

Understanding OSHA Recordability Reportability Electronic Reporting

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February 8, 2019



OSHA Recordability and Reportability

- At the end of this presentation participants will be able to correctly identify
 - What is medical treatment compared to first-aid
 - What is recordable and not recordable
 - How to handle two medical opinions
 - Understand how to correctly use the flow chart on determining OSHA recordability
 - How to determine if cases are work related
 - How to determine classification of incidents where there may be pre-existing injuries
 - How to properly count lost work days
 - Review of OSHA Reportable cases
 - Review of OSHA Electronic Reporting



Why do Recordkeeping?

- Identify Trends to Take Corrective Actions
- Identify Hazards
- Accident Investigations
- Measure Safety Performance
- Adjust Insurance Rates
- Awards for Contracts to Contractors – Bids Include Injury Rates
- Safety Management – Helps Rank Problem Areas



It's the Law....

What forms must be completed?

- **OSHA Form 300** – Log of Work-Related Injuries and Illnesses
- **OSHA Form 301** – Injury and Illness Incident Report
- **OSHA Form 300A** – Summary of Work-Related Injuries and Illnesses

Employers can must use either an OSHA 301 or Equivalent

1904.29(a) *Basic requirement.* You must use OSHA 300, 300-A, and 301 forms, **or equivalent** forms, for recordable injuries and illnesses.

Recording Criteria

- Covered employers must record each fatality, injury or illness that:
 - Is *work-related*, and
 - Is *a new case*, and
 - Meets recordability

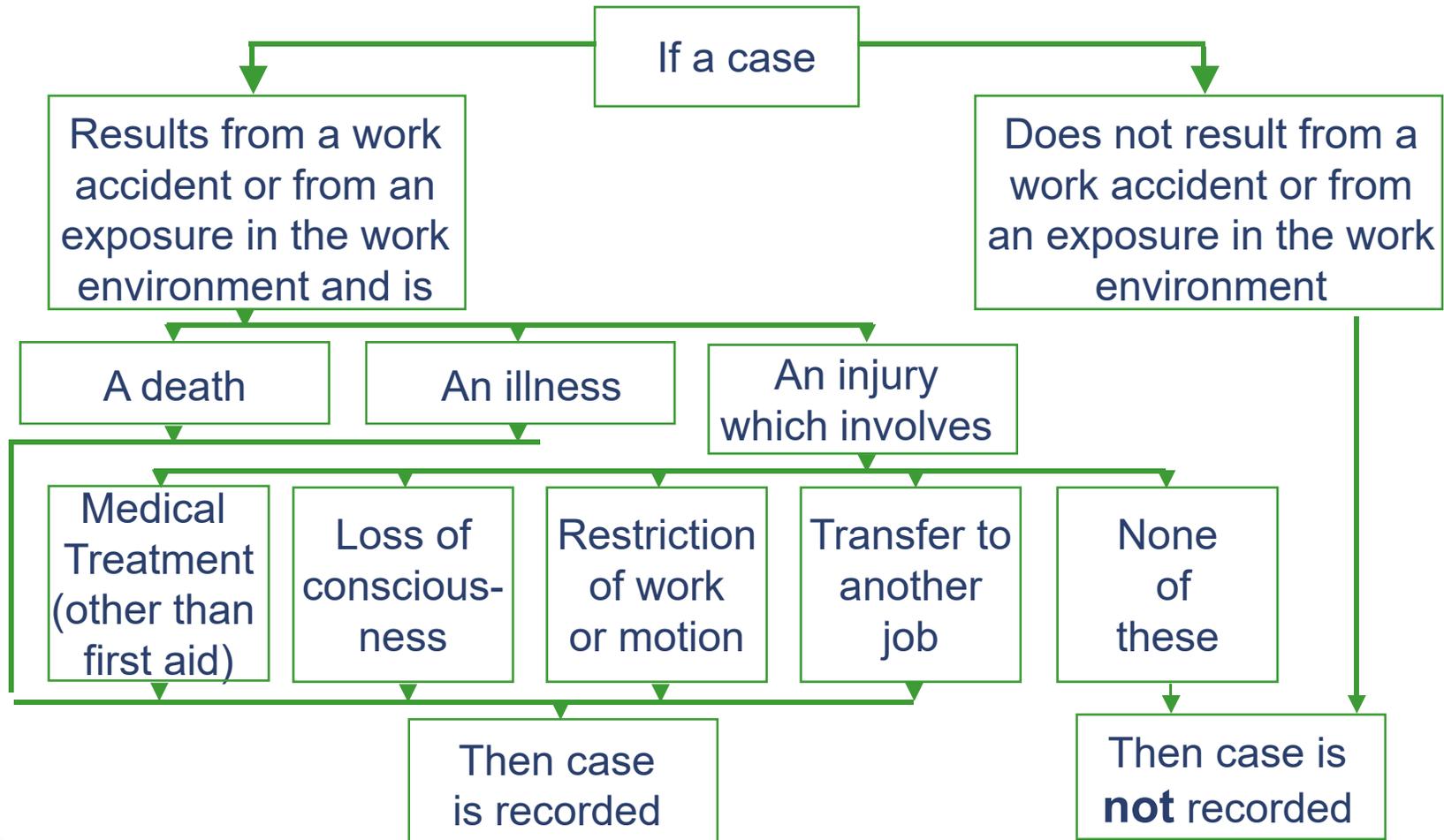


Work Relatedness

- A case is considered work-related if an event or exposure in the ***work environment*** either caused or contributed to the resulting condition
- A case is considered work-related if an event or exposure in the work environment ***significantly aggravated a pre-existing injury or illness***
- Work-relatedness is ***presumed*** for injuries and illnesses resulting from events or exposures occurring in the work environment;



