

Recordkeeping

Navigating OSHA's Requirements

By Lori Schroth

Injury logs are among the first items reviewed and evaluated during an OSHA compliance inspection. Although the agency provides resources and guidance to help employers maintain injury and illness logs, many employers fail to accurately record each case, resulting in numerous OSHA citations each year. Claiming ignorance for not properly recording cases on the logs will not help an employer avoid citations. OSHA expects recordkeepers to know and understand the regulations.

OSHA's (1970) General Duty Clause says that employers are responsible for complying with established safety and health standards and for ensuring that the workplace is free of recognized hazards. Under this clause and established OSHA

regulations, employers must maintain a reporting and recordkeeping system to classify work-related injuries and illnesses and track the outcomes of each case. Employers can use the OSHA Form 300, Log of Work-Related Injuries and Illnesses (Figure 1); 300A, Summary of Work-Related Injuries and Illnesses (Figure 2); and 301, Injury and Illness Incident Report (Figure 3, p. 30), otherwise known as OSHA logs, to meet this requirement. The designated recordkeeper(s) (commonly SH&E professionals) must be familiar with proper OSHA recordkeeping practices and recognize when and how to record a case on the OSHA logs.

The Importance of Recordkeeping

OSHA logs provide employers with a means to collect, record and track work-related fatalities, injuries and illnesses (those to which OSHA recordkeeping rules apply). The information gathered from recording and investigating each

work-related incident provides employers an opportunity to collect critical workplace-related information, including data on hazards that may not have been previously identified. Employers can use this information to make their workplaces safer and to prevent injuries and illnesses.

Inspection programs can be enhanced by adding the collective findings to inspection checklists used in the work areas where the injury or illness occurred. The updated checklists will help inspectors identify additional hazards as well. Contributing factors can be incorporated into existing hazard recognition training to increase employee awareness.

Recording fatalities, injuries and illnesses also provides a basis for trend analysis. Trending helps employers identify commonalities, such as location of incidents, type of injury or illness, and the machines, equipment or other devices involved. Trending injury and illness data is easy to accomplish and the results are easy to understand. Even though these data pertain to past events, the results can identify repeat conditions and circumstances that can be targeted to prevent recurrence. Recording work-related injuries, illnesses and fatalities also allows an employer to calculate injury and illness incidence rates [e.g., days away, restricted and transferred (DART) and total case incident rate (TCIR)]. Accurately tracking injuries and illnesses ensures that a site's calculated DART and TCIR are accurate. Once calculated, the rates can be compared to industry averages published by BLS.

Injury rates offer a standardized way to measure an organization's performance historically and enable comparisons within and across industries. In addition, organizations pursuing or participating in OSHA's Voluntary Protection Programs (VPP) must demonstrate that they have below-industry-average incidence rates.

Common Recordkeeping Concerns

Despite the recognized importance of recordkeeping, it continues to be the source of many OSHA citations across all industries. Table 1 (p. 31) shows a list of the Standard Industry Classification (SIC) divisions that were cited for improper recordkeeping practices from October 2011 to September 2012; Figures 4 and 5 (p. 32) show the number of issued citations and their corresponding costs.

Many of the recordkeeping violations are repeated by different organizations. Common issues

IN BRIEF

- OSHA recordkeeping continues to be problematic for many employers.
- SH&E professionals must be familiar with proper OSHA recordkeeping practices and recognize when and how to record a case on the OSHA logs.
- This article reviews the importance of OSHA recordkeeping, highlights common errors, discusses red flags that may catch an OSHA inspector's eye and offers recommendations to achieve success in recording cases and maintaining OSHA logs.

Lori Schroth, CSP, is a safety and occupational health professional at Concurrent Technologies Corp. where she provides technical solutions, support and expertise to numerous clients. She is a member of ASSE's Western Pennsylvania Chapter, a member of and publication coordinator for ASSE's Public Sector Practice Specialty and a member of Women in Safety Engineering. She has worked in SH&E for 6 years and has previous safety experience in the circuit board manufacturing industry. Schroth holds a B.S. in Safety Sciences and a B.S. in Natural Sciences from Indiana University of Pennsylvania, an M.S. in Occupational Safety, Health and Environmental Management from Columbia Southern University, and she is pursuing a doctorate in business administration from California Southern University.

