

# Before We Begin

All attendees are in "LISTEN ONLY" mode.

You can type in questions by clicking on the question box on the top right of your GoToWebinar panel.

Q&A at the end of the webinar.

Additional questions can be emailed to: <a href="mailto:TGreenwood@smscsafety.com">TGreenwood@smscsafety.com</a>

A recorded copy of the webinar and slides will be made available to all attendees.



# **TODAY'S PRESENTER**



**TJ GREENWOOD**Manager, Risk Safety Services- SMSC

tgreenwood@smscsafety.com

M: 608.408.8353



## **AGENDA**

OSHA Recordability OSHA Logs and Forms

Reporting of serious events and incidents

ITA- Injury
Tracking
Application



# CAUTION

IF YOU THINK OSHA
IS A SMALL TOWN
IN WISCONSIN,
YOU'RE IN TROUBLE.

martium.mm = 800-952-5457 = 5-7929



# **OSHA:** Recordability



### **PURPOSE OF THE RULE**



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

Recording 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.

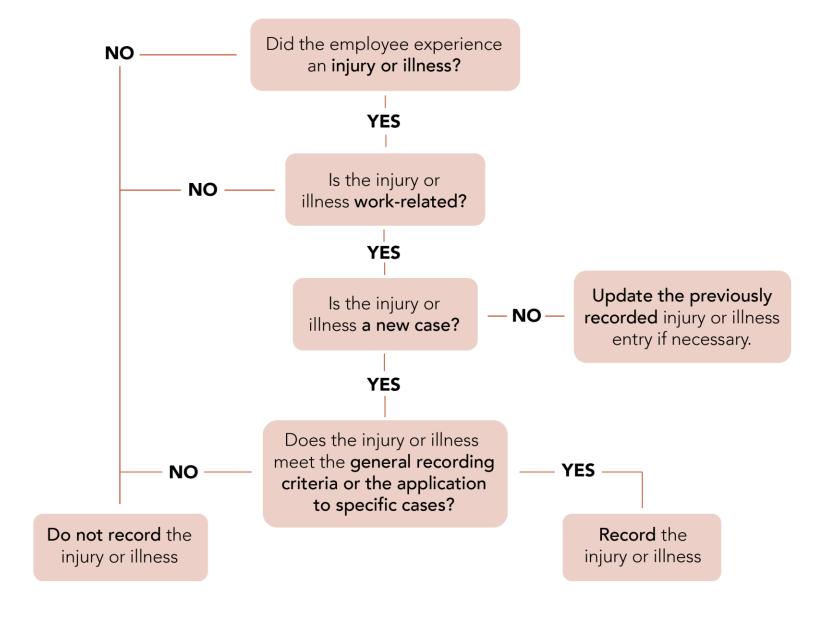


#### 1904.4 - RECORDING CRITERIA

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

- is work-related, and
- is a **new** case, and
- meets one or more of the general recordkeeping criteria







#### **1904.5 - EXCEPTIONS**

Present as a member of the general public

Symptoms arising in work environment that are solely due to non-work-related event or exposure

Voluntary participation in wellness program, medical, fitness or recreational activity

Eating, drinking or preparing food or drink for personal consumption







#### **1904.5 - EXCEPTIONS**

Personal tasks outside assigned working hours

Personal grooming, self medication for non-work-related condition, or intentionally self-inflicted

Motor vehicle accident in parking lot/access road during commute

Common cold or flu

**Mental illness**, unless employee voluntarily provides a medical opinion from a physician or licensed health care professional (PLHCP) having appropriate qualifications and experience that affirms work-relatedness



#### 1904.5 - TRAVEL STATUS

An injury or illness that occurs while an employee is on travel status is work-related if it occurred while the employee was **engaged in work activities** in the interest of the employer