How OSHA defines a recordable injury or illness



How OSHA defines a recordable injury or illness

- Any work-related fatality;
- Any work-related injury or illness that results in any of the following:
 - loss of consciousness;
 - days away from work, restricted work, transfer to another job (DART);
 - medical treatment beyond first aid;
 - occupational illnesses including cases of cancer, chronic irreversible diseases;
 - fractured or cracked bones or teeth, and punctured eardrums



Criteria for Recordability

- Medical
- Restricted
- Job Transfer
- Lost Time
- Fatality
- Special Cases
 - Needlestick and Sharps injury
 - TB
 - Hearing Loss
 - Medical removal cases



Criteria for Recordability

- What is the definition of medical treatment?

Anything that is beyond first-aid



Criteria for Recordability

Procedure	First-Aid (Not Recordable)	Medical (Recordable)
Oxygen	<ul style="list-style-type: none"> Oxygen administered purely as a precaution measure to an employee who does not exhibit any symptoms of an injury or illness 	<ul style="list-style-type: none"> Oxygen administered to an employee exposed to a substance who exhibits symptoms of an injury or illness
Bruises/contusions	<ul style="list-style-type: none"> Soaking therapy Hot or cold therapy 	<ul style="list-style-type: none"> Draining of bruises with a needle
Burns. skin rashes, blister	<ul style="list-style-type: none"> Draining fluid from a blister 	<ul style="list-style-type: none"> Any condition that results in days away from work, restricted work, transferred, or medical treatment beyond first-aid.

Procedure	First-Aid (Not Recordable)	Medical (Recordable)
Medication	<ul style="list-style-type: none"> Given at non-prescription strength whether in ointment, cream, pill, liquid, spray, or any other form 	<ul style="list-style-type: none"> Prescription medication, whether given once or over a longer period of time Prescription medication whether that prescription was filled <u>or not</u> Nonprescription medication given at prescription strength
Visits to health care professional	<ul style="list-style-type: none"> Visits solely for observation, testing, or to evaluate diagnostic decisions Visits solely for counselling Diagnostic procedures, including medications used solely for diagnostic purposes Procedures defined as first-aid 	<ul style="list-style-type: none"> Any condition that is treated, or that should have been treated with a treatment beyond first-aid
Cuts, lacerations, puncture and abrasions	<ul style="list-style-type: none"> Wound coverings and or bandaging by any medical personnel Liquid bandage Cleaning, flushing or soaking wounds on the surface of the skin Using wound coverings such as bandages, Band-Aids™, gauze pads, etc. or using butterfly bandages or Steri-Strips 	<ul style="list-style-type: none"> Sutures (stitches) Staples Surgical glue Treatment for infection with prescription meds or any visit Application of prescription antiseptic or non-prescription antiseptic at prescription strength Surgical debridement (cutting away dead skin)

Procedure	First-Aid (Not Recordable)	Medical (Recordable)
Massages	<ul style="list-style-type: none"> • Non-chiropractic treatment, a massage without spinal manipulation or treatment of surrounding structures 	<ul style="list-style-type: none"> • Physical therapy or chiropractic treatment such as spinal manipulation or treatment of surrounding structures
Eye injury	<ul style="list-style-type: none"> • Eye stain used to diagnose a scratched cornea • Eye patches 	<ul style="list-style-type: none"> • Prescription anti-bacteria ointment for the eye
Giving fluids	<ul style="list-style-type: none"> • Drinking fluids for relief of heat stress 	<ul style="list-style-type: none"> • IV fluids for relief of heat stress
Splinters	<ul style="list-style-type: none"> • Removing foreign bodies from the eye using only irrigation or a cotton swab • Removing splinter for foreign material from areas other than the eye(s) by irrigation, tweezers, cotton swabs or other simple means (needles, pins, or small tools) 	<ul style="list-style-type: none"> • Foreign bodies that require more than simple means to remove because of their location, depth of penetration, size or shape

Procedure	First-Aid (Not Recordable)	Medical (Recordable)
Strains, sprains and dislocations	<ul style="list-style-type: none"> • Hot or cold therapy • Any non-rigid means or support, such as elastic bandages, wraps, and non-ridge back belts, etc. • Finger guard • Temporary immobilization devices which being transporting an accident victim (e.g. splints, slings, neck collars, backboard, etc.) 	<ul style="list-style-type: none"> • Casts or immobilization with ridge stays • Chiropractic manipulation • Physical therapy
Loss of consciousness	<ul style="list-style-type: none"> • Loss of consciousness due solely to epilepsy, diabetes, narcolepsy, or other personal health condition • Due to voluntary participation in wellness or similar program (e.g. company sponsored blood drive) 	<ul style="list-style-type: none"> • Loss of consciousness which results from a workplace event or exposure (e.g. chemical, heat, an oxygen deficient environment, a blow to the head)

To Record or Not to Record



To Record or Not to Record

- Medical **glue** was applied to close lacerations.