Figure 1 OSHA Form 300

involve record retention and certification; posting the OSHA 300A summary; incident descriptions and classification; reportable versus recordable incidents; under- and overreporting; significant injuries and illnesses; and workers' compensation laws with OSHA recordkeeping regulations.

Retention of OSHA Logs

According to OSHA 29 CFR 1904.33(a), OSHA logs must be retained for 5 years. If new cases emerge over time or changes in the classification of old cases occur, then the filed OSHA Form 300 (where the original case was or needs to be recorded) must be updated accordingly.

Certification of OSHA Logs

OSHA 29 CFR 1904.32(b)(4) states that a company executive must review the information provided on the OSHA Form 300 and verify that the data provided on the annual summary (OSHA Form 300A) are correct and complete. Some organizations believe that a safety manager may sign the logs, but this is only true if this individual meets the definition of a *company executive*.

According to OSHA, a company executive is one who "owns the organization, acts as an officer at the organization, is the highest ranking official working at the establishment or the immediate supervisor of this highest ranking official." An individual meeting these requirements must certify the OSHA Form 300A by reviewing the information and signing off on it before it is posted in the workplace.

Posting the OSHA Form 300A

Many organizations have some misconceptions about when the OSHA Form 300A must be posted. OSHA 29 CFR 1904.32(b)(6) specifically states that the annual summary must be posted in a conspicuous area (e.g., bulletin boards, lunchrooms) from Feb. 1 to April 30. In an interpretation letter from Dec. 18, 2003, OSHA states that although the OSHA Form 300A must be posted, organizations can also elect to post the OSHA Form 300. If they do so, all names must be removed from the form before it is posted.

Describing the Injury or Illness

Many recordkeepers also fail to provide an accurate description of the injury or illness. On the OSHA Form 300, Section F advises, "Describe the injury or illness, parts of the body affected, and the object/substance that directly injured or made the person ill" (Figure 6, p. 33). The recordkeeping must be as specific as possible so that when referring to previously documented cases, one can im-

mediately understand what happened and use that information to help determine whether an incident should be documented as a new case or whether an old case must be updated.

An example of poor documentation is, "Cut finger." The statement does not describe which finger was injured or how the injury occurred. A better way to describe and document this case would be, "Laceration on right thumb from contact with broken light fixture."

Case Classification

When a new case must be recorded on the OSHA Form 300, discrepancies may exist in the boxes checked under "Classify the Case." Under this section, the form states that only one box should be selected: death, days away from work, job transfer or restriction, and other recordable cases (Figure 7, p. 34). However, recordkeepers may disregard these instructions and check more than one box.

The information gathered from recording and investigating each work-related incident provides employers an opportunity to collect critical workplace-related information, including data on hazards that may not have been previously identified.

Figure 3 OSHA Form 301

**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 when the information is being used for occupational safety and health purposes.

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

Form approved 1/8/09, OSHA-301-019

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. In no case should an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-393 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 3 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. Sex _____
a. Male
b. Female

Information about the physician or other health care professional

5. Name of physician or other health care professional _____
6. Full name _____
7. Street _____
City _____ State _____ ZIP _____

8. Was employee treated in an emergency room?
 Yes
 No

9. Was employee hospitalized overnight or in an hospital?
 Yes
 No

Information about the case

10. Case number from the Log _____ (through the case number from the Log after you record the case.)
11. Date of injury or illness _____
12. When employee began work _____ AM / PM
13. Time of case _____ 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: "Ladder while carrying roofing material," "spraying chlorine from hand sprayer," "shilly computer key entry."

15. What happened? Tell us how the injury occurred. Example: "When ladder slipped on wet floor, worker fell 20 feet." "Worker was sprayed with chlorine when gas leak broke during replacement." "Worker developed disease in winter 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." Example: "torn rotator cuff," "chemical burn, hand," "target organ dysfunction."

17. What object or substance directly harmed the employee? Example: "concrete block," "chlorine," "metal saw case." If this question does not apply to the incident, leave it blank.

18. If the employee died, when did death occur? Time of death _____

Completed by: _____
Title: _____
Phone: _____ Date: _____

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, reviewing and collecting the data, and reviewing and editing the collection of information. Send comments regarding this burden estimate or any other aspect of this data collection, including suggestions for reducing this burden, to Washington, DC 20503. Do not send this information to OSHA.

