

# Correction of Hazard

- Hazards identified during
  - New process
  - Safety inspections
  - Employee reports
  - Management observations
  - Accident investigations

# Correction of Hazard

- Why?
- When?
- Who?
- How?

# Identification of Corrective Action

- Supervisor/Employee feedback
- Safety Committee Brainstorming
- Industry best practices
- Safety consultant

# Corrective Action

- **Be Specific**
  - “Conduct Training”-not specific
  - Replace hazardous cleaning chemical with organic product

## Case Study:

Table saw observed with guard removed. Provide example of corrective action to eliminate this hazard.



Photo: © 2008 Zenith Insurance Company

# Assignment of Corrective Action

- Assign a responsible party to ensure action is taken, Example: Supervisor, Foreman, etc.
- Hazard Removal Form – Use a form to track progress and completion

# Implementation of Corrective Action

- Ensure all parties aware of corrective action
- Explain reason for corrective action
- Ensure understanding/commitment

# Correction of Hazard

Once Corrective action identified, implemented:

- Evaluate effectiveness of control
- Communicate Success or:
  - Reevaluate additional controls
    - Obtain feedback from employees, safety committee

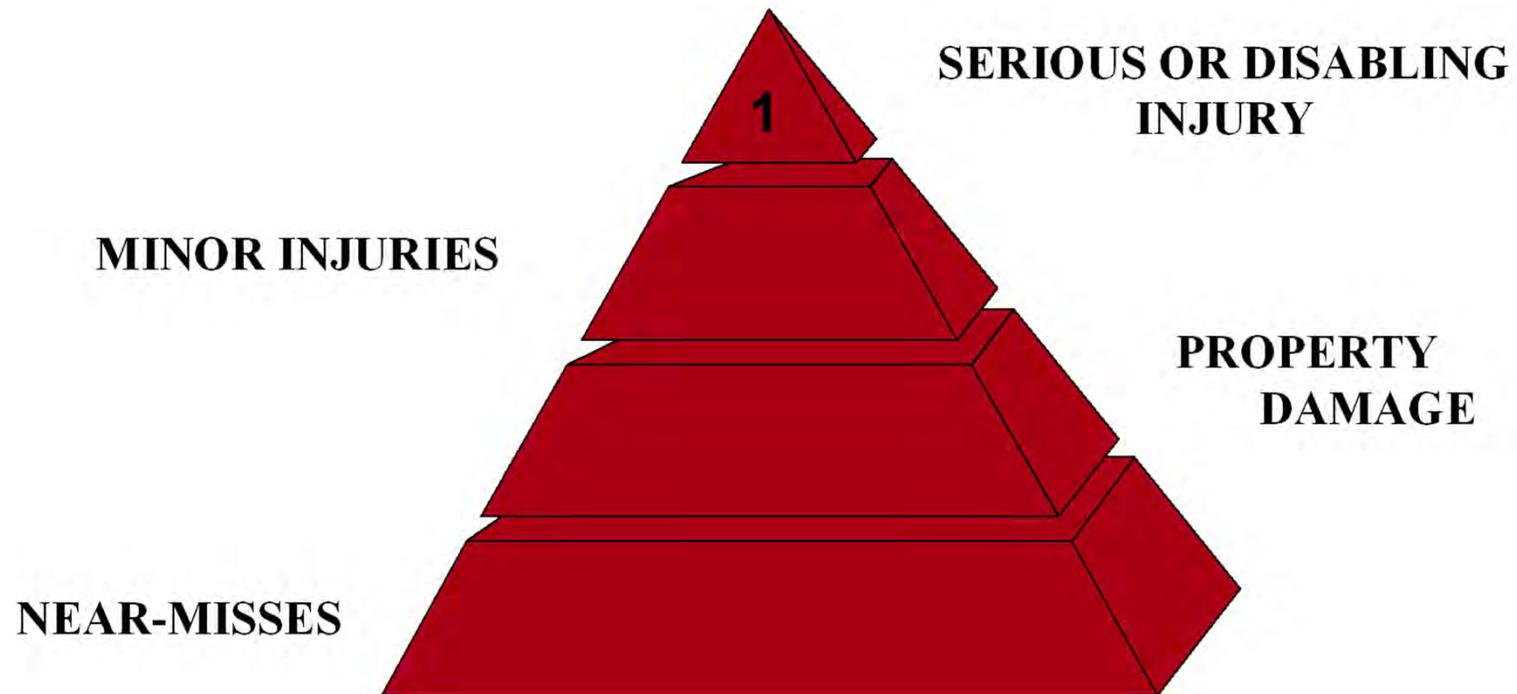
# Accident Investigation

# Accident Investigation

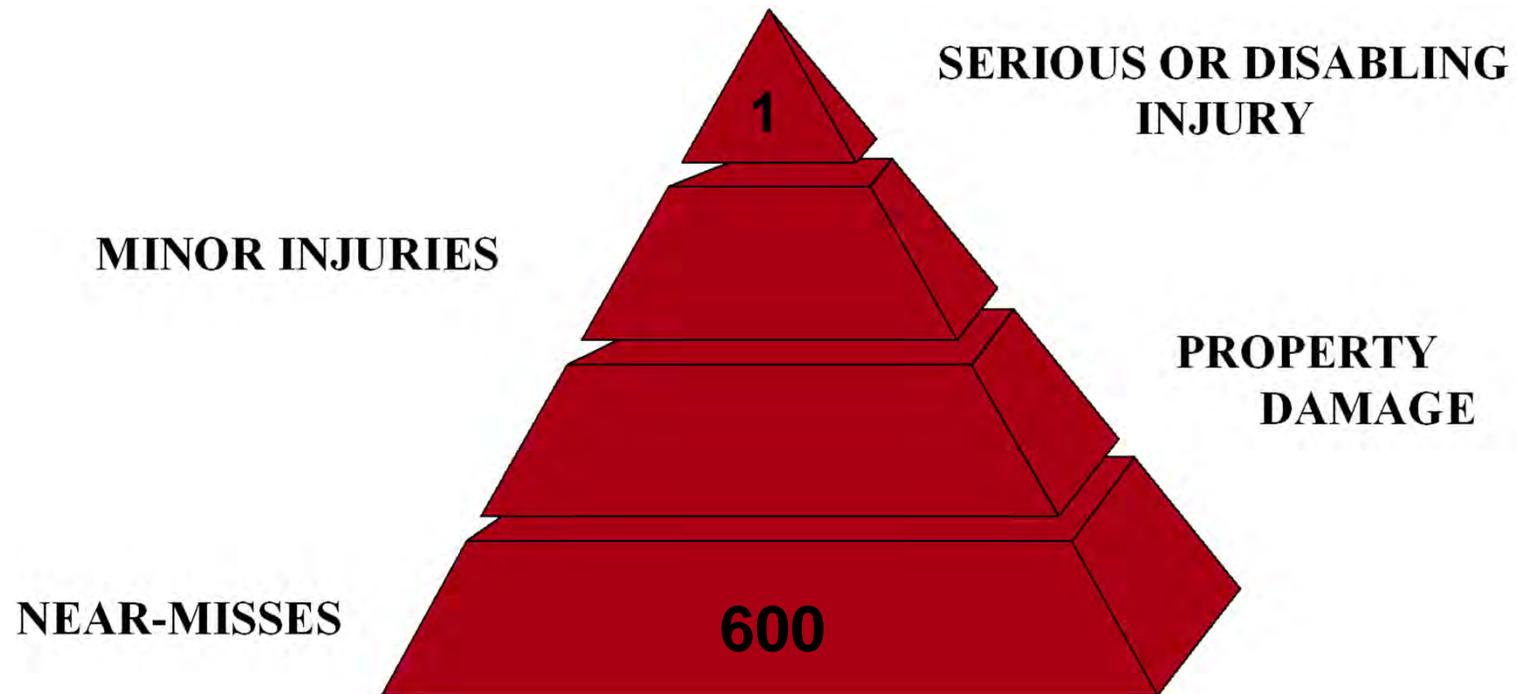
Why do we complete accident investigations?

- Identify inefficiencies
- Determine root causes
- Prevent similar accidents in the future
- Protect the company and employees
- Develops accident trend information
- Monitor the effectiveness of the safety program
- Determine training needs