* also known as surgical glue

Not Recordable

Recordable

1904.7(b)(5)(ii)(D) – Using wound coverings such as bandages, Band-Aids™, gauze pads, etc.; or using butterfly bandages or Steri-Strips™**

Note: other wound closing devices such as sutures, staples, etc., are considered medical treatment

**the use of wound coverings, like Band-Aid Brand Liquid Bandage™ is deemed to be first aid treatment.



To Record or Not to Record

- Butterfly **bandages** were applied to multiple lacerations.

Not Recordable Recordable

1904.7(b)(5)(ii)(D) - Using wound coverings such as bandages, Band-Aids™, gauze pads, etc.; or using butterfly bandages or Steri-Strips



To Record or Not to Record

- **Drilling** a fingernail to drain the fluid and relieve the pressure

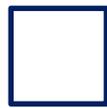
Not Recordable Recordable

1904.7(b)(5)(ii)(H) - Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister;



To Record or Not to Record

- One-time administration of **oxygen** for several minutes for employee demonstrating respiratory illness.



Not Recordable



Recordable

07/28/2009 – Letter of interpretation – If oxygen is administered as a purely precautionary measure to an employee who does not exhibit any symptoms of an injury or illness, the case is not recordable. If the employee exposed to a substance exhibits symptoms of an injury or illness, the administration of oxygen makes the case recordable.



To Record or Not to Record

- One time administration of **prescription** medication to alleviate minor discomfort.

Not Recordable

Recordable

1904.7(b)(1)(iv) - Medical treatment beyond first aid. See § 1904.7(b)(5).



To Record or Not to Record

- Employee injures back at work and has one **chiropractic adjustment**.

Not Recordable

Recordable

1904.7(b)(5)(ii)(M) - Using massages (physical therapy or **chiropractic treatment** are considered medical treatment for recordkeeping purposes)



To Record or Not to Record

- Worker gets hit in the chest and is sent for x-ray for a potential broken rib. The x-ray indicates the **rib is not broken.**



Not Recordable



Recordable

1904.7(b)(5)(i)(B) - The conduct of **diagnostic procedures**, such as x-rays and blood tests, including the administration of prescription medications used solely for diagnostic purposes (*e.g.*, eye drops to dilate pupils); or 1904.7(b)(5)(i)(C)



To Record or Not to Record

- Adding drops to eye(s) in order to dilate pupils for **diagnostic** purposes.



Not Recordable



Recordable

1904.7(b)(5)(i)(B) - The conduct of diagnostic procedures, such as x-rays and blood tests, including the administration of prescription medications used solely for diagnostic purposes (*e.g.*, eye drops to dilate pupils); or 1904.7(b)(5)(i)(C)



To Record or Not to Record

- Employee has **work related** elbow pain and is given **non-prescription pain medication at prescription strength.**

Not Recordable

Recordable

1904.7(b)(5)(ii)(A) - Using a non-prescription medication at nonprescription strength (for medications available in both prescription and non-prescription form, a recommendation by a physician or other licensed health care professional to use a non-prescription medication at prescription strength is considered **medical treatment** for recordkeeping purposes);



Two Medical Opinions

- A carpenter comes to your trailer **complaining of back pain after lifting some drywall.**
- You send him to the preferred Occupational Clinic where he was **examined and released to full duty** and given over the counter medication for the pain.
- The next day he doesn't show up, and you find out he went to **his chiropractor** on the day of his injury where he was examined and was placed on **"Not Fit for Duty" for three days.**



Two Medical Opinions

How would you classify this injury?

- A. Lost Time Injury based on the Chiropractor's discharge orders
- B. Follow the initial Medical Doctor's discharge orders and classify this injury as first-aid.



Two Medical Opinions

If you have **two contemporaneous medical orders**, and the two exams were done on the **same day** of the injury, **the employer** should choose the opinion that is **more authoritative**

A Physician other Licensed Health Care Practitioner (PLHCP) at an Occupational Health Clinic
OR
a Chiropractor

Contemporaneous means within the same period of time, concurrent



Two Medical Opinions

How about two Doctors who do not agree?

If you have two medical orders, and the two exams were done on the day of the injury, the employer should choose the opinion that is more authoritative.

As long as the Medical Discharge orders from the second Doctors come **BEFORE** the worker loses time.