Underreporting may indicate that the recordkeeper needs additional training or guidance to appropriately recognize incidents that must be recorded; however, this usually is not recognized until a site is inspected or assessed and records (e.g., OSHA logs, incident investigation reports, injury reports) are reviewed. Ethical issues also arise when sites intentionally neglect to record certain incidents.

Under either circumstance, the recordkeeper is not meeting his/her duty to provide accurate OSHA logs. As a result, when Form 300A is posted, the site will appear to be a safe place to work; however, the organization will still have the potential to receive citations and may overlook key factors that contribute to workplace safety.

Inspection programs can be enhanced by adding the collective findings of injury/illness recordkeeping to inspection checklists. The updated checklists will help inspectors identify additional hazards as well.

To know which box to check, one should evaluate the incident to identify the most serious outcome that resulted; this is an important practice to apply when evaluating complex incidents. The box that is marked is also supposed to be updated as an incident progresses and as the most serious outcome changes.

Reportable vs. Recordable Incidents

Confusion also exists regarding whether a case is reportable or recordable. All work-related incidents should be reported following established site procedures; however, just because these injuries and illnesses are reported does not necessarily mean that they should be recorded on the OSHA log. Mishap reports may include near-misses and incidents involving first-aid treatment, or those that occurred during voluntary participation in an activity.

Each reported incident must be thoroughly evaluated to determine whether it is work-related. OSHA 29 CFR 1904.5 states: "An employer must consider an injury or illness to be work-related if an event or exposure in the work environment caused or contributed to the resulting condition or significantly aggravated a preexisting injury or illness." The regulation provides a definition for work environment and contains a list of situations and circumstances of recordable and nonrecordable injuries and illnesses. Therefore, each individual case must be evaluated and compared against the criteria in OSHA 29 CFR 1904.

Accurately determining the work-relatedness of each case helps ensure that OSHA logs are correct to prevent under- and overreporting. If questions arise, recordkeepers can contact OSHA's On-Site Consultation Program and receive free guidance (www.osha.gov/dcsp/smallbusiness/consult.html).

Under- & Overreporting

Under- and overreporting are both recordkeeping concerns. Some organizations do not know the types of incidents that must be recorded on the OSHA logs while others neglect to include certain incidents because of their effect on incidence rates (e.g., may disqualify a site for VPP recognition).

Overreporting injuries and illnesses is another issue commonly seen on OSHA logs. As noted, not all injury and illness reports must be recorded. It is great when an organization tracks additional data (e.g., near-misses, first-aid cases) for continuous improvement purposes; however, such information should be documented and tracked separately from the OSHA logs. Overreporting also reflects poorly on the organization when the Form 300A is posted and when the site's incidence rates are calculated and compared against the industry average.

Significant Injuries & Illnesses

Many employers are unaware that certain work-related injuries and illnesses considered to be significant in nature must be recorded on the OSHA logs regardless of the medical treatment and work restrictions associated with each case. According to OSHA 29 CFR 1904.7(b)(7), these injuries and illnesses include cancer, chronic irreversible diseases, punctured eardrums, and fractured or cracked bones or teeth. These cases are significant in nature because medical treatment may not be recommended or provided when the cases are diagnosed; however, it is assumed that medical treatment will be sought or provided as the injury or illness progresses (OSHA, 2006). To maintain compliance, employers must record these cases when they are diagnosed.

Workers' Compensation Laws & OSHA Recordkeeping

Recordkeepers must understand that in addition to differences between cases that are reportable and recordable, differences exist between workers' compensation laws and OSHA recordable incidents. Workers' compensation is intended to replace wages and the costs for medical expenses for those injured on the job. OSHA recordables are work-related incidents that meet the criteria outlined in the OSHA recordkeeping standard. If an incident is submitted to workers' compensation, this does not automatically mean that the incident should be recorded on the OSHA Form 300. Also, consider the opposite circumstances too; if a workers' compensation claim is denied, it does not nec-

essarily mean that the case should be omitted or removed from the OSHA Form 300. All types of incidents can be submitted to workers' compensation, including cases that only result in first-aid medical treatment and other incidents in which the work environment did not directly cause the injury or illness. Once again, the work-relatedness of each incident must be evaluated and compared against the criteria outlined in OSHA 29 CFR 1904.5.

