LLC™ (FIG) cannot and does not assume any responsibility for omissions, errors or ambiguity contained and will not be held liable in any degree for any loss, damage or injury caused by any such omission, error or ambiguity present. It is made available with the understanding that FIG is not engaged in rendering legal, accounting or professional service in this presentation. If legal advice is required, the services of such a professional should be sought.*

# OSHA Recordkeeping Rule 1904

## **For OSHA...**

- Inspection & enforcement prioritization
- Standards development
- Agency resource/budget allocation
- Determining “low hazard” industry exemptions
- Analyzing facility safety & health performance
- VPP eligibility

## **For Employers & Employees...**

- Identify and correction hazards
- Maintain effective programs
- Benchmarking

## **For the Bureau of Labor Statistics (BLS)...**

- Information source for SOII surveys
- Statistical reference for OSH stakeholders



# Purpose & Scope

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.

# Contractors & Temporary Workers

- Contractor supervises employee on a day-to-day basis:
  - Contractor records
- You supervise contractor on a day-to-day basis:
  - You record on your Form 300

***One or the other, never both!***



# The Recording Criteria

Covered employers must record each fatality, injury or illness that:

- Is ***work-related***, and/or
- Is a new case, and/or
- Meets one or more of the criteria contained in 1904

**Note:** Employers must enter each recordable case on the form within **7 calendar days** of receiving information that a recordable case occurred.