Two Medical Opinions

Doctor A, exams the employee and discharges the injury worker with three days “No Work” and

Doctor B, also exams the employee on the same day and discharges the injured worker to Fit for Full Duty

As long as the Medical Discharge orders from the second Doctors come **BEFORE** the worker loses time.

https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&p_id=27683



Two Medical Opinions- In Review

- If medical treatment **was given**
 - **Recordable** - medical only
- If worker lost day(s), **prior** to the second opinion
 - **Lost time**
- If worker returned unable to perform one or more of his/her duties
 - **Restricted**

The first 24 hours are critical to manage cases



Aggravated Pre-Existing Injury

- If an event or exposure **in the work environment** either caused or contributed to the resulting condition or **significantly aggravated a pre-existing injury** or illness.
- **Work relatedness** is **presumed** for **ALL** injuries and illnesses resulting from events or exposures occurring **in the work environment**,



Significant Aggravation

- A pre-existing injury or illness is **significantly aggravated** when an event or exposure in the work environment results in any of the following (which otherwise would not have occurred):
 - Death
 - Loss of consciousness
 - Days away, days restricted or job transfer
 - Medical treatment

**Accident investigation MUST be done
to determine the facts**



Significant Aggravation

If someone strains their shoulder and is sent to the clinic and is given medical treatment beyond first-aid

The Doctor discovers through his exam that a month ago the worker injured his shoulder from a soft ball game

Accident investigation determines while working on the job this worker injured the same shoulder as the soft ball injury

How would be report this case?

- Whether we like it or not, this would be reported as a OSHA Recordable injury.



Recording Number of Days

Using the scenario and calendar on the next slide, calculate the number of days away from work and the number of days which involve job restriction and/or transfer,

Determine the number of days away, restricted or transferred as a result of the injury/illness. Use the scenario described below to complete the decision-making process for determining days away or days restricted/transferred.



Recording Number of Days

On Monday, January 14 at 7:05 a.m., 5 minutes after starting work, Pete Jones, a laborer for ABC Contactors tripped on rebar and fell. Pete suffered a bad sprain to his right leg and was sent to the doctor. Pete returned to work on the 18th as directed by the doctor.

On Monday, the 21st, Pete phoned in. The leg was still a problem and Pete was returning to the doctor's office. Pete was again released by the doctor and returned to work on the 23rd with the doctor's permission, but had to stay off the foot. Pete was given restricted duty and work that allowed him to remain seated with his right leg raised on a support. Pete was able to return to his regular duties on the 30th.

Number of days away from work ~~8~~ **5** Number of days restricted **7**

Sun	Mon	Tues	Wed	Thu	Fri	Sat
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			



So why is complete reporting important?

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

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of

	Illness (mo./day)		Description of injury or illness	Death	Days away from work	Remained at work		Away from work (days)	On job transfer or restriction (days)	Injury (1)	Skin Disorder (2)	Respiratory Condition (3)	Poisoning (4)	Hearing Loss (5)	All Other Illness (6)
				(G)	(H)	Job transfer or restriction (I)	Other recordable cases (J)								
Ironworker	1/20/2016	Near gymnasium	Pinched finger between choker and the load	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ironworker	5/20/2016	Commons area near the PAC	Cut and fractured finger tip when worker tripped and fell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carpenter	6/13/2016	1st Floor Council Chambers & Executive Conference Room.	Left knee sprain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laborer	9/9/2016	First floor next to loading dock.	Laceration of right palm.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carpenter	11/1/2016	South quad deck escalator/elevator enclosure ticketing level - West Expansion Area F	Alvin opened up the lid of a wooden job-built gang box to retrieve a tool. While balancing the open lid in a ninety degree position, the lid closed striking Alvin on top of his hard hat he was wearing. He reported the incident immediately to his foreman Jorge Sanabria who was also in the area when it happened	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Page totals				0	0	3	2	15	33	5	0	0	0	0	0

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-3844, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Page 5 of 12



Let's Test Your Knowledge



Let's Test Your Knowledge

- Questions will come up one at a time
- You are to use your computer to answer each question
- NO ONE will see your exact answer to the questions, but the overall results will be shared at the end of each question as a percent
- If you have questions about the any of the questions or answers, go ahead and send a message.



Scenario 1

- Employee who normally carries boxes, sprained his right wrist when he fell over a box
- The doctor said that the employee was not to use his right arm for the next two days
- The employee's scheduled work requires him to only use his left arm for the next week and he was able to continue working
- No days away from work
- The employee's routine job functions include tasks that require the use of both arms

How would you record this injury?

- **Recordable**
- **Not Recordable**

Recordable - Preamble 5979, 1904.7(b)(4)(I)(A), Job restriction, Injury (2 days job restriction) – **Because of the employee's routine job function included tasks that require the use of both arms.**



Scenario 2

- On 2/4 - a Clerk from the Accounting Department slipped on ice in the parking lot while leaving work to attend a business meeting
- Strained her left ankle and was off work until 2/6

How would you record this injury?

- **Recordable** - because the worker was on their way to a business meeting
- **Not Recordable** - because it happen in the parking lot

Recordable - Preamble 5956 and 5960, 1904.7(b)(3), Days away, Injury (2 days away).



Scenario 3

- A Steamfitter, developed flash burn in both eyes when forgetting to use the welding shield
- Received prescription medication
- No days away from work

How would you record this injury?