OSHA Recordkeeping Red Flags

As noted, OSHA logs are one of the first items an OSHA compliance officer reviews and evaluates during an inspection. Numerous issues will signal that recordkeeping practices are not optimal.

Musculoskeletal Discomfort

The first red flag is seeing records related to minor discomfort from ergonomic-related issues. Despite the fact that OSHA's ergonomics rule was rescinded, many recordkeepers continue to be confused about whether a musculoskeletal disorder or discomfort is to be recorded. Ergonomics-related cases, including musculoskeletal discomfort, are only to be recorded if certain circumstances apply to the incident. OSHA wants employers to address all reported musculoskeletal disorders, including pain

and other ergonomic-related symptoms, as any other reported incident since the symptoms experienced may be indicative of an injury or illness.

Each incident must be fully evaluated to determine whether it is a recordable case. According to

Table 1

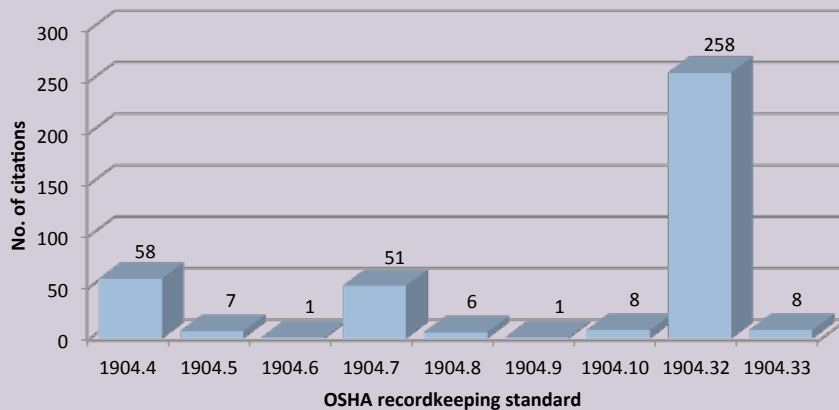
SIC Divisions Cited for Improper Recordkeeping Practices

OSHA regulation cited by federal OSHA	Regulation	Industry divisions cited (% of citations related to the OSHA standard)
1904.4	Recording criteria	D: Manufacturing (62%) F: Wholesale trade (9%) I: Services (9%) E: Transportation, communications, electric, gas and sanitary services (7%) G: Retail trade (7%) C: Construction (3%) J: Public administration (2%) A: Agriculture, forestry and fishing (2%)
1904.5	Determination of work-relatedness	D: Manufacturing (86%) E: Transportation, communications, electric, gas and sanitary services (14%)
1904.6	Determination of new cases	I: Services (100%)
1904.7	General recording criteria	D: Manufacturing (69%) I: Services (12%) C: Construction (6%) E: Transportation, communications, electric, gas and sanitary services (6%) A: Agriculture, forestry and fishing (4%) F: Wholesale trade (2%) G: Retail trade (2%)
1904.8	Recording criteria for needlestick and sharps injuries	I: Services (83%) J: Public administration (17%)
1904.9	Recording criteria for cases involving medical removal under OSHA standards	C: Construction (100%)
1904.10	Recording criteria for cases involving occupational hearing loss	D: Manufacturing (100%)
1904.32	Annual summary	D: Manufacturing (51%) E: Transportation, communications, electric, gas and sanitary services (13%) C: Construction (13%) I: Services (11%) F: Wholesale trade (7%) A: Agriculture, forestry and fishing (2%) G: Retail trade (2%) J: Public administration (1%)
1904.33	Retention and updating	D: Manufacturing (63%) E: Transportation, communications, electric, gas and sanitary services (25%) I: Services (12%)

Note. SIC divisions cited for improper recordkeeping practices, October 2011 to September 2012. SIC divisions are based on the industry and services provided by each organization. The SIC divisions include a) agriculture, forestry and fishing; b) mining; c) construction; d) manufacturing; e) transportation, communications, electric, gas and sanitary services; f) wholesale trade; g) retail trade; h) finance, insurance and real estate; i) services; j) public administration (OSHA, 2012a). More thorough industry information can be obtained by searching by the 2-, 3- or 4-digit SIC code. Total percentage is rounded to the nearest 1%.