# Reporting & Recording Injuries & Illnesses

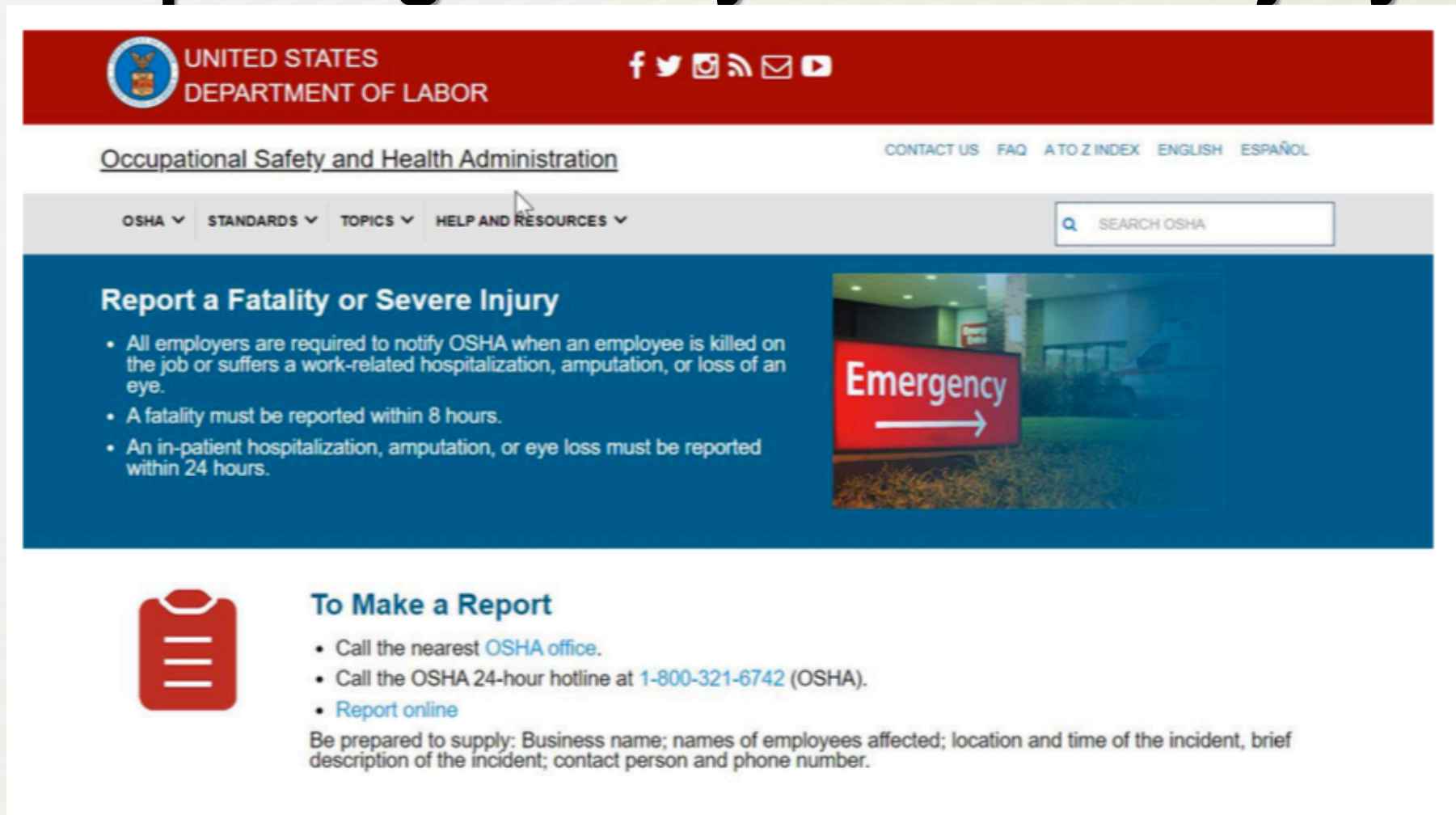
- **Basic requirement:**

You must consider an injury or illness to be work-related if an event or exposure in the **work environment** either caused or contributed to the resulting condition or significantly aggravated a pre-existing injury or illness. Work-relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the **work environment** (e.g., work from home).

- **Work environment:**

OSHA defines the **work environment** as "the establishment and other locations (e.g., Home) where one or more employees are working or are present as a condition of their employment. The **work environment** also includes the equipment or materials used by the employee during the course of his or her work."

# Reporting Fatality or Severe Injury



The screenshot shows the OSHA website header with the United States Department of Labor logo and social media icons. The main navigation bar includes links for CONTACT US, FAQ, A TO Z INDEX, ENGLISH, and ESPAÑOL. Below this is a search bar and a menu with OSHA, STANDARDS, TOPICS, and HELP AND RESOURCES. The main content area is titled 'Report a Fatality or Severe Injury' and includes a list of reporting requirements and a 'To Make a Report' section with a red folder icon.

**UNITED STATES DEPARTMENT OF LABOR**

**Occupational Safety and Health Administration**


CONTACT US FAQ A TO Z INDEX ENGLISH ESPAÑOL

OSHA ▾ STANDARDS ▾ TOPICS ▾ HELP AND RESOURCES ▾

SEARCH OSHA

## Report a Fatality or Severe Injury

- All employers are required to notify OSHA when an employee is killed on the job or suffers a work-related hospitalization, amputation, or loss of an eye.
- A fatality must be reported within 8 hours.
- An in-patient hospitalization, amputation, or eye loss must be reported within 24 hours.



### To Make a Report

- Call the nearest [OSHA office](#).
- Call the OSHA 24-hour hotline at [1-800-321-6742](#) (OSHA).
- [Report online](#)

Be prepared to supply: Business name; names of employees affected; location and time of the incident, brief description of the incident; contact person and phone number.

**Note:** Failure to report can bring fines up to \$14,502. per instance. Reports will be made public and OSHA may inspect.

# Recording 'Work from Home' Cases

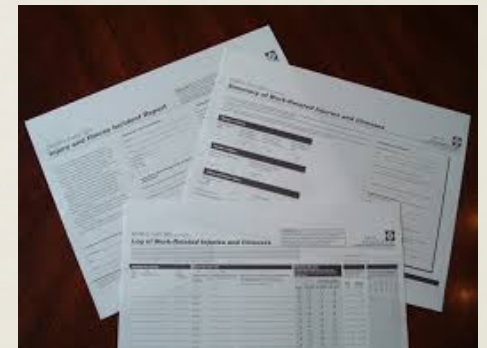
Injuries and illnesses that occur while an employee is working from home are **work-related** if they:

- Occur while the employee is performing work for pay or compensation in the home
- Are **directly** related to the performance of work rather than the general home environment



# OSHA Recordkeeping Forms

- **OSHA Form 300**, Log of Work-Related Injuries and Illnesses
- **OSHA Form 300A**, Annual Summary of Work-Related Injuries and Illnesses
- **OSHA Form 301**, Injury and Illness Incident Report (aka First Report)





# ***Log of Work-Related Injuries & Illnesses***



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New Jersey Chapter



# Filling out the 300 “Log”

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.