- **Not Recordable** - because the worker should have known better
- **Recordable** - because this was a work related injury

Recordable - Preamble 5982, 1904.7(b)(5), Other recordable cases, All other illnesses



Scenario 4

- ABC Contractors hires non-union laborers from a Temp Agency called Short Timers for two weeks
- One of the laborers hired broke his left wrist from a fall and was sent to doctor at 11:00 a.m. He is unable to work for 5 days
- This person is on Short Timer's payroll and they are responsible for the worker's compensation claim; however, the employee is supervised by Skanska

How would you record this injury? **Recordable** or **Not Recordable**

Recordable - Preamble 6037, Days away, Injury (5 days away)

Whose OSHA logs should this laborer's injury show up on?

Short Timers or Yours

Your OSHA Log - 1904.31 Covered Employees – Temp help agencies should not record the cases experienced by temp workers who are supervised by the using firm.



Scenario 5

- Carpenter falls off of a ladder
- Project team calls 911 and an ambulance takes the Carpenter to the local trauma center
- The trauma center completes a series of diagnostic procedures
- All diagnostic procedures including an x-ray showed negative results (nothing broken)
- Worker was given ice packs and discharged to Full Duty

How would you record this injury?

- **Recordable**
- **Not Recordable**

Not Recordable - No medical treatment beyond first-aid and diagnostic procedures are NOT medical treatment



Scenario 6

- A forklift operator broke his right large toe when the forklift ran over his foot
- He was unable to walk, but was able to drive the forklift
- He had another employee do work for him which required walking for 4 days
- No days away from work

How would you record this injury?

- **Recordable** – Medical Only
- **Recordable** – Restricted
- **Not Recordable**

Recordable - Recordable - Preamble 5991, Job restriction, Injury (4 days job restriction)



Scenario 7

- Crane Operator on a bridge project gets foreign object in right eye (not embedded)
- Doctor releases the Operator to full duty
- Crane Operator did not return for 2 days because of eye pain

How would you record this injury?

- **Not Recordable**
- **Recordable - Medical Only**
- **Recordable - Lost Time**

Not Recordable - Preamble 5982



Scenario 8

- A Project Executive was on a business trip to New Orleans and had completed his meeting for the day. While relaxing in his hotel room, an earthquake shook the hotel and the PX sustained severe head injuries. Off work 1 month.

How would you record this injury?

- **Not Recordable**
- **Recordable – Lost Time of 1 month**

Not Recordable - Preamble 5961



Scenario 9

- At 10:00 am break, one of our subcontractor employees started to choke on a sandwich, fell back and hit their head
- 911 was called
- Hospitalized for 2 days

How would you record this injury?

- **Not Recordable**
- **Recordable – Lost Time of 2 Days**

Not Recordable - Preamble 5951, 1904.5(b)(2)(iv)



Scenario 10

- Subcontractor carpenter twists his knee while walking across the project site
- Carpenter was sent to an Occupational Clinic, given a steroid shot, and released to full duty
- Four days later, a second physician concluded that the knee condition was non-occupational because there was no mechanism of injury, no aggravating factors, and no significant event in the work environment that caused or contributed to his knee condition based on the section 1904.5 (b)(2)(ii) work-related exception.

How would you record this injury?

- **Not Recordable**
- **Recordable**

Continued ...



Scenario 10

Recordable - 1904.5 Letter of Interpretation, 02/28/2014 - Clarification of a pre-existing injury or illness and recordable events.

The concept of "contemporaneous" conflicting medical opinions is not applicable to decisions **regarding work-relatedness**. OSHA's recordkeeping regulation allows an employer to seek and consider advice from one or more PLHCPs when determining whether an injury or illness is work-related. However, the employer has the ultimate responsibility for determining work-relatedness based on the rules set forth in section 1904.5.

The first 24 hours are critical to manage cases



Scenario 11

- During the second week of January, while pushing a trash cart, a laborer hurts his shoulder
- During the investigation the laborer admitted of having a history of shoulder issues and states he gets monthly, on the first of the month, steroid shots to relief the pain and swelling
- The laborer is sent to the Occupation Clinic and was given a steroid shot and release to full duty

How would you record this injury?

- **Not Recordable**
- **Recordable**

Continued ...



Scenario 11

Recordable - Letter of Interpretation, 10/6/2009 - Clarification of a pre-existing injury or illness and recordable events.

1904.5(b)(4) - *How do I know if an event or exposure in the work environment "significantly aggravated" a pre-existing injury or illness?* A pre-existing injury or illness has been significantly aggravated, for purposes of OSHA injury and illness recordkeeping, when an event or exposure in the work environment results in any of the following:

1904.5(b)(4)(iv) - Medical treatment in a case where no medical treatment was needed for the injury or illness before the workplace event or exposure, or a change in medical treatment was necessitated by the workplace event or exposure.



Let's Test Your Knowledge



Questions from the Group

Question # 1 - In the past there has been discussion about employees getting injured by simply walking on the job site, or using stairs and receiving **medical treatment beyond first aid**. Is this work-related and how would this be classified? Not Recordable? Recordable?

Response # 1 - Yes this is work-related and recordable. Per 1904.5(a), employer must consider injury or illness to be work-related if an event or exposure in the work environment caused or contributed to the resulting condition.