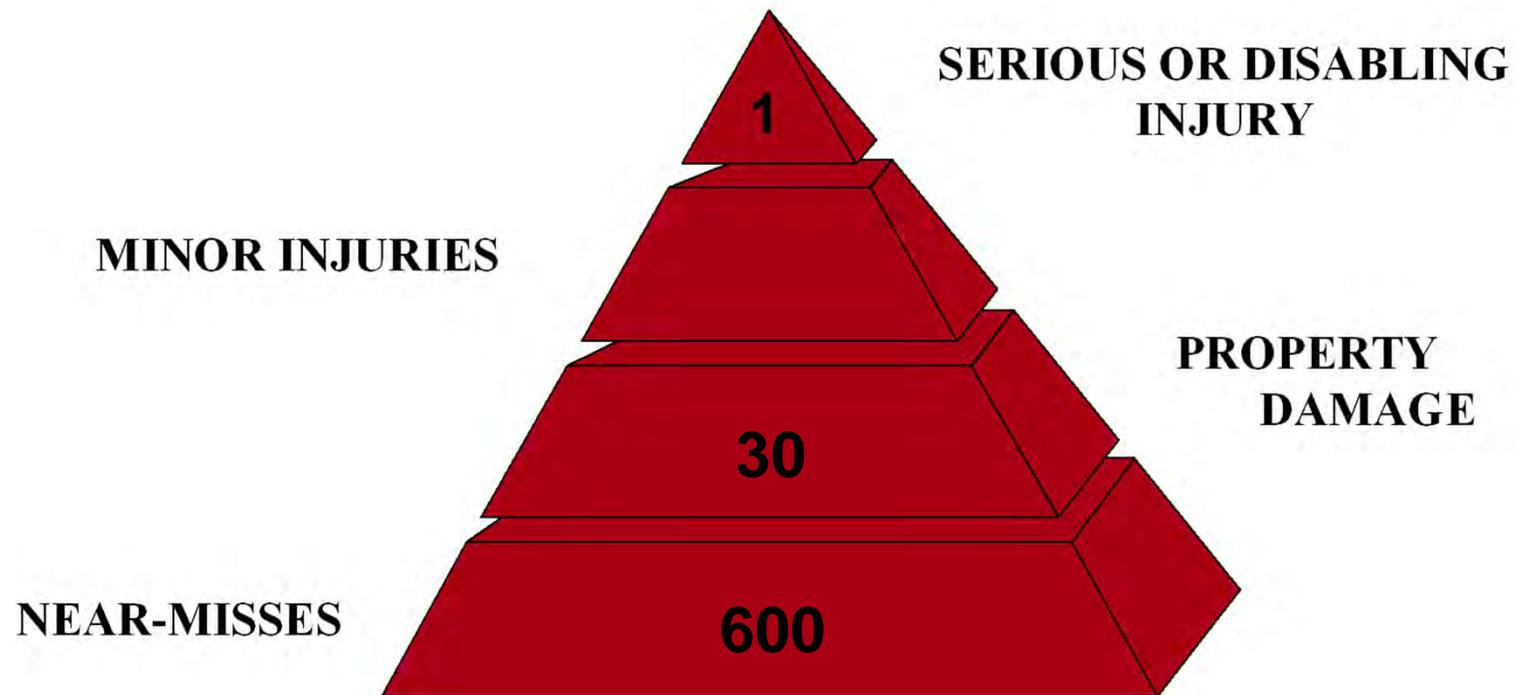
# INCIDENT RATE STUDY



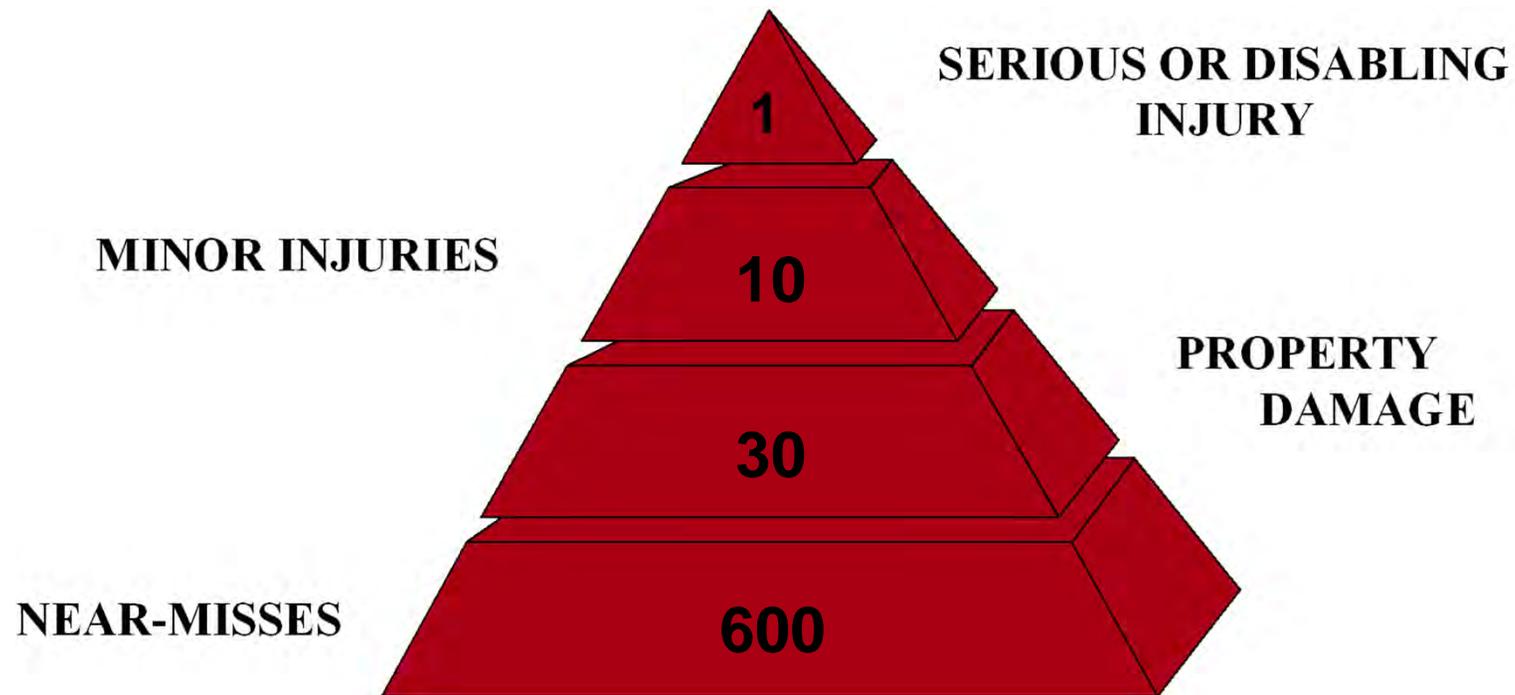
# INCIDENT RATE STUDY



# INCIDENT RATE STUDY



# INCIDENT RATE STUDY



# Accident Investigation

Specific procedures to be used to investigate workplace accidents and hazardous substance exposures include:

1. Interviews
2. Gathering Data
3. Reviewing procedures
4. Reviewing training records
5. Determining contributing causes
6. Taking corrective actions
7. Recording all findings and actions taken

# Accident Investigation

## Steps to Assure a Good Investigation:

1. Emphasize that safety is a value, not just a priority.
2. Remind employees to immediately report incidents;
3. Explain how incident investigations are critical to avoiding recurrence.
4. Fix the cause, not the blame.
5. Ask open ended questions.

# Accident Investigation

## Group Activity

# Accident Scenario

A warehouse worker, Jack Falling, has fallen and seriously injured his back. In addition, several light bulbs were broken and a box of materials was damaged. A ladder and a forklift were at the accident scene. The forklift is assigned to Ima Driver.

# Compliance for an Effective IIPP

# Compliance

How can we ensure that employees comply with safe and healthy work practices?

- Recognition
- Coaching
- Training/Retraining
- Disciplinary Action

# Compliance

Recognition - Focus on safe behaviors

- Certificates
- Recognition for safe behaviors at meetings
- Free lunch
- Longer break or lunch

# Compliance Coaching

## Use "I" statements

- Describe the behavior or unsafe work practice
- Explain the impact of the behavior on them or their co-workers
- Tell them the safety rule or safe operating procedures
- Tell them the potential consequences of the unsafe work practice
- Finally, check for understanding

# Compliance Training/Retraining

How do we know it's needed?

- Employees not following safe work procedures
- Employees not familiar with safety rules
- Recent injuries
- High frequency of injuries

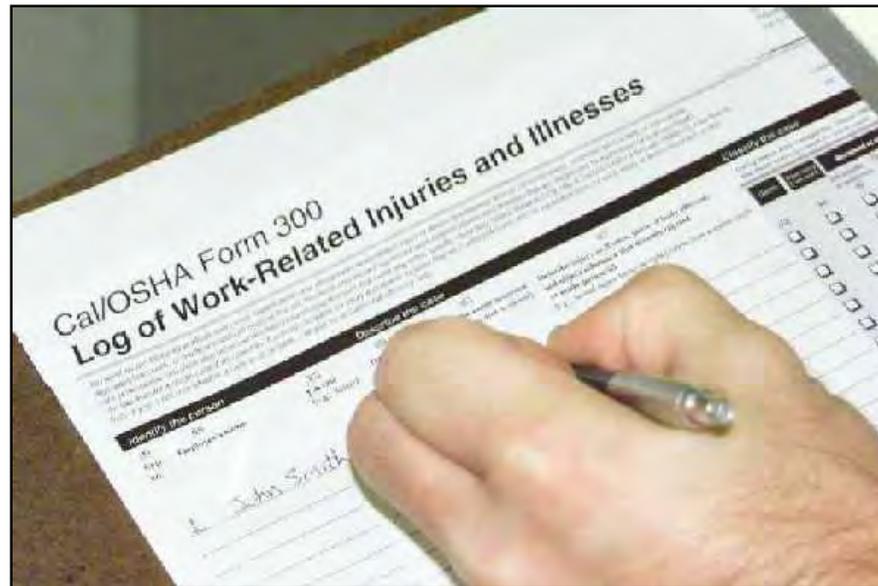
# Compliance

## Discipline

- Verbal Warning
- Written warning
- Final Written warning
- Termination

**LUNCH**

# *Cal/OSHA Recordkeeping* Work-Related Injuries & Illnesses



**California Code of Regulation, Title 8, Section 14300**

# Organization of the Rule

- Purpose - 14300
- Scope - 14300.1 & 14300.2
- Forms and Recording Criteria - 14300.4 - 14300.29
- Other Requirements - 14300.30 - 14300.38
- Reporting to the Government - 14300.39 - 14300.42
- Transition from the Formal Rule - 14300.43 - 14300.45
- Definitions - 14300.46

# 14300 - Purpose

Requires recording of work-related fatalities, certain injuries and illnesses



Note:

Recording of work-related fatalities, injuries and illnesses does not mean that the employer or employee was at fault, that a Cal/OSHA rule has been violated, or that the employee is eligible for workers' compensation or other benefits.