**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

Establishment name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

### Identify the person

(A) Case no.  
(B) Employee's name  
(C) Job title  
(e.g., Welder)

### Describe the case

(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)

### Classify the case

CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at Work  
Death (G) Days away from work (H) Job transfer or restriction (I) Other recordable cases (J)

Enter the number of days the injured or ill worker was:

Away from work (K) On job transfer or restriction (L)  
\_\_\_\_ days \_\_\_\_ days  
\_\_\_\_ days \_\_\_\_ days  
\_\_\_\_ days \_\_\_\_ days  
\_\_\_\_ days \_\_\_\_ days  
\_\_\_\_ days \_\_\_\_ days  
\_\_\_\_ days \_\_\_\_ days

Check the "injury" column or choose one type of illness:

(M) Injury (1) Skin disorder (2) Respiratory condition (3) Poisoning (4) Hearing loss (5) All other illnesses (6)

(A) (B) (C)  
Case No.  
EE Name  
Job Title

(D) (E) (F)  
Date of Event  
Location  
Description

(G) (H) (I) (J)  
Choose  
ONLY  
one

(M) (1-6)  
Choose  
ONLY  
one

(K) (L)  
Enter  
Calendar Days  
Recommended  
By the PLHCP.  
Note: A combination of  
either or both caps at  
180 days.

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)


# OSHA Form 301

## *Injuries & Illnesses Incident Report*

<b>OSHA's Form 301</b> <b>Injuries and Illnesses Incident Report</b>	<b>Attention:</b> 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.	 <b>U.S. Department of Labor</b> <b>Occupational Safety and Health Administration</b> <small>Form approved OMB no. 1218-0176</small>																																																				
<p>This <i>Injury and Illness Incident Report</i> is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the <i>Log of Work-Related Injuries and Illnesses</i> and the accompanying <i>Summary</i>, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.</p> <p>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</p> <p>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</p> <p>If you need additional copies of this form, you may photocopy and use as many as you need.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">Information about the employee</th> </tr> <tr> <td style="width: 50%;">1) Full Name</td> <td></td> </tr> <tr> <td>2) Street</td> <td></td> </tr> <tr> <td>City</td> <td>State Zip</td> </tr> <tr> <td>3) Date of birth</td> <td></td> </tr> <tr> <td>4) Date hired</td> <td></td> </tr> <tr> <td>5) <input type="checkbox"/> Male <input type="checkbox"/> Female</td> <td></td> </tr> <tr> <th colspan="2" style="text-align: left;">Information about the physician or other health care professional</th> </tr> <tr> <td>6) Name of physician or other health care professional</td> <td></td> </tr> <tr> <td>7) If treatment was given away from the worksite, where was it given?</td> <td></td> </tr> <tr> <td>Facility</td> <td></td> </tr> <tr> <td>Street</td> <td></td> </tr> <tr> <td>City</td> <td>State Zip</td> </tr> <tr> <td>8) Was employee treated in an emergency room?</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>9) Was employee hospitalized overnight as an in-patient?</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	Information about the employee		1) Full Name		2) Street		City	State Zip	3) Date of birth		4) Date hired		5) <input type="checkbox"/> Male <input type="checkbox"/> 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?		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Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."             </td> </tr> <tr> <td colspan="2"> <b>*15) What happened?</b> 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."             </td> </tr> <tr> <td colspan="2"> <b>*16) What was the injury or illness?</b> Tell us the part of the body that was affected and how it was affected. Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."             </td> </tr> <tr> <td colspan="2"> <b>*17) What object or substance directly harmed the employee?</b> Examples: "concrete floor"; "chlorine"; "radial arm saw." 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Completed by _____ Title _____ Phone _____ Date _____																																																						