Questions from the Group

- **Question # 2** - If I obtain employees from a **temporary help service**, employee leasing service, or personnel supply service, do I have to record an injury or illness occurring to one of those employees? You must record these injuries and illnesses if you **supervise these employees on a day-to-day basis.**
- **Response # 2** – 10/19/2015 – Determining who is the responsible party to record an injury or illness / Occupational Safety and Health Administration



Questions from the Group

- **Question # 3** - If an employee **alleges** an injury, goes to the clinic on their own, does not show up to work for several days and has yet to report the injury to the employer. Shows up three days later with a letter from a clinic stating take 3 days off. We then send him to our occupational doctor who releases him to full duty. Is this a lost time incident?
- **Response # 3** - 1904.5(b)(3) The employer must evaluate the employee's work duties and environment to decide whether or not one or more events or exposures in the work environment either caused or contributed to the resulting condition or significantly aggravated a pre-existing condition.



Questions from the Group

- **Question # 4** - Under what circumstances would “aggravation of a pre-existing injury by a work-related activity” **NOT** be considered a recordable injury?
- **Response # 4** - 1904.5(b)(2) see list of exemptions an injury or illness that falls within one of these exemptions is not work related.



Questions from the Group

- **Question # 5** - If an electrician strains his back pulling wire and is given restricted duty, then he is assigned putting switch and outlet covers on, which is part of his regular duties, is it a recordable incident?
- **Response # 5** - 1904.7(b)(4)(i) restricted work results from work related injury; employee is restricted from performing one or more routine functions; **routine function – activities that the employee regularly performs at least once per week.**



Questions from the Group

- **Question # 6** - A worker is carrying material up 4 levels in a stairwell and has a heart attack. Is this a recordable incident?
- **Response # 6** - 1904.5(b)(2)(ii) – An injury or illness is considered non-recordable – if the injury or illness involves signs or symptoms that surface at work but result solely from a non-work-related event or exposure that occurs outside the work environment, but in this case the worker was carrying material up 4 levels, therefore working - recordable



Questions from the Group

How do I handle vague restrictions from a physician or other licensed health care professional, such as that the employee engage only in “light duty” or “take it easy for a week”?

If you are not clear about the physician or other licensed health care professional’s recommendation, you may ask that person whether the employee can do all of his or her routine job functions and work all of his or her normally assigned work shift. If the answer to both of these questions is “Yes,” then the case does not involve a work restriction and does not have to be recorded as such. If the answer to one or both of these questions is “No,” the case involves restricted work and must be recorded as a restricted work case. If you are unable to obtain this additional information from the physician or other licensed health care professional who recommended the restriction, record the injury or illness as a case involving restricted work.



OSHA Form 300: Recording a Fatality

OSHA's Form 300 (Rev. 01/2004)						Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.		Year <input type="text"/>										
Log of Work-Related Injuries and Illnesses								U.S. Department of Labor		Occupational Safety and Health Administration								
You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two								Form approved OMB no. 1218-0176										
						Establishment name												
						City				State								
Identify the person		Describe the case			Classify the case													
(A)	(B)	(C)	(D)	(E)	(F)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:						
Case No.	Employee's Name	Job Title (e.g., Welder)	Date of injury or onset of illness (mo./day)	Where the event occurred (e.g. Loading dock north end)	Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M) Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses:	
								Job transfer / restriction	Other recordable cases									
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)	
1	Mark Bagin	Welder	5/25	basement	fell from ladder	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>						



OSHA Form 300: Recording a Case with Days Away From Work

OSHA's Form 300 (Rev. 01/2004)						Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.		Year <input type="text"/>									
Log of Work-Related Injuries and Illnesses								U.S. Department of Labor Occupational Safety and Health Administration									
You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two								Form approved OMB no. 1218-0176									
						Establishment name <input type="text"/>											
						City <input type="text"/>		State <input type="text"/>									
Identify the person			Describe the case			Classify the case											
(A)	(B)	(C)	(D)	(E)	(F)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:		Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:							
Case No.	Employee's Name	Job Title (e.g., Welder)	Date of injury or onset of illness (mo./day)	Where the event occurred (e.g. Loading dock north end)	Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses:
								Job transfer / restriction	Other recordable cases	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
1	Mark Bagin	Welder	5/25	basement	fell from ladder	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
2	Shana Alexander	Foundry man	7/2	pouring dock	poisoning from lead fumes		<input checked="" type="checkbox"/>			12					<input checked="" type="checkbox"/>		



OSHA Form 300: Recording a Case with Restricted Work Activity or Job Transfer

OSHA's Form 300 (Rev. 01/2004)						Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.		Year <input type="text"/>									
Log of Work-Related Injuries and Illnesses								U.S. Department of Labor		Occupational Safety and Health Administration							
You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two								Form approved OMB no. 1218-0176									
						Establishment name <input type="text"/>											
						City <input type="text"/>		State <input type="text"/>									
Identify the person		Describe the case			Classify the case				Check the "injury" column or choose one type of illness:								
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:							
						Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses:
						(G)	(H)	Job transfer / restriction	Other recordable cases	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
1	Mark Bagin	Welder	5/25	basement	fell from ladder	✓						✓					
2	Shana Alexander	Foundry man	7/2	pouring dock	poisoning from lead fumes		✓			12					✓		
3	Sam Sander	Electrician	8/5	2nd floor storeroom	sprained left foot, fell over box			✓			10	✓					
4	Ralph Boccella	Laborer	9/17	packaging department	back strain lifting a box		✓			5	14	✓					