#### Home away from home

**Detour** for personal reasons is not work-related





#### 1904.7 - GENERAL RECORDING CRITERIA

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

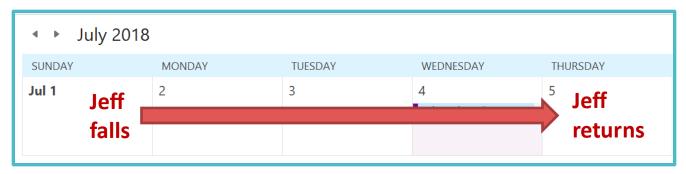
- Death
- Days away from work
- Restricted work activity
- Transfer to another job
- Medical treatment beyond first aid
- Loss of consciousness
- Significant injury or illness diagnosed by a PLHCP

WORK COMP DOES NOT MEAN OSHA RECORDABLE



### 1904.7(B)(3) - DAYS AWAY CASES

- Record if the case involves one or more days away from work
- Check the box for days away cases and count the number of days
- Do not include the day of injury/illness
- Count the number of calendar days the employee was unable to work (include weekend days, holidays, vacation days, etc.)
- Cap day count at 180 days away and/or days restricted
- May stop day count if employee leaves company for a reason unrelated to the injury or illness
- If a medical opinion exists, employer must follow that opinion





## 1904.7(B)(4) - RESTRICTED WORK CASES

Restricted work activity exists if the employee is:

- Unable to work the full workday he or she would otherwise have been scheduled to work; or
- Unable to perform one or more routine job functions

An employee's routine job functions are those activities the employee regularly performs at least once per week





# 1904.7(B)(5) - MEDICAL TREATMENT

Medical treatment is the management and care of a patient to combat disease or disorder.

#### It does not include:

- Visits to a PLHCP solely for observation or counseling
- Diagnostic procedures
- First aid





# 1904.7(B)(5) - FIRST AID

- Using nonprescription medication at nonprescription strength
- Tetanus immunizations
- Cleaning, flushing, or soaking surface wounds
- Hot or cold therapy
- Wound coverings, butterfly-bandages
- Ace bandages





## 1904.7(B)(5) - FIRST AID

- Drilling of fingernail or toenail, draining fluid from blister
- Eye patches
- Removing foreign bodies from eye using irrigation or cotton swab
- Removing splinters or foreign material from areas other than the eye by irrigation, tweezers,
   cotton swabs or other simple means
- Finger guards
- Massages
- Drinking fluids for relief of heat stress





# 1904.7(B)(6) - LOSS OF CONSCIOUSNESS

All work-related cases involving loss of consciousness must be recorded





# 1904.7(B)(7) – SIGNIFICANT DIAGNOSED INJURY OR ILLNESS

The following work-related conditions must always be recorded at the time of diagnosis by a Licensed Healthcare Provider:

- Cancer
- Chronic irreversible disease
- Punctured eardrum
- Fractured or cracked bone or tooth



# **OSHA:** Logs and Forms



#### **OSHA FORM 300**

Attention: This form contains information relating to OSHA's Form 300 Bey 01/2004 employee health and must be used in a manner that protects the confidentiality of employees to the extent. Log of Work-Related Injuries and Illnesses possible while the information is being used for occupational safety and health outdoxes. Occupational Salety and Hondh Administration Form appresed OMB no. 1818-01% You must record information about every work related death and about every work related injury or libers that involves loss of consciousness, restricted work activity or job transfer, days many from storit, or medical testiment beyond first sid. You mustake decord algorithma's sork related injuries and the exception that are alarginated by a physician of Internal health care professional. You must also record work-aleted injuries and kinesess that meet any of the specific recovering oritoria fact in 20 CFR Past 1904.9 through 1004.10. Feet free to use two lines for a single case if you need to. You must complete an Injury and Diness Incident Flaport (DSI-M Form 1911) or equivalent form for each injury or Rhass recorded on this form. If you've natuure whether a case is recordable, call your local OSFA affice for help. Classify the case
ones in our one to see based on the meet serious success for Describe the case Identify the person Check the "Injury" column or choose one type of littless: Employee's name Job tikle Date of injury. Where the event occurre Describe injury or illness, parts of body effected (e.g., (Stider)  $\psi g$ , Lealing for north  $m\ell$ and object/substance that elisectly injured Remained at Week of illness or made per son III (e.g., Second degree hove on (ght fit wave (ross acropine towh) Date away Job transfer Other record rectricition. Describe injury or illness, parts of body affected, Check only Max and object/substance that directly injured or made 1 box in this 180 0 0 0 0 0 person ill (e.g. Second degree burns on right \_ \_ \_ \_ \_ \_ \_ section davs forearm from acetylene torch) monthidae De oure doing to be richere doubt do the Summary page (Form 3004) before you poot it. Yablic reporting burden for this collection efindy unation is estimated to overage 14 minutes per sespense, including time to review the instructions, musticand gather the state moded, and complete and review the collection of information. For one are not on sized to respond to the collection of information and on it deploys near modely while OME control number. If you have any comments shout there extrane an any other aspects of this data collection, contact US Department of Labor, OSHA Office of Scottical Analysis, Room N-3646, 200 Genetications/Avenue, NW, Validageon, 24C 20210. Do not send the complexed forms to film officer (1) (2) (3) (4) (5)