# Recording versus Reporting

## Recording

- Partial exemptions (sections 14300.1 & 14300.2), based on various SIC codes or size of company (i.e., do not have to record work-related fatalities, injuries, and illness on the Cal/OSHA Form 300)

## Reporting

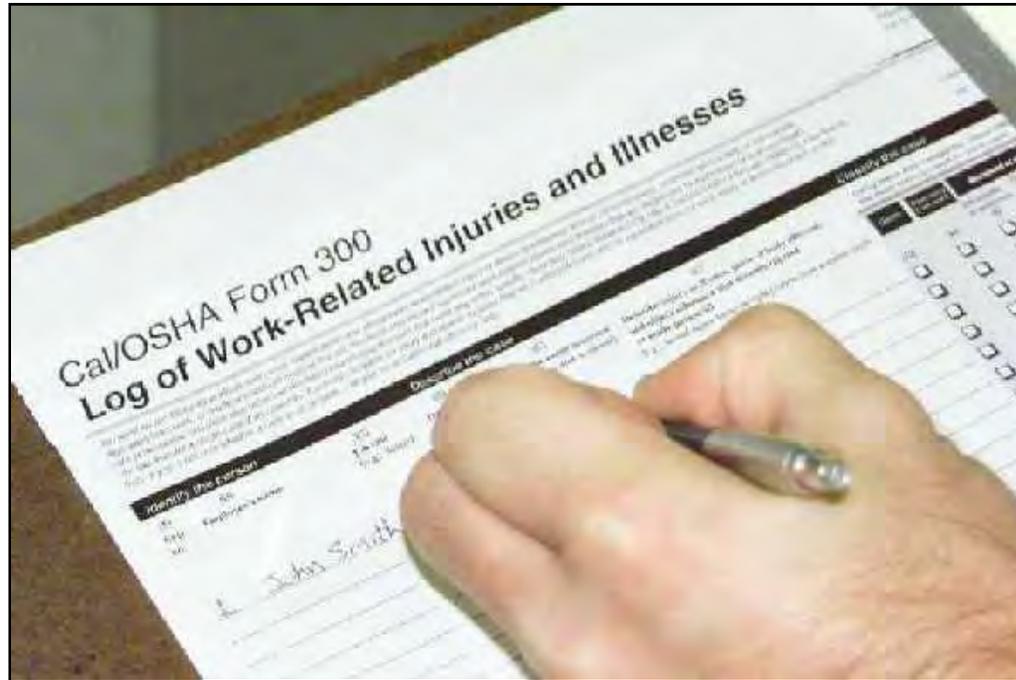
- No exemptions, all employers must report:
  - immediately any serious occupational injury, illness or death to the Division of Occupational Safety and Health (DOSH), as required by Title 8, Section 342; and
  - occupational injury, illness to the Division of Labor Statistics and Research (DLSR).

# 14300.1 - Partial Exemption for Smaller Employers

- If the organization has less than ten (10) employees at all times during the last calendar year (i.e. peak employment), they are not required to keep records and can complete program activities orally.
- Count of less than 10 employees includes :
  - Employment for the entire organization
  - Temporary employees supervised on a day-to-day basis

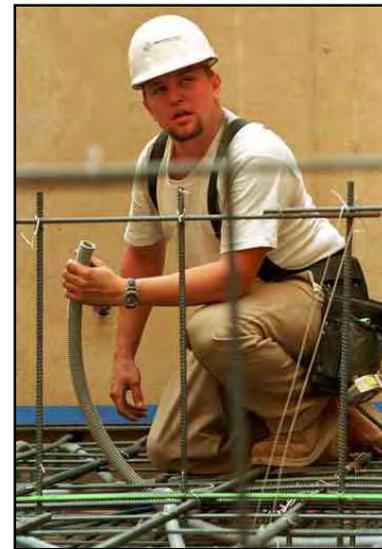
# 14300.4 - 14300.29

## Forms and Recording Criteria



# 14300.4 - Recording Criteria

- Covered employers must record each fatality, injury or illness that is:
  - work-related, and
  - a new case, and
  - meets one or more of the general (i.e., 14300.7) or specific (14300.8 - 14300.12) recording criteria



# 14300.5 - Determination of Work-Relatedness

- 14300.5(b)(4) – Significant Aggravation
- 14300.5(b)(5) – Pre-Existing Condition
- 14300.5 (b)(6) – Travel Status
- 14300.5(b)(7) – Work at Home



# 14300. 5(b)(5) - Pre-Existing Condition



A pre-existing condition is an injury or illness which resulted solely from a non-work related event or exposure occurring outside the work environment.