OSHA Form 300: Recording a Case with Medical Treatment beyond First Aid

OSHA's Form 300 (Rev. 01/2004)						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.															
Log of Work-Related Injuries and Illnesses						Year _____		U.S. Department of Labor Occupational Safety and Health Administration													
You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two						Establishment name _____		Form approved OMB no. 1218-0176													
						City _____		State _____													
Identify the person			Describe the case			Classify the case															
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:						Check the "injury" column or choose one type of illness:					
						Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses:				
						(G)	(H)	Job transfer / restriction (I)	Other recordable cases (J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)				
1	Mark Bagin	Welder	5/25	basement	fell from ladder	✓						✓									
2	Shana Alexander	Foundry man	7/2	pouring dock	poisoning from lead fumes		✓			12					✓						
3	Sam Sander	Electrician	8/5	2nd floor storeroom	sprained left foot, fell over box			✓			10										
4	Ralph Boccella	Laborer	9/17	packaging department	back strain lifting a box		✓			5	14										
5	Jarrood Daniels	Machine operator	10/23	production floor	dust in eye				✓			✓									



For a list of specific treatments considered to be first aid, see section [1904.7\(b\)\(5\) \[PDF\]](#).

OSHA Form 301: Injury and Illness Incident Report

OSHA's Form 301 **Injury and Illness Incident Report**

Attention: This form contains information about employee health and must be used in a manner that protects the confidentiality of employees to the maximum possible while the information is being used for occupational safety and health purposes.

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

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 _____

Information about the case

- 10) Case number from the *Log* _____
- 11) Date of injury or illness ____/____/____
- 12) Time employee began work _____
- 13) Time of event _____
- 14) **What was the employee doing just before the injury?** "Worker was carrying roofing materials"; "spraying"
- 15) **What happened?** Tell us how the injury occurred. "Worker fell 20 feet"; "Worker was sprayed with paint and developed soreness in wrist over time."



OSHA Form 300A: Summary of Work-Related Injuries and Illnesses

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

Summary of Work-Related Injuries and Illnesses

Year 20__



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 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 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

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 _____

(____) _____ - _____ / /
Phone _____ Date _____

OSHA Form 300A: Summary of Work-Related Injuries and Illnesses

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.

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search existing data sources, gathering the data, reviewing and collecting the information, reviewing and revising the collection of information, and reviewing and revising the collection of information. Persons are not required to respond to the collection of information unless it displays a required collection of information. Send comments about this burden estimate or any other aspect of this data collection, including suggestions for reducing the burden, to Washington, DC 20210. Do not send the completed forms to this office.



OSHA Form 300A: Summary of Work-Related Injuries and Illnesses (continued)

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

(_____) / /
Phone Date

Company Name and address

Industry Description, i.e.
Construction Manager

Industry SIC Code i.e.
Construction = 1542

Industry NAICS Code i.e.
Construction = 236220

The amount of average
employees for the year and total
work hours for the year

Signed and dated by Company
Executive



Who must sign the OSHA 300A

- 1904.32(b)(3) *How do I certify the annual summary?* **A company executive** must certify that he or she has examined the OSHA 300 Log and that he or she reasonably believes, based on his or her knowledge of the process by which the information was recorded, that the annual summary is correct and complete.
- 1904.32(b)(4) *Who is considered a company executive?* The company executive who certifies the log must be one of the following persons:
 - 1904.32(b)(4)(i) An **owner** of the company (only if the company is a sole proprietorship or partnership);
 - 1904.32(b)(4)(ii) An **officer of the corporation**;
 - 1904.32(b)(4)(iii) The **highest ranking company official** working at the establishment; or
 - 1904.32(b)(4)(iv) The **immediate supervisor of the highest ranking company official working at the establishment**.

How to Calculate OSHA Rates

- **Total Incident Rate (TIR)**
- Take the average size company with 100 employees working an average 40 hours a week for 50 weeks a year (Don't count two weeks of vacation)
- 100 employees X 2,000 hours = 200,000 hours
- Count all recordable cases (G+H+I+J) = (Death + Away from work + restricted or Job Transfer + Other recordable cases)

$$\frac{(\# \text{ of recordable injuries}) \times (200,000)}{(\text{Amount of hours for the year})}$$



How to Calculate OSHA Rates

- **Total Days Away and Transferred (DART) Rate**
- Take the average size company with 100 employees working an average 40 hours a week for 50 weeks a year (Don't count two weeks of vacation)
- 100 employees X 2,000 hours = 200,000 hours
- Count only restricted and lost time injuries

$$\frac{(\# \text{ of Restricted} + \text{Lost Time injuries}) \times (200,000)}{(\text{Amount of hours for the year})}$$



Post-Accident Drug and Alcohol testing October 11, 2018 Memo from Kim Stille, Acting Director Enforcement Programs

In addition, most instances of workplace drug testing are permissible under § 1904.35(b)(1)(iv). Examples of permissible drug testing include:

- Random drug testing.
- Drug testing unrelated to the reporting of a work-related injury or illness.
- Drug testing under a state workers' compensation law.
- Drug testing under other federal law, such as a U.S. Department of Transportation rule.
- Drug testing to evaluate the root cause of a workplace incident that harmed or could have harmed employees. **If the employer chooses to use drug testing to investigate the incident, the employer should test all employees whose conduct could have contributed to the incident, not just employees who reported injuries.**

To the extent any other OSHA interpretive documents could be construed as inconsistent with the interpretive position articulated here, this memorandum supersedes them.

