



# **Dot Your I's and Cross Your T's! OSHA Recordkeeping Part 1 and 2**

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What do you need to have for an OSHA inspection? What is reportable, recordable or a near miss? Do you need to follow 1910 or 1926 CFR? This session is designed to assist employers in identifying and fulfilling their responsibilities for recordkeeping, documentation, and training specific to OSHA.

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# OSHA INSPECTION DOCUMENTS

- OSHA recordkeeping forms – 300, 301, 300A. OSHA can ask for the current year and five past years. The OSHA recording page can help you fill out the forms and download them. They will look to see if similar accidents have happened in the past. Any of the entries that you have on the OSHA log to see if they have been fixed or still pose a hazard. State worker comp form it is equal to the OSHA 301 form.
- Safety and health program/manual - They may not look at the whole program so try to narrow out which parts they are interested in and give him those sections.
- Training records - including certifications for online or in classroom course work, toolbox talks, etc.
- Discipline program - This is to determine whether these issues that caused the accident could be a potential misconduct issue by the employee.
- Safety audits or any site inspections for tools, equipment or PPE. OSHA will want to see that you are checking to make sure employees are following the safety rules.
- Disciplinary records for employees – OSHA will want to see if there are issues with discipline where the employee might be violating a company rule.
- List of the employees if inspection is related to an incident – OSHA will want to contact them about the injury or incident and what kind of training and audits they have had in the last few years. If possible, have these interviews at the company premise and make the employees available. These would be private interviews and the employer is not allowed as a manager to be in these interviews.
- Manuals for equipment/tools if an incident occurred causing the injury - OSHA looks at the manual and the safety precautions as if they were law.
- Job hazard analysis to identify hazards and the steps to protect a worker during the operation - It is not required by OSHA law but many companies have one already done.
- Video of the incident – OSHA has a right to see all photographic and video evidence related to the incident.
- Maintenance, inspection or service work logs/orders for equipment - Even if it is not related to an incident, OSHA would like to see what kind of repairs or requests for work has been outstanding.
- Any copies of your investigation which is not usually going to be complete when you get this document request by OSHA. Some companies have a Superintendent incident investigation form or other equivalent documents that must be completed within the 1st 24 hours. OSHA would want to see what you came up with about the incident.

## NEAR MISS FORM

<b>Details of the near miss</b>	<b>Date :</b>	<b>Time :</b>
Short description of near miss:		
Area where near miss occurred:		

<b>Details of the near miss investigation</b>		
Name of person involved (if relevant):		:
Name of person who reported the near miss:		Date of report:
Name of person completing this form:		
Telephone number:		Date report completed:

<b>Witness details</b>		
Name/s number	Job title (if relevant)	Contact

<b>Immediate causes / Contributing Causes that may have been a factor to the near miss</b>	
What preventative action could have been taken? Why was this action not taken?	
How much experience did the employee have in the task/s that was being performed when the near miss occurred? What training has been provided?	
<b>What is the chance of it occurring again?</b>	



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

## Summary of Work-Related Injuries and Illnesses

Year \_\_\_\_\_



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

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete

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 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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types			
Total number of... (M)			
(1) Injury	0	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

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 58 minutes per response, including time to review the instruction, 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 aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, 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., SIC 3715)  
\_\_\_\_\_

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

**Employment information**

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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

# OSHA's Form 301

## Injuries and Illnesses 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

### 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

\*Please do not include any personally identifiable information (PII) pertaining to worker(s) involved in the incident (e.g., no names, phone numbers, or SSNs) in the following fields.

- \*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. 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 \_\_\_\_\_

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 _____

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 aspects of this data collection, including suggestions for reducing this burden, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

## 300 OSHA RECORDABILITY FLOWCHART