# OSHA Form 300A

## Summary of Work-Related Injuries & Illnesses

OSHA's Form 300A (Rev. 01/2004)				Year <input type="text"/>			
Summary of Work-Related Injuries and Illnesses				U.S. Department of Labor Occupational Safety and Health Administration			
<small>All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate.</small>						<small>Form approved OMB no. 1218-0176</small>	
<small>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."</small>							
<small>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 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.</small>							
<b>Number of Cases</b>						<b>Establishment information</b>	
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	Your establishment name <input type="text"/>			
0	0	0	0	Street <input type="text"/>			
(G)	(H)	(I)	(J)	City <input type="text"/> State <input type="text"/> Zip <input type="text"/>			
				Industry description (e.g., Manufacture of motor truck trailers) <input type="text"/>			
				Standard Industrial Classification (SIC), if known (e.g., SIC 3715) <input type="text"/>			
				OR North American Industrial Classification (NAICS), if known (e.g., 336212) <input type="text"/>			
<b>Number of Days</b>						<b>Employment information</b>	
Total number of days away from work			Total number of days of job transfer or restriction	Annual average number of employees <input type="text"/>			
0			0	Total hours worked by all employees last year <input type="text"/>			
(K)			(L)				
<b>Injury and Illness Types</b>						<b>Sign here</b>	
Total number of...					Knowingly falsifying this document may result in a fine. <input type="text"/>		
(M)							
(1) Injury	0	(4) Poisoning	0	I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.			
(2) Skin Disorder	0	(5) Hearing Loss	0				
(3) Respiratory Condition	0	(6) All Other Illnesses	0				
				Company executive <input type="text"/>		Title <input type="text"/>	



# OSHA Form 300A

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

## 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)

**Estab**

**Your o**

Street

City

Industry

Standards

OR

North A

**Empl**

Workdays

Annual

Total ho

**Sign**

Knowi



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New Jersey Chapter

NJ



# OSHA Form 300A (Con't.)

## 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.



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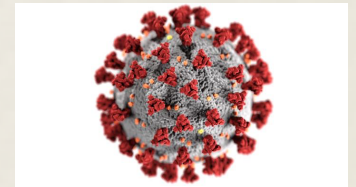


# COVID-19 Recordkeeping

On May 26, 2020, OSHA issued revised enforcement guidance that provides time-limited exceptions to its recordkeeping requirements for recording cases of COVID-19.

Under OSHA's recordkeeping requirements, **COVID-19 is a recordable illness**, and employers are responsible for recording cases of COVID-19 provided the case:

- Is **work-related** as defined by 29 CFR 1904.5
- Involves one or more of the recording criteria
- Is confirmed as a COVID-19 illness by the CDC




**Note:** The agency also stated that it will not require employers to determine work-relatedness of cases except where: 1) there is objective evidence that a COVID-19 case may be work-related; and 2) the evidence was reasonably available to the employer.

# COVID-19 Recording Guidance

Occupational Safety and Health Administration

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[OSHA](#) ▾ [STANDARDS](#) ▾ [TOPICS](#) ▾ [HELP AND RESOURCES](#) ▾



[Enforcement Memos](#) / Revised Enforcement Guidance for Recording Cases of Coronavirus Disease 2019 (COVID-19)

May 19, 2020

**MEMORANDUM FOR:** REGIONAL ADMINISTRATORS  
STATE PLAN DESIGNEES

**THROUGH:** AMANDA EDENS  
Deputy Assistant Secretary

**FROM:** LEE ANNE JILLINGS, Acting Director  
Directorate of Technical Support and Emergency Management

PATRICK J. KAPUST, Acting Director  
Directorate of Enforcement Programs

**SUBJECT:** Revised Enforcement Guidance for Recording Cases of Coronavirus Disease 2019 (COVID-19)

This memorandum provides updated interim guidance to Compliance Safety and Health Officers (CSHOs) for enforcing the requirements of 29 CFR Part 1904 with respect to the recording of occupational illnesses, specifically cases of COVID-19. On May 26, 2020, the previous memorandum on this topic<sup>[1]</sup> will be rescinded, and this new memorandum will go into and remain in effect until further notice. This guidance is intended to be time-limited to the current COVID-19 public health crisis. Please frequently check OSHA's webpage at [www.osha.gov/coronavirus](http://www.osha.gov/coronavirus) for updates.