Figure 4

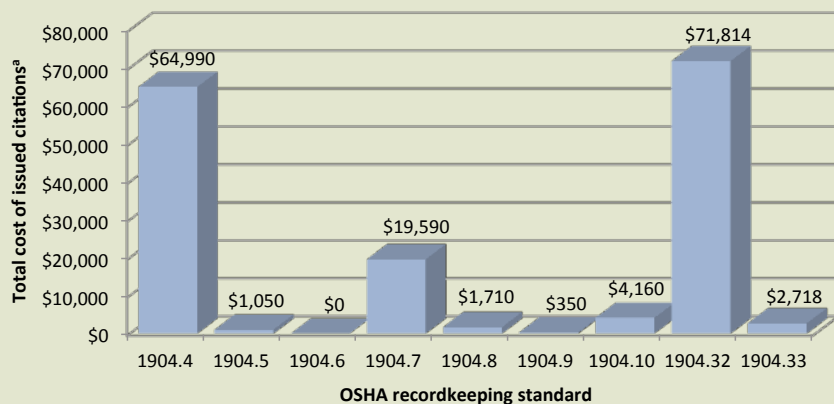
Recordkeeping-Related Citations Issued to Organizations



Note. This figure illustrates the number of citations issued by Federal OSHA between October 2011 and September 2012 and the applicable OSHA recordkeeping standard for all SIC Divisions. OSHA standards 1904.32, 1904.4 and 1904.7 have the highest occurrence of issued citations.

Figure 5

Cost of Issued Citations Related to Recordkeeping



Note. This figure illustrates the total cost of recordkeeping citations issued by federal OSHA from October 2011 to September 2012 for all SIC divisions. OSHA standards 1904.32, 1904.4 and 1904.7 have the highest costs associated with them. ^aCitations shown reflect current rather than initial amounts.

OSHA (2005), ergonomic-related cases are not to be recorded if “the employee experiences minor musculoskeletal discomfort, a healthcare professional determines the employee is fully capable of performing [his/her] routine job functions, or a work restriction is assigned for the purpose of preventing a more serious condition from developing.” If a case requires medical treatment beyond first aid (or meets the requirements in OSHA 29 CFR 1904.7), then the discomfort becomes an OSHA recordable incident and must be documented on the OSHA Form 300.

Hearing Loss & Standard Threshold Shifts

“Occupational hearing loss is one of the most common work-related illnesses. NIOSH estimates

that there are between 5 and 30 million workers in the U.S. who are exposed to noise levels at work that put them at risk of hearing loss” (CDC/NIOSH, 2011). Omitting hearing-related illnesses from records or recording them incorrectly may suggest to the inspector that other cases are also being recorded incorrectly.

Another red flag is when a significant noise hazard (e.g., active flight line, heavy machinery/equipment) exists and, even though employees are receiving workers’ compensation for hearing loss, no standard threshold shifts (STS) are recorded on the OSHA logs. Each case involving hearing loss of any magnitude must be evaluated to determine whether it is work-related or whether a preexisting hearing loss was aggravated due to exposure to noise at work.

Each case must also be assessed to determine whether it meets the recordkeeping requirements outlined in OSHA 29 CFR 1904.5 and 1904.10. Recordkeepers should know that STS must be recorded if an audiogram documents a hearing loss of at least 25 dB in either one or both ears; this can be performed by comparing current versus baseline (or revised baseline) audiometric tests.

Needlesticks & Sharps

Injuries resulting from needlesticks and other contaminated sharps (e.g., scalpels, broken glass, tubes, exposed dental wires) are of particular interest in healthcare settings because these injuries can result in the transmission of bloodborne pathogens. In a healthcare setting, a red flag results if these types of injuries are not observed on the OSHA logs. OSHA 29 CFR 1904.8(b) states that all work-related needlesticks and cuts from sharp objects that are contaminated with blood or another potentially infectious material must be treated as an injury and recorded. OSHA 29 CFR 1910.1030(h)(5) also states the employer’s responsibility to establish

and maintain a sharps injury log. The OSHA logs may act as the sharps injury log as long as all of the required information outlined in 1910.1030, including the type and brand of device involved in the incident, can be segregated on the logs.