## 14300.6(a) - Determination of New Cases

- An injury or illness is considered to be a new case if the employee has:
  - not previously experienced a recorded injury or illness of the same type that affects the same part of the body, or
  - previously experienced a recorded injury or illness of the same type affecting the same part of the body but recovered completely, and
  - an event or exposure in the work environment caused the signs / symptoms to reappear

# 14300.7 - General Recording Criteria

- An injury or illness is recordable on the Cal/OSHA 300 if it results in one or more of the following: (as defined in the regulation)
  - Death
  - Days away from work
  - Restricted work
  - Transfer to another job
  - Medical treatment beyond first aid
  - Loss of consciousness
  - Significant injury or illness diagnosed by a physician or other licensed health care professional

# 14300.7(b)(4) - Restricted Work

Under the *Remained at work* column mark job transfer or restricted workdays

- Restricted work:
  - occurs when the employer (or the recommendations of a physician or other licensed health care professional) keeps the employee from performing:
    - one or more “routine functions” (i.e. work activities regularly performed at least once per week) of the job, or
    - working a full workday
  - count just like days away from work
  - do not count the restriction if it is limited only to the day of the injury or illness

## 14300.7(b)(4) - Restricted Work

- count each partial day of work as a day of restriction except the day when the injury or illness began
- production of *fewer* goods or services *is not considered restricted work activity* if employee can perform all the routine functions of the job

## 14300.7(b)(4) - Job Transfer

Means the injured or ill employee is assigned to a job other than their regular job for at least a part of any work day

- under *Remained at work*, mark job transfer or restricted workdays column
- count just like days away from work
- stop counting the number of days of job transfer *if*:
  - a permanent modification is made to a job which eliminates the routine functions the employee was restricted from performing, and
  - the employee is permanently assignment to this modified job
- do not count the day the injury or illness occurred
- count at least one day

# 14300.7(b)(5) - Medical Treatment Beyond First Aid

## Must be recorded:

- on the Cal/OSHA Form 300 under *Remained at work*, mark *Other recordable cases* column (i.e., column J) only if the work related injury or illness did not results in:
  - death, or
  - days away from work or
  - a job transfer or restriction
- even if an employee does not follow medical treatment recommended by a physician or other licensed health care professional

# 14300.7(b)(5) - Medical Treatment Beyond First Aid

Means the management and care of a patient to combat disease or disorder. It does not include:

- visits to licensed health care professional solely for observation or counseling
- diagnostic procedures (x-rays, blood tests, prescription medications used solely for diagnostic purposes)
- first aid (as defined in the regulation)

# 14300.7(b)(5) - First Aid

- First aid means using:
  - nonprescription medication at nonprescription strength
  - wound coverings, gauze pads, butterfly bandages, Steri-Strips
  - hot or cold therapy
  - non-rigid means of support
  - temporary immobilization devices while transporting an accident victim
  - eye patches
  - finger guards
  - massages

# 14300.7(b)(5) - First Aid

- Removing
  - foreign bodies from eye using irrigation or cotton swab
  - splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means
- Administering Tetanus immunizations
- Cleaning, flushing, or soaking surface wounds
- Drilling of fingernail or toenail, draining fluid from blister
- Drinking fluids for heat stress

# 14300.7(b)(6) - Loss of Consciousness

Must be recorded regardless of the length of time the employee remains unconscious

- classify by marking column (*G - J*) which represents the most serious outcome of the loss of consciousness



**TheZenith®**

A FAIRFAX Company

# 14300.10 -Recording Criteria for Cases Involving Occupational Hearing Loss

Employers Must Record If Employee's Current Audiogram Reveals:

- work-related Standard Threshold Shift (STS) of **25** decibels or more (averaged at 2000, 3000 and 4000 hertz) above audiometric zero in the same ear
- no age adjustment
- determine if case is work – related using T8CCR 14300.5
- check **Other Illnesses** on Cal/OSHA form 300 (or equivalent)

# 14300.12 - Recording Criteria for Cases Involving Work-Related Musculoskeletal Disorders

- Employers are required, until December 31, 2003, to record work-related injuries or illnesses involving:
  - muscles, nerves, tendons, ligaments
  - joints, cartilage, spinal discs

(Note: use the same general requirements for any injury or illness)
- For entry "M" on the Cal/OSHA 300, mark either:
  - injury, or
  - all other illnesses

# 14300.29 - Forms

- **Complete Cal/OSHA Forms 300 & 301 or equivalent form within 7 calendar days of receiving information of a recordable case**
  - **Cal/OSHA Form 300 - Log of Work-Related Injuries and Illnesses**
  - **Cal/OSHA Form 301 - Injury and Illness Incident Report**



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.



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.

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 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)					
						Remained at Work						Injury	Skin disorder	Respiratory condition	Reproductive	Hearing loss	All other illnesses
						Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>					
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/> </											

# 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.

Completed by \_\_\_\_\_

Title \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Information about the employee

- 1) Full name \_\_\_\_\_
- 2) Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
- 3) Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_
- 4) Date hired \_\_\_\_/\_\_\_\_/\_\_\_\_
- 5)  Male  
 Female

## Information about the physician or other health care professional

- 6) Name of physician or other health care professional \_\_\_\_\_
- 7) If treatment was given away from the worksite, where was it given?  
Facility \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
- 8) Was employee treated in an emergency room?  
 Yes  
 No
- 9) Was employee hospitalized overnight as an in-patient?  
 Yes  
 No