#### **OSHA FORM 300A**

OSHA's Form 300A (New, 01/2004)

# Year 20\_\_\_\_\_\_\_U.S. Department of Labor Occupational Solidy and Hodith Laboration

Bertrapproved OOB no. 12 IS-617-6

#### Summary of Work-Related Injuries and Illnesses

All astablishments accordedly that 1904 must complete this Summerypage, over if no work-related injuine or it-meases occurred cluring the year. Flammather to review the Log to work that the antime are complete and account to before completing this summery.

Using the Log, count the maintain entires you made to each category. Then write the totals defore making sure you've added the entires from every page of the Log. If you had no causes, write 10.1.

Employees, borner complayees, and their representatives have the right to review the CDFA Form 900 in its entirety. They also have finited causes to the CDFA Form 901 or its equivalent. See 29 CFF For 1904 55, in 08/HA in recordinging suit, for harder details on the access provisions for tree forms.

| Total number of<br>deaths | Total number of<br>cases with days<br>away from work | Total number of<br>rasses with job<br>transfer or restriction | Total number of<br>other secondable<br>cases |  |
|---------------------------|------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------|--|
| (G)                       | H)                                                   | Ц                                                             |                                              |  |

| Injury and Iline                | ss Туров |                                             |  |
|---------------------------------|----------|---------------------------------------------|--|
| Total number of<br>(1) Injuries |          | (4) Poisceings                              |  |
| (2) Skin disorders              |          | (5) Hearing loss<br>(8) All other illnesses |  |
| (9) Respiratory conditions      |          |                                             |  |

(L)

These 2 sections should equal the same number

Industry description (e.g., Manufature of motor mole teclor)

Standard Industrial Classification (XC), if known (e.g., 2717)

#### Sign here

Establishment information

Fear establishment name

Knowingly falsifying this document may result in a fine.

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

| Company menution |  |  | <br>76.  |
|------------------|--|--|----------|
| 5                |  |  | 7.7      |
| Those            |  |  | <br>Tipo |

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

Tablic reporting haden for this reliction of his nazion is est increased to two special minutes per response, including the to now in the increasion, sends and gather the data needed, and amplitude and review the cultural of increasing of the maximum Process are naturapsively to respond to the collisions after the circumstance of the maximum process are naturapsively to respond to the collisions of the maximum of the maximum of the contract of the data collisions. Collisions of the CONTA Office of Statesian Analysis, Room N-364, 264 Constitution Areas. Mrd. by langua, DC 3218. Do not send the completed in master this office.



#### 1904.29 - FORMS

Employers must enter each recordable case on the forms within 7 calendar days of receiving information that a recordable case occurred





#### 1904.30 - MULTIPLE BUSINESS ESTABLISHMENTS

- Keep a separate OSHA Form 300 for each establishment that is expected to be in operation for more than a year
- Each employee must be linked with one establishment
- Employers do not have to have an OSHA 300 Log if the employment was **less than 10** throughout the entire calendar year for the entire firm.
  - However, if one terminal has 7 employees and another terminal has 5 employees that would be 12 and both locations would need an OSHA 300 Log.