Work Restrictions

A light-duty program can help an organization ensure that injured employees return to work when they cannot perform the functions of their typical job; however, work-related incidents that result in employees entering a light-duty program must still be classified as a job restriction. Misrecording these incidents as an “other recordable case” (Column J) or failing to record these cases is problematic. Improperly recording these cases can lead to an inac-

Figure 6

Describing the Injury or Illness

Describe the case		
(D)	(E)	(F)
Date of injury or onset of illness (e.g., 2/10)	Where the event occurred (e.g., Loading dock north end)	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)
<input type="text"/> / <input type="text"/> month / day	<input type="text"/>	<input type="text"/>
<input type="text"/> / <input type="text"/> month / day	<input type="text"/>	<input type="text"/>
<input type="text"/> / <input type="text"/> month / day	<input type="text"/>	<input type="text"/>
<input type="text"/> / <input type="text"/> month / day	<input type="text"/>	<input type="text"/>

curate number of days the injured or ill worker was on job transfer or restriction; this can also affect the accuracy of the OSHA documents and an organization's incidence rates. Employers must always be sure that work restrictions are included in incidence rate calculations.

Miscalculations

One additional red flag is the simple error of miscalculating each column's totals on the OSHA Form 300. Such an error may signify that other errors have occurred, create an inaccurate OSHA Form 300A, and skew trending data.

Achieving Success

The same recordkeeping issues continually occur due to inadequate training and the failure to fully evaluate each case, determine whether it is recordable and understand why each case happened.

Training

Recordkeepers must be trained on the recording criteria and forms in order to determine each case's recordability and how each case should be recorded. Recordkeepers can attend online courses and conferences, and access a wealth of consultation services. OSHA provides numerous resources on how to properly maintain their logs, including:

- OSHA recordkeeping handbook: www.osha.gov/Publications/recordkeeping/OSHA_3245_REVISED.pdf;
- OSHA recordkeeping website: www.osha.gov/recordkeeping;
- OSHA recordkeeping standard: www.osha.gov/pls/oshaweb/owasrch.search_form?p_doc_type=STANDARDS&p_toc_level=1&p_keyvalue=1904;
- OSHA recordkeeping advisor: www.dol.gov/elaws/OSHARecordkeeping.htm.

Evaluation

Thoroughly evaluating and investigating each injury and illness will not only ensure accurate OSHA logs, it will also provide insight into the incident causes. Safety personnel can use this information to mitigate hazards and prevent the same or similar incidents from recurring. Recordkeepers can seek wisdom by gathering all essential information before classifying a case and recording it (as long as it is work-related and added to the log within 7 calendar days).

Improvements

OSHA recordkeeping is a sensitive issue since there are numerous standard interpretations and ways to perceive incidents. Safety managers can stay on top of OSHA recordkeeping by being knowledgeable about the standard and where to obtain additional information. Certain aspects of the recordkeeping processes can be improved and streamlined. To do so, recordkeepers should consider:

- items that can be controlled;
- changes that can be instituted for improvement;
- action-oriented recommendations that can be communicated for improvement;
- information that is needed to fully understand a case.

Other tips:

- Read through the standard and understand the information.
- Establish good relationships and improve communication among the groups of personnel that contribute injury and illness data. For example, supervisors know when employees are at work and can accommodate work restrictions. They also know the job tasks the employees are performing; this can help in determining whether a case is work-related. Medical professionals can provide valuable input about work restrictions, prescribed medication, time required off of work, first-aid treatment provided and other essential medical information for affected employees.
- Understand the differences between an incident that is reportable, compensation worthy and recordable.
- Investigate all incidents, including hearing loss and musculoskeletal issues, to determine whether they are recordable.
- Double check data pulled from a database as portions of the information may be altered or deleted accidentally.
- Maintain legible OSHA logs.
- Consider creating a buddy system to check information on the logs (provided multiple employees are knowledgeable in OSHA recordkeeping).

OSHA Form 300 clearly provides directions on how to describe an injury or illness on the log. Follow these directions to accurately describe and log an incident that is OSHA recordable.