Under OSHA's recordkeeping requirements, COVID-19 is a recordable illness, and thus employers are responsible for recording cases of COVID-19, if:

1. The case is a confirmed case of COVID-19, as defined by the Centers for Disease Control and Prevention (CDC);<sup>[2]</sup>
2. The case is work-related as defined by 29 CFR § 1904.5;<sup>[3]</sup> and
3. The case involves one or more of the general recording criteria set forth in 29 CFR § 1904.7.<sup>[4]</sup>

Confirmed cases of COVID-19 have now been found in nearly all parts of the country, and outbreaks among workers in industries other than healthcare, emergency response, or correctional institutions have been identified. As transmission and prevention of infection have become better understood, both the government and the private sector have taken rapid and evolving steps to slow the virus's spread, protect employees, and adapt to new ways of doing business. As the virus's spread now slows in certain areas of the country, states are taking steps to reopen their economies and workers are returning to their workplaces. All these facts—incidence, adaptation, and the return of the workforce—indicate that employers should be taking action to determine whether employee COVID-19 illnesses are work-related and thus recordable. Given the nature of the disease and ubiquity of community spread, however, in many instances it remains difficult to determine whether a COVID-19 illness is work-related, especially when an employee has experienced potential exposure both in and out of the workplace.



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# COVID-19 National Emphasis Program

Issued: March 12, 2021

Revised: July 7, 2021



U.S. DEPARTMENT OF LABOR

## OSHA DIRECTION

Occupational Safety and Health Administration

**DIRECTIVE NUMBER:** DIR 2021-03 (CPL 03) | **EFFECTIVE DATE:** July 7, 2021

**SUBJECT:** Revised National Emphasis Program – Coronavirus Disease 2019 (COVID-19)

This revised Direction describes policies and procedures for implementing a National Emphasis Program (NEP) to ensure that employees in high-hazard industries or work tasks are protected from the hazard of contracting the Coronavirus Disease 2019 (COVID-19). The NEP augments OSHA's efforts addressing unprogrammed COVID-19-related activities, *e.g.*, complaints, referrals, and severe incident reports, by adding a component to target specific high-hazard industries or activities where this hazard is prevalent. The NEP targets establishments that have workers with increased potential exposure to this hazard, and that puts the largest number of workers at serious risk. **This Direction applies OSHA-wide.**



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New Jersey Chapter

# National Emphasis Programs

**National Emphasis Programs** (NEPs) are temporary programs that focus OSHA's resources on particular hazards and/or high-hazard industries.

Active Programs
Amputations (2019)
Combustible Dust (2008)
<b>COVID-19 (2021)</b>
Federal Agencies (2008)
Hazardous Machinery (2015)
Hexavalent Chromium (2010)
Lead (2008)
Primary Metal Industries (2014)
Process Safety Management (2017)
Shipbreaking (2016)
Silica (2008)
Trenching & Excavation (1985)





# COVID-19 ETS Recordkeeping Issues

Effective: June 21, 2021

## EMERGENCY TEMPORARY STANDARD

Reporting COVID-19 Fatalities and  
In-Patient Hospitalizations to OSHA



## EMERGENCY TEMPORARY STANDARD

The COVID-19 Log



## EMERGENCY TEMPORARY STANDARD

FACT SHEET

Protecting Workers' Rights under the  
COVID-19 Healthcare ETS



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# Employee Protection from Retaliation



## OSHA's Whistleblower Protection Program

OSHA's Whistleblower Protection Program enforces the provisions of more than 20 federal laws protecting employees from retaliation for, among other things, raising or reporting concerns about hazards or violations of various workplace safety and health, aviation safety, commercial motor carrier, consumer product, environmental, financial reform, food safety, health insurance reform, motor vehicle safety, nuclear, pipeline, public transportation agency, railroad, maritime, and securities laws. Employees who believe that they have experienced retaliation in violation of one of these laws may file a complaint with OSHA.

### Whistleblower Laws Enforced by OSHA

Following is a list of statutes over which OSHA has jurisdiction. Each statute has a different time frame in which a complaint can be filed.