#### 1904.31 - COVERED EMPLOYEES

- Employees on payroll
- Employees not on payroll who are supervised on a day-to-day basis
- Exclude self-employed and partners
- Temporary help agencies should not record the cases experienced by temp workers who are supervised by the using firm.
  - Only 1 location should account for the employee
- Owner-operators (gray area) Normally you would not record these injuries, however if you are directing the owner/operator (meaning dispatching; scheduling loads; basically, treating like your company drivers, then you would record these injuries).



## 1904.32 - ANNUAL SUMMARY (OSHA 300A OR EQUIV.)

A company executive must certify the summary:

- An owner of the company
- An officer of the corporation
- The highest ranking company official working at the establishment, or
- His or her supervisor

Must post for 3-month period from **February 1 to April 30** of the year following the year covered by the summary





#### 1904.33 - RETENTION AND UPDATING

Retain forms for 5 years following the year that they cover

Update the OSHA Form 300 during that period

Need not update the OSHA Form 300A or OSHA Form 301

Forms can be found at:

Recordkeeping - Recordkeeping Forms | Occupational Safety and Health Administration (osha.gov)





# **OSHA:** Reporting of Serious Events



# UPDATED 1904.39 - FATALITY/CATASTROPHE REPORTING

#### Employers have to report the following events to OSHA:

- All work-related fatalities
- All work-related in-patient hospitalizations of one or more employees
- All work-related amputations
- All work-related losses of an eye



# UPDATED 1904.39 - FATALITY/CATASTROPHE REPORTING

Employers must report work-related fatalities within 8 hours of finding out about it.

For any in-patient hospitalization, amputation, or eye loss employers must report the incident within 24 hours of learning about it.

- Do not need to report highway or public street motor vehicle accidents involving the above (outside of a construction work zone)
- Still must record within OSHA records



#### 1904.36 PROHIBITION AGAINST DISCRIMINATION

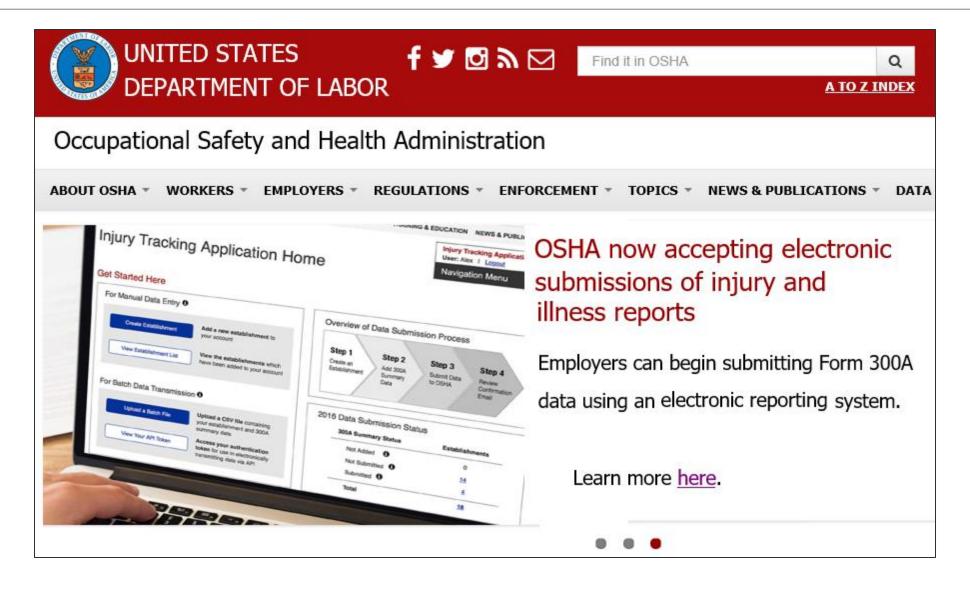


In addition to §
1904.35, section 11(c)
of the OSH Act also
prohibits you from
discriminating against
an employee for
reporting a workrelated fatality, injury,
or illness.