## Information about the case

- 10) Case number from the Log \_\_\_\_\_ (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness \_\_\_\_/\_\_\_\_/\_\_\_\_
- 12) Time employee began work \_\_\_\_\_ AM / PM
- 13) Time of event \_\_\_\_\_ AM / PM  Check if time cannot be determined
- 14) What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
- 15) What happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
- 16) What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
- 17) What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.
- 18) If the employee died, when did death occur? Date of death \_\_\_\_/\_\_\_\_/\_\_\_\_

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate or any other aspect of this data collection, including suggestions for reducing this burden, contact: US Department of Labor, OSHA Office of Statistics, Room N-5614, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

# TheZenith®

A FAIRFAX Company

# Summary of Work-Related Injuries and Illnesses



All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

### Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
_____	_____	_____	_____
(G)	(H)	(I)	(J)

### Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
_____	_____
(K)	(L)

### Injury and Illness Types

Total number of . . .  
(M)

(1) Injuries	_____	(4) Poisonings	_____
(2) Skin disorders	_____	(5) Hearing loss	_____
(3) Respiratory conditions	_____	(6) All other illnesses	_____

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspect of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3044, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

### Establishment information

Your establishment name \_\_\_\_\_

Street \_\_\_\_\_

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

Industry description (e.g., *Manufacture of motor truck trailers*) \_\_\_\_\_

Standard Industrial Classification (SIC), if known (e.g., 3715) \_\_\_\_\_

OR

North American Industrial Classification (NAICS), if known (e.g., 336212) \_\_\_\_\_

**Employment information** (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees \_\_\_\_\_

Total hours worked by all employees last year \_\_\_\_\_

### Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive \_\_\_\_\_ Title \_\_\_\_\_

( / / ) \_\_\_\_\_ / /  
Place Date

# TheZenith®

A FAIRFAX Company

# 14300.29 - Forms *"Privacy Concern Cases"*

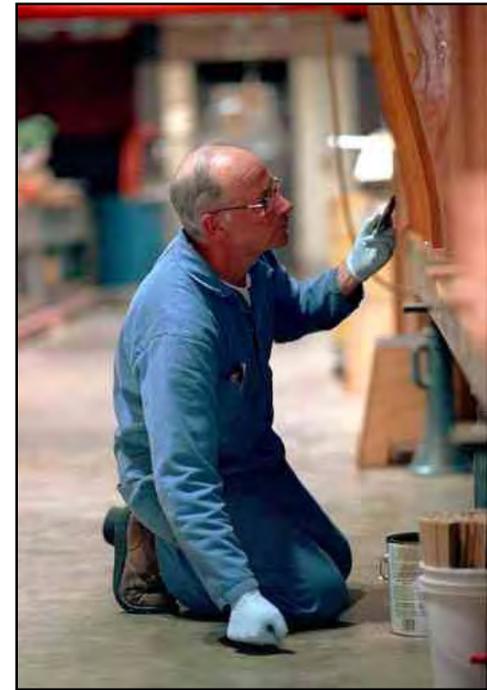
- Do not enter the name of an employee on the OSHA Form 300 for "Privacy concern cases"
  - Write "Privacy case" in the name column
  - You must keep a separate, confidential list of the case numbers and employee names for your privacy concern cases so you can update the cases and provide the information to the government if asked to do so.

# 14300.29 - Forms "Privacy Concern Cases"

- The following are a complete list of "Privacy Concern Cases":
  - injuries or illnesses to intimate body parts or the reproductive system
  - mental illnesses
  - HIV infection, hepatitis or tuberculosis
  - injuries or illness resulting from sexual assault
  - Needlstick injures and cuts from sharp objects contaminated with another person's blood or OPIM
  - Other illnesses where the employee independently and voluntarily request their name not to be entered on the log

# 14300.30 - Multiple Establishments

- Cal/OSHA Form 300
  - need separate forms for each establishment expected to be in operation for one year or longer.
  - Records for all establishments can be kept at headquarters or a central location under certain conditions.
  - can combine information onto one form for all establishments expected to **be in operation** for less than one year.



# 14300.31 - Covered Employees

- Injuries and illnesses must be recorded on the Cal/OSHA Form 300 for all employees
  - on the payroll including those who are:
    - executives, laborers, hourly
    - salaried, part-time, seasonal, migrant
  - not on the payroll that you supervise on a day-to-day basis including those from:
    - temporary help services, employee leasing services,
    - personnel supply services, contractors
- Self-employed persons, sole proprietors or partners are not considered employees for recordkeeping purposes

# 14300.32 - Annual Summary

- Review Cal/OSHA Form 300, then complete Cal/OSHA Form 300A - Annual Summary of Work-related Injuries and Illnesses
- Company executive must *certify* that he or she has examined the Cal/OSHA Form 300 and the Cal/OSHA Form 300A is correct and complete
- Post summary *February 1 - April 30* of the year after the calendar year the records cover

# 14300.32 - Annual Summary

- Executives:
  - include owners, officers of the corporation, or highest ranking company official or their immediate supervisor working at the establishment
  - must certify that they:
    - have examined the Cal/OSHA Form 300
    - reasonably believe that the annual summary is correct and complete (based on their knowledge of the process by which information was recorded on the Cal/OSHA Form 300)