- *Asbestos Hazard Emergency Response Act (90 days)*
- *Clean Air Act (30 days)*
- *Comprehensive Environmental Response, Compensation and Liability Act (30 days)*
- *Consumer Financial Protection Act of 2010 (180 days)*
- *Consumer Product Safety Improvement Act (180 days)*
- *Energy Reorganization Act (180 days)*
- *Federal Railroad Safety Act (180 days)*
- *Federal Water Pollution Control Act (30 days)*
- *International Safe Container Act (60 days)*
- *Moving Ahead for Progress in the 21st Century Act (motor vehicle safety) (180 days)*
- *National Transit Systems Security Act (180 days)*
- *Occupational Safety and Health Act (OSH Act) (30 days)*
- *Pipeline Safety Improvement Act (180 days)*
- *Safe Drinking Water Act (30 days)*
- *Sarbanes-Oxley Act (180 days)*
- *Seaman's Protection Act (180 days)*
- *Section 402 of the FDA Food Safety Modernization Act (180 days)*
- *Section 1558 of the Affordable Care Act (180 days)*
- *Solid Waste Disposal Act (30 days)*
- *Surface Transportation Assistance Act (180 days)*
- *Toxic Substances Control Act (30 days)*
- *Wendell H. Ford Aviation Investment and Reform Act for the 21st Century (90 days)*

### What Is Retaliation?

Retaliation is an adverse action against an employee because of activity protected by one of these whistleblower laws. Retaliation can include several types of actions, such as:

- Firing or laying off
- Blacklisting
- Demoting
- Denying overtime or promotion
- Disciplining
- Denying benefits
- Failing to hire or rehire
- Intimidation
- Reassignment affecting promotion prospects
- Reducing pay or hours
- Making threats

### Filing a Complaint

Employees who believe that their employers retaliated against them because they engaged in protected activity should contact OSHA as soon as possible because they must file any complaint within the legal time limits.

An employee can file a complaint with OSHA by visiting or calling his or her local OSHA office, sending a written complaint to the closest OSHA office, or filing a complaint online. No particular form is required and complaints may be submitted in any language.

Written complaints may be filed by fax, electronic communication, hand delivery during business hours, U.S. mail (confirmation services recommended), or other third-party commercial carrier.



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# CDC Criteria for COVID-19

- **Clinical Criteria:**
  - At least two of the following symptoms, **OR**
  - At least one of the following symptoms, **OR**
  - Severe respiratory illness with at least one of the following, **AND**
  - No alternative more likely diagnosis
- **Laboratory Criteria: (FDA)**
- **Epidemiologic Linkage: (Contact & Travel)**



# Recording COVID-19 Cases

<b>OSHA's Form 300 (Rev. 01/2004)</b> <b>Log of Work-Related Injuries and Illnesses</b>						<b>Attention:</b> 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 <input type="text"/> 									
You must record information 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 1904.8 through 1904.12. Feel free to use two						Form approved OMB no. 1218-0176		<b>U.S. Department of Labor</b> Occupational Safety and Health Administration									
Establishment name <input type="text"/>						City <input type="text"/>		State <input type="text"/>									
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 (mo./day)	(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:											
						Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M) Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
						(G)	(H)	Job transfer / restriction	Other recordable cases	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
1	Mark Bagin	Welder	5/25	basement	COVID-19	<input checked="" type="checkbox"/>											
2	Shana Alexander	Foundry man	7/2	pouring dock	COVID-19		<input checked="" type="checkbox"/>			180				<input checked="" type="checkbox"/>			

# COVID-19 Log

The OSHA COVID-19 Healthcare Emergency Temporary Standard (ETS) requires employers to keep a COVID-19 Log if they have more than 10 employees on June 21, 2021 (the effective date of the ETS) (See 29 CFR 1910.502(q)). Employers are required to record on the COVID-19 Log each instance of an employee being confirmed COVID-19 positive (i.e., case that tested positive or was diagnosed by a licensed healthcare provider), whether it was contracted at work or elsewhere.

(Employers may use this form or any other form containing similar information)

**Name of Business/Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Name and Contact information of Employer's Contact Person:** \_\_\_\_\_

Employee Name and Occupation (Job Title)	Employee Contact Information (Address, Phone Number, or email address)	Employee Work Location (Address, Department, Floors, or Room Numbers)	Most Recent Day the Employee Was Present in the Workplace (Date)	Date of COVID-19 Diagnosis or Positive Test for COVID-19	Date of Onset of Symptoms (If Applicable)	Brief Description or Additional Information