# **OSHA: Injury Tracking Application**







## REPORTING REQUIREMENTS

# Below is the press release from OSHA introducing the introduction of this rule in 2024

# The <u>final rule takes effect on Jan. 1, 2024</u>, and now includes the following submission requirements: Certain establishments must electronically submit to OSHA detailed information about each recordable injury and illness entered on their previous calendar year's OSHA 300 Log and 301 Incident Report forms (29 CFR 1904.41). This includes the date, physical location, and severity of the injury or illness; details about the worker who was injured; and details about how the injury or illness occurred.

- Only establishments with 100 or more employees in designated industries are required to submit case-specific information from the OSHA Form 300 Log and the OSHA Form 301 Incident Report.
  - Food Manufacturing, Wood Product Manufacturing, Plastics Manufacturing, Machine Shops, Metal Working, Building Material Wholesalers, General Merchandise Stores, General Freight trucking and many more are included. Some members will be effected by this new law.
- The due date to complete this submission is March 2, 2024. The submission requirement is annual, and the deadline for timely submission of the previous year's injury and illness data will be on March 2 of each year.



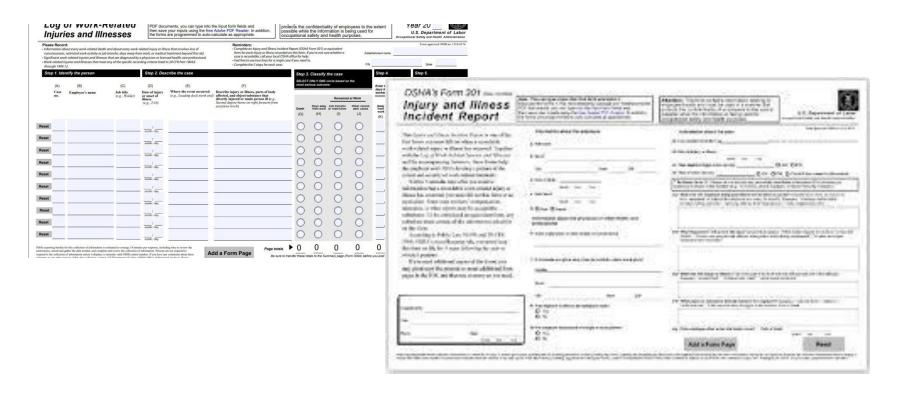
#### 300 & 301 FORMS: WHO MUST SUBMIT?

- Establishments with 100 or more employees that are classified in <u>certain</u>
   <u>industries</u> with historically high rates of occupational injuries and illnesses will
   need to submit OSHA 300 & 301 forms electronically to OSHA.
  - Food Manufacturing
  - Wood Product Manufacturing
  - Plastics Manufacturing
  - Machine Shops
  - Metal Working
  - Building Material Wholesalers
  - General Merchandise Stores
  - General Freight Trucking
  - Specialized Freight Trucking
  - And More...
- This will allow OSHA to see the specific details, location, accident causes, etc. In doing so OSHA will be able to target specific injuries or businesses for enforcement action if they choose to do so. The intent from OSHA is to nudge employers to improve safety and health incident rates.



#### What:

Covered establishments must electronically submit information from their OSHA Form 300 & 301 for each injury on the form 300.





#### 300A FORMS: WHO MUST SUBMIT?

#### Who:

Establishments with 250 or more employees that are currently required to keep OSHA injury and illness records, and establishments with 20-249 employees that are classified in <u>certain industries</u> with historically high rates of occupational injuries and illnesses.

#### **OSHA News Release**

OSHA determined that Section 18(c)(7) of the Occupational Safety and Health Act, and relevant OSHA regulations pertaining to State Plans, require all affected employers to submit injury and illness data in the Injury Tracking Application (ITA) online portal, even if the employer is covered by a State Plan that has not completed adoption of their own state rule.