# 14300.32 - Annual Summary (con't)

- Annual Summaries
  - must be posted in a conspicuous place
  - can not be altered, defaced or covered - up
  - do not have to be posted for establishments which have closed
  - equivalent forms, other than the Cal/OSHA Form 300A, must include the employee access and employer penalty statements found on the Cal/OSHA Form 300A

# 14300.33 - Retention and Updating

- Retain the following forms for 5 years, after the year the forms cover:
  - Cal/OSHA Form 300, Cal/OSHA Form 300A,
  - Cal/OSHA Form 301, Incident Reports, Privacy Case List
- Update Cal/OSHA Form 300 during retention period if:
  - newly discovered recordable injuries or illnesses arise
  - any changes occur in the classification of previously recorded injuries and illnesses, or
  - changes occur in the description or outcome of a case
- You do not need to update the Cal/OSHA Form 300A or Cal/OSHA Form 301 during the retention period

# 14300.35 - Employee Involvement

- Employer must:
  - set up a system for employees to promptly report work-related injuries and illnesses
  - involve employees and their representatives in this recordkeeping system by:
    - informing each employee about the system for reporting, and
    - telling each employee how to report injuries or illnesses
  - provide access as specified to current or stored Cal/OSHA Forms 300, 300A, and 301
    - for employees, former employees and their personal and authorized representatives

# 14300.36 - Prohibition Against Discrimination

- Section 11(c) of the OSHA Act and Labor Code Sections 6310 & 6311 prohibit discrimination against an employee for:
  - reporting a work-related fatality, injury or illness, or
  - filing a safety and health complaint, or
  - asking for access to the records, or
  - exercising any rights afforded by Section 11(c) or Labor Code Sections 6310 & 6311

# 14300.40 - Providing Records to Government Representatives

- Must provide access to original recordkeeping documents (plus one free set of copies) within four (4) business hours of a request by an Authorized Government Representative
- Use the business hours of the establishment at which the records are located to calculate the time deadline

# 14300.40 - Providing Records to Government Representatives

- Authorized Government Representatives are representatives of the:
  - Chief of the Division of Occupational Safety and Health
  - Director of the California Department of Health Services
  - Secretary of the U.S. Department of Labor conducting an inspection or investigation under the Act
  - Secretary of the U.S. Department of Health and Human Services conducting an investigation under Section 20(b) of the OSHA Act

# 14300.41 - Annual OSHA Injury and Illness Survey

- OSHA (or their designee) may send the employer:
  - a letter stating that injury and illness information will be collected for the following year, and
  - an Annual Survey Form
- Survey Form must be filled out for the year covered by the survey and submitted to OSHA (or their designee) even if the employer is:
  - exempt from keeping injury and illness records, or
  - located in a State-Plan state

# 14300.41 Annual OSHA Injury and Illness Survey

- The completed OSHA Annual Survey Form must:
  - include the following information:
    - number of workers employed , and
    - number of hours worked by the employees, and
    - requested information from the records kept under the new Cal/OSHA Recordkeeping requirements
  - be submitted within 30 calendar days or by the date stated in the form, whichever is later

# 14300.41 Annual OSHA Injury and Illness Survey

- OSHA Annual Survey Form has *no effect* on the Division of Occupational Safety and Health's (DOSH) statutory authority to investigate conditions related to occupational safety and health in the employer workplace.



**Website**

**&**

**Thumb Drive**

**TheZenith<sup>®</sup>**

A FAIRFAX Company





A FAIRFAX Company

LOG IN

Customer Service  
1-800-440-5020

- Home
- Workers' Compensation
- Agribusiness
- Claim Center
- Careers
- About Zenith

Search our site

### Find an Agent to Get a Quote

We can match you with a local, independent agent who has experience in your industry.

Workers' Compensation



### Account Log In

Workers' Compensation only at this time

User ID:

Password:

LOG IN

Password Help  
Sign Up Now

Save ID

## Workers' Compensation

More than 60 years of experience insuring a broad spectrum of businesses.

### Workers' Compensation Insurance

Zenith has more than 60 years of experience helping a broad spectrum of businesses nationwide. [Learn more...](#)

#### Report a Claim

Report workers' compensation claims [online](#) or by phone within 24 hours of notice.

Select Your State



1-800-440-5020

### Agribusiness Insurance

Zenith offers property, liability and auto insurance to the California agriculture industry. [Learn more...](#)

#### Report a Claim

Report property, liability and auto claims by phone or [online](#) as soon as possible after an incident.



1-877-581-8237



### Resource Library

- Posting Notices
- State Forms
- Safety Videos
- Flyers & Stickers

### Visit our Safety Center!

- Risk Management Bulletins
- Tailgate Topics
- Wellness Resources
- E-Learning Center



### Workers' Compensation Links

Use the links below to access frequently used policyholder resources in one click.



### Education and Training

Zenith's training resources help our policyholders take an active role in managing their insurance costs.

**Thank You**