# Injury Tracking Application (ITA)

**UNITED STATES DEPARTMENT OF LABOR**

Occupational Safety and Health Administration

ABOUT OSHA - WORKERS - EMPLOYERS - REGULATIONS - ENFORCEMENT - TOPICS - NEWS & PUBLICATIONS - DATA - TRAINING

Injury Tracking Application Home

**Injury Tracking Application**  
User: Philip | Logout  
Navigation Menu

**For Manual Data Entry**

[Create Establishment](#) Add a new establishment to your account

[View Establishment List](#) View the establishments which have been added to your account

**For Batch Data Transmission**

[Upload a Batch File](#) Upload a CSV file containing your establishment and 300 A summary data

[View Your API Token](#) Access your authentication token for use in electronically transmitting data via API

**Overview of Data Submission Process**

**Step 1** Create an Establishment

**Step 2** Add 300A Summary Data

**Step 3** Submit Data to OSHA

**Step 4** Review Confirmation Email

**2017 Data Submission Status**

300A Summary Status	Establishments
Not Added	0
Not Submitted	0
Submitted	0
Total	0

# Electronic Submission Requirements

Submission Year	Establishments with 250 or more employees	Establishments with 20-249 employees	Submission Deadline
2018	<del>Form 300, 300A, &amp; 301</del>	Form 300A	July 1, 2019
2020	300A Annual Summary	Form 300A	March 2, 2021
<b>2021</b>	<b>Form 300A Annual Summary</b>	<b>Form 300A</b>	<b>March 2, 2022</b>

**Note:** State plans must adopt identical rules.

# 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)

# NAICS Classification System

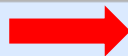
The North American Industrial Classification System (NAICS) is a 2-6 digit classification system developed by the Office of Management & Budget (OMB) for use in the collection, tabulation, analysis, and dissemination of statistical data by certain US Federal agencies (e.g., OSHA & EPA), trade associations and regulatory boards. A complete and valid NAICS code contains six digits.

Example #1

	NAICS code(3)	Total recordable cases	Cases with days away from work, job restriction, or transfer			Other recordable cases
			Total	Cases with days away from work(4)	Cases with days of job transfer or restriction	
Computer and electronic product manufacturing	334	0.9	0.5	0.3	0.2	0.3
Computer and peripheral equipment manufacturing	3341	0.4	0.2	0.1	0.1	0.2
Computer and peripheral equipment manufacturing	33411	0.4	0.2	0.1	0.1	0.2
Electronic computer manufacturing	334111	0.3	0.2	0.1	0.1	0.2

Example #2

	NAICS code(3)	Total recordable cases	Cases with days away from work, job restriction, or transfer			Other recordable cases
			Total	Cases with days away from work(4)	Cases with days of job transfer or restriction	
Motor vehicle body and trailer manufacturing	3362	5.9	2.9	1.3	1.6	3
Motor vehicle body and trailer manufacturing	33621	5.9	2.9	1.3	1.6	3
Motor vehicle body manufacturing	336211	5.2	2.9	1.4	1.5	2.3
Truck trailer manufacturing	336212	6.1	3	1.4	1.6	3





# Current OSHA Citations & Penalties

TYPE OF VIOLATION	MINIMUM PENALTY	MAXIMUM PENALTY
OTHER THAN SERIOUS SERIOUS POSTING REQUIREMENTS	OTS - \$0. per violation Serious - \$946. per violation Posting - \$0. per violation	<b>\$14,502. max. per violation</b>
WILLFUL & REPEAT	<b>\$9,639. per violation</b>	<b>\$145,027. max. per violation</b>
FAILURE TO ABATE	<b>N/A</b>	<b>\$14,502. per day beyond the abatement date.</b>

Bipartisan Budget Act of 2015 – Aug 2016 (Effective Jan 2022)

**Note:** State Plan states that operate their own OSHA Plans are required to adopt maximum penalty levels that are at least as much as federal OSHA.



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# **“Bulletproofing” Your Records**

- Training employees and encouraging employee involvement
- Ensuring employee privacy protection
- Completing, certifying and posting the annual summary
- Timely submission of the electronic OSHA Form 300A (Annual Summary) in the ITA
- Complying with COVID-19 ETS requirements
- Establishing a system for retention and updating
- Conducting & documenting an annual audit

# Thank You for Your Participation Today!

**Jack Fearing, CPEA**

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