OSHA 300 LOG ELECTRONIC SUBMISSIONS (HTTPS://WWW.OSHA.GOV/INJURYREPORTING/INDEX.HTML)



#### What:

Covered establishments must electronically submit information from their OSHA Form 300A.

|                                                                                                                                                                                                    |                                    |                                                       |                                     | Yo ma ээрэ                                                                                                        | proved OMB |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------|
| All establishments cove<br>o verify that the entries<br>Using the Log, count                                                                                                                       | ·                                  |                                                       |                                     |                                                                                                                   |            |
| had no cases, write "0."  Employees, former employees, and their representatives have the right to review the CSHA Form 900 in its entirety. They also have limited access to the OSHA Form 901 or |                                    |                                                       |                                     |                                                                                                                   |            |
|                                                                                                                                                                                                    |                                    | A's recordheeping rule, for further i                 |                                     | Street                                                                                                            |            |
| N                                                                                                                                                                                                  |                                    |                                                       |                                     | City State ZIP                                                                                                    |            |
| Number of C                                                                                                                                                                                        | ases                               |                                                       |                                     |                                                                                                                   |            |
| lotal number of                                                                                                                                                                                    | Total number of<br>cases with days | Total number of<br>cases with job                     | Total number of<br>other recordable | Industry description (e.g., Massificture of motor trade tudies)                                                   |            |
| a. atau                                                                                                                                                                                            | away from work                     | transfer or restriction                               | cases                               | Standard Industrial Classification (SIC), if known (e.g., 3715)                                                   |            |
|                                                                                                                                                                                                    |                                    |                                                       |                                     |                                                                                                                   |            |
| (G)                                                                                                                                                                                                | (H)                                | (1)                                                   | (J)                                 | OR                                                                                                                |            |
| Number of D                                                                                                                                                                                        | lave                               |                                                       |                                     | North American Industrial Classification (NAICS), if known (e.g., 336212)                                         |            |
|                                                                                                                                                                                                    |                                    |                                                       |                                     |                                                                                                                   |            |
| Total number of da<br>from work                                                                                                                                                                    |                                    | lotal number of days of job<br>ransfer or restriction |                                     | 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                                                                                |            |
| (K)                                                                                                                                                                                                | -                                  | (L)                                                   |                                     | Total hours worked by all employees last year                                                                     |            |
|                                                                                                                                                                                                    | _                                  |                                                       |                                     |                                                                                                                   |            |
| Injury and II                                                                                                                                                                                      | iness Types                        |                                                       |                                     | Sign here                                                                                                         |            |
| Total number of                                                                                                                                                                                    |                                    |                                                       |                                     | Knowingly falsifying this document may result in a fine.                                                          |            |
| njuries                                                                                                                                                                                            |                                    | (4) Poisonings                                        |                                     | I certify that I have examined this document and that to the best of my                                           | ,          |
| škin disorders                                                                                                                                                                                     |                                    | (5) Hearing loss                                      |                                     | knowledge the entries are true, accurate, and complete.                                                           |            |
| Respiratory conditi                                                                                                                                                                                | ions                               | (6) All other illnesse                                | s                                   |                                                                                                                   |            |
| , , , , , , , , , , , , , , , , , , , ,                                                                                                                                                            |                                    |                                                       |                                     | Company encurine Title                                                                                            |            |
|                                                                                                                                                                                                    |                                    | ry 1 to April 30 of the year                          |                                     | Phone Duss                                                                                                        |            |



Establishments in the following industries with 20 to 249 employees must submit injury and illness summary (Form 300A) data to OSHA electronically

| NAICS | Industry                                       |       |                          |  |  |  |
|-------|------------------------------------------------|-------|--------------------------|--|--|--|
| 11    | Agriculture, forestry, fishing and hunting     |       |                          |  |  |  |
| 22    | Utilities                                      |       |                          |  |  |  |
| 23    | Construction                                   |       |                          |  |  |  |
| 31-33 | Manufacturing                                  |       |                          |  |  |  |
| 42    | Wholesale trade                                |       |                          |  |  |  |
| 4413  | Automotive parts, accessories, and tire stores |       |                          |  |  |  |
| 4421  | Furniture stores                               |       |                          |  |  |  |
| 4422  | Home furnishings stores                        |       |                          |  |  |  |
| 4441  | Building material and supplies dealers         |       |                          |  |  |  |
| 4442  | Lawn and garden equipment and supplies stores  |       |                          |  |  |  |
| 4451  | Grocery stores                                 |       |                          |  |  |  |
| 4452  | Specialty food stores                          | 4841  | General freight trucking |  |  |  |
| 4521  | Department stores                              | 10.11 |                          |  |  |  |
| 4529  | Other general merchandise stores               |       |                          |  |  |  |
| 4533  | Used merchandise stores                        |       |                          |  |  |  |
| 4542  | Vending machine operators                      |       |                          |  |  |  |
| 4543  | Direct selling establishments                  |       |                          |  |  |  |
| 4811  | Scheduled air transportation                   |       |                          |  |  |  |
| 4841  | General freight trucking                       |       |                          |  |  |  |
| 4842  | Specialized freight trucking                   |       |                          |  |  |  |