Conclusion

OSHA logs are one of the first items a compliance officer reviews and evaluates during an OSHA inspection. Claiming ignorance will not help a company avoid citations. A recordkeeper who has questions or is unsure how to classify or document a specific incident should utilize OSHA's many resources. This individual must also maintain all OSHA logs and supporting documentation (e.g.,

When classifying an injury or illness, be sure to only select one box on the OSHA Form 300 that represents the most serious outcome for the recorded case.

Figure 7 Classifying an Injury or Illness

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

Death (G)	Days away from work (H)	Remained at Work	
		Job transfer or restriction (I)	Other recordable cases (J)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

incident investigations, employee report of injury or illness, witness statements, healthcare professional instructions) in an organized, logical manner so this information is readily available when necessary.

Establishing solid relationships with employees and supervisors throughout the workplace will encourage everyone to submit injury and illness reports in a timely manner so each case can be thoroughly reviewed. Work closely with medical professionals who are providing care to injured and ill employees to obtain additional case-related information. Col-

lectively, these efforts will reduce an organization's potential for making common recordkeeping mistakes and potentially avoid the red flags that may lead to a citation. **PS**

References

- CDC/NIOSH. (2011). Hearing loss prevention: Nonfatal injuries and illnesses. Retrieved from www.cdc.gov/niosh/programs/hlp/risks.html
- OSHA. (1970). OSH Act of 1970: Section 5: Duties. Retrieved from www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=OSHACT&p_id=3359
- OSHA. (2001a). Other OSHA injury and illness recordkeeping requirements: Annual summary (29 CFR 1904.32). Retrieved from www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=12776
- OSHA. (2001b). Other OSHA injury and illness recordkeeping requirements: Retention and updating (29 CFR 1904.33). Retrieved from www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=12777
- OSHA. (2001c). Recordkeeping forms and recording criteria: Determination of work-relatedness (29 CFR 1904.5). Retrieved from www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9636
- OSHA. (2001d). Recordkeeping forms and recording criteria: General recording criteria (29 CFR 1904.7). Retrieved from www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9638
- OSHA. (2001e). Recordkeeping forms and recording criteria: Recording criteria for needlestick and sharps injuries (29 CFR 1904.8). Retrieved from www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9639
- OSHA. (2002). Recordkeeping forms and recording criteria: Recording criteria for cases involving occupational hearing loss (29 CFR 1904.10). Retrieved from www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9641&p_text_version=FALSE
- OSHA. (2003, Dec. 18). Standard interpretation letter. Retrieved from www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&p_id=24697
- OSHA. (2004). OSHA forms for recording work-related injuries and illnesses. Retrieved from www.osha.gov/recordkeeping/RKform300pkg-fillable-enabled.pdf
- OSHA. (2005). OSHA recordkeeping handbook (OSHA Publication 3245-01R). Retrieved from www.osha.gov/recordkeeping/handbook/index.html
- OSHA. (2006). Recording and reporting occupational injuries and illnesses training (29 CFR 1904). Retrieved from www.osha.gov/recordkeeping/comp/RKComprehensive_Rev5.pdf
- OSHA. (2012a). SIC divisions. Retrieved from www.osha.gov/pls/imis/sic_manual.html
- OSHA. (2012b). Toxic and hazardous substances: Bloodborne pathogens (29 CFR 1910.1030). Retrieved from www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051

Recordkeeping Tips

- Establish and maintain good working relationships with key organizational personnel (e.g., contractors, supervisors, safety personnel, referring physicians).
- Maintain OSHA logs on a calendar-year basis.
- Record cases within 7 calendar days of receiving information that an OSHA-recordable incident has occurred.
- Ensure that there is a corresponding OSHA Form 301 for each incident recorded on the Form 300.
- Justify why each case is recorded or omitted on the OSHA logs.
- Retain OSHA logs for 5 years following the calendar year to which it relates.
- Update incidents recorded on older OSHA logs as new information regarding a case is obtained.
- Ensure that injury and illness information (e.g., first-aid logs, workers' compensation submissions, first reports of injuries, applicable employee medical records, inspection records, incident investigation reports) is easy to retrieve.
- Trend injury and illness data to identify areas in which the organization can improve.
- Investigate all incidents to identify root causes.
- Post the OSHA Form 300A from Feb. 1 to April 30 in a conspicuous location.