#### When:

Covered establishments must submit year information by March 2 each year.





#### How:

OSHA has a secure website that offers three options for data submission. First, users will be able to **manually enter** data into a web form. Second, users will be able to **upload a CSV file** to process single or multiple establishments at the same time. Last, users of automated recordkeeping systems will have the ability to **transmit data electronically** via an API (application programming interface).





### Are the electronic reporting requirements based on the size of the establishment or the size of the firm?

- The electronic reporting requirements are based on the size of the establishment, not the firm. The OSHA injury and illness records are maintained at the establishment level.
- An establishment is defined as a single physical location where business is conducted or where services or industrial operations are performed.
- A firm may be comprised of one or more establishments. To determine if you need to provide OSHA
  with the required data for an establishment, you need to determine the establishment's peak
  employment during the last calendar year.
- Each individual employed in the establishment at any time during the calendar year counts as one employee, including full-time, part-time, seasonal, and temporary workers.

OSHA confirmed less than 20 employees do not need to report electronically, but recommend keeping a log and:

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.



## May a firm with multiple establishments make a single submission of the data from the multiple establishments?

- Yes, a firm with more than one establishment may submit establishment-specific data for multiple establishments.
- To do this, the firm will create one registration and follow the directions provided to submit data for multiple establishments. It is important to note that the electronic reporting requirements are for data at the establishment level, not the firm level.
- The submitted data must be specific for each individual establishment.
- Note that establishments under state plan jurisdiction must comply with state plan regulations.



# Questions



#### **TODAY'S PRESENTER**



**TJ GREENWOOD** Senior Safety Consultant - SMSC

tgreenwood@smscsafety.com

M: 608.408.8353





| Date         | Webinar Title                                                                                                         |  |  |  |
|--------------|-----------------------------------------------------------------------------------------------------------------------|--|--|--|
| January 21   | TRUCKING / Cross-Border Safety: Strengthening ELP Standards and CDL Integrit                                          |  |  |  |
| February 18  | GENERALINDUSTRY / Building a Safer Workplace: Reducing Workplace Injuries and Workers Compensation Claims for Drivers |  |  |  |
| March 17     | TRUCKING / Navigating FMCSA Compliance Reviews                                                                        |  |  |  |
| April 21     | TRUCKING / Understanding CSA Scores and Their Impact                                                                  |  |  |  |
| May 20       | GENERALINDUSTRY / Safety Leadership: Empowering Supervisors to Drive Change                                           |  |  |  |
| June 17      | TRUCKING / Crash Data Analysis: What Your Fleet's History is Telling You                                              |  |  |  |
| July 14      | TRUCKING / Mastering HOS & PC Rules: Split-Sleeper in Action                                                          |  |  |  |
| August 18    | GENERALINDUSTRY / Safety Training That Sticks: Learning Principles in Action                                          |  |  |  |
| September 15 | TRUCKING / Securing the Scene: Best Practices After a Collision                                                       |  |  |  |
| October 22   | TRUCKING / The Impact of Drugs & Alcohol in Trucking                                                                  |  |  |  |
| November 17  | TRUCKING / FMCSA HOS Exceptions & Operational Flexibility                                                             |  |  |  |
| December 16  | GENERAL INDUSTRY / OSHA Recordkeeping & ITA Compliance                                                                |  |  |  |



## Let's Stay Connected