OSHA Reportability



Type of Incident	Reporting Requirement Effective January 1, 2015
Work-related fatality	Report to OSHA within <u>eight (8) hours</u> (if fatality occurs within 30 days of the incident).
Work-related in-patient hospitalization of one or more employees	Report to OSHA within <u>24 hours</u> (if hospitalization occurs within 24 hours of the incident).
Work-related amputation	Report to OSHA within <u>24 hours</u> (if amputation occurs within 24 hours of the incident).
Work-related loss of an eye	Report to OSHA within <u>24 hours</u> (if loss occurs within 24 hours of the incident).



Electronic Reporting to OSHA



OSHA Electronic Reporting Compliance Date Approaches

OSHA has issued a [final rule](#) requiring certain employers to electronically submit their 2018 OSHA Form 300A injury and illness data by **March 2, 2019**, [OSHA news release](#). The agency amended the regulation to require covered employers to electronically submit their Employer Identification Number (EIN) with the information from Form 300A. The EIN will make the data more useful for OSHA and BLS, and could reduce duplicative reporting burdens on employers in the future. The requirement does not add to or change an employer's obligation to complete, retain, and certify injury and illness records. This submission deadline applies to each employer establishment - not necessarily the entire company, but every single location where the company provides services or performs operations - with **at least 20 employees**.

Table of Covered Establishments

Number of Employees	Required Electronic Submission
10 to 19	Not Covered
20 to 249 in certain high risk industries	EIN with 300A by 3/2/19
250 or more	EIN with 300A by 3/2/19



Electronic Reporting to OSHA



- **Construction** falls in the **High Risk Industry**
- Projects that are in place for over a year, and at any time has assigned **11 employees** would be considered an establishment and would be **required to submit an Electronic Report.**
- The injuries and illness would be subtracted from the corporate report.
- Joint Ventures, who every has the lead would have to count the injuries and illnesses.



OSHA Electronic Reporting Requirements

- <https://www.osha.gov/injuryreporting/index.html>



Frequently Asked Questions

ITA Reporting Requirements OSHA Recordkeeping Requirements

FAQs about the ITA

Account Access

I want multiple staff members to access our account. Can I create multiple logins?

The person who submitted the data for us has left the company. How do I change his or her account information to my own?

Launch ITA

Who

What

When

How

Job Aids (How-To documentation)

ANNOUNCEMENTS

March 2, 2019, is the deadline for electronically reporting your OSHA Form 300A data for calendar year 2018. Collection will begin January 2, 2019.

OSHA published a Final Rule to amend its recordkeeping regulation to remove the requirement to electronically submit to OSHA information from the OSHA Form 300 (Log of Work-Related Injuries and Illnesses) and OSHA Form 301 (Injury and Illness Incident Report) for establishments with 250 or more employees that are required to routinely keep injury and illness records. Covered establishments are only required to electronically submit information from the OSHA Form 300A (Summary of Work-Related Injuries and Illnesses). The requirement to keep and maintain OSHA Forms 300, 300A, and 301 for five years is not changed by this Final Rule.

Remember, not all establishments are covered by this requirement. To review which establishments need to provide their data, click [here](#).



Steps to Electronic Reporting

[OSHA](#) / Injury Tracking Application Login

Injury Tracking Application Login

Log in or [create an account](#).

Username or Email Address

osha.electronic@skanska.com

Password

••••••••••

[Forgot Password?](#)

Log In

You are about to access a U.S. Government computer/information system. Access to this system is restricted to authorized users only. Unauthorized access, use, or modification of this computer system or of the data contained herein, or in transit to/from this system, may constitute a violation of [Title 18, United States Code, Section 1030](#) and other federal or state criminal and civil laws. These systems and equipment are subject to monitoring to ensure proper performance of applicable security features or procedures. Such monitoring may result in the acquisition, recording and analysis of all data being communicated, transmitted, processed or stored in this system by a user.

If monitoring reveals possible misuse or criminal activity, notice of such may be provided to supervisory personnel and law enforcement officials as evidence.

Anyone who accesses a Federal computer system without authorization or exceeds their access authority, and by any means of such conduct obtains, alters, damages, destroys, or discloses information, or prevents authorized use of information on the computer, may be subject to fine or imprisonment, or both.

Your use of this system indicates understanding that you are personally responsible for your use and any misuse of your access including your system account and password. Use further indicates understanding that by accessing a U.S. Government information system that you must comply with the prescribed policies and procedures. Lastly, your use shall serve as acknowledgement of receipt of, your understanding of your responsibilities, and your willingness to comply with the rules of behavior for this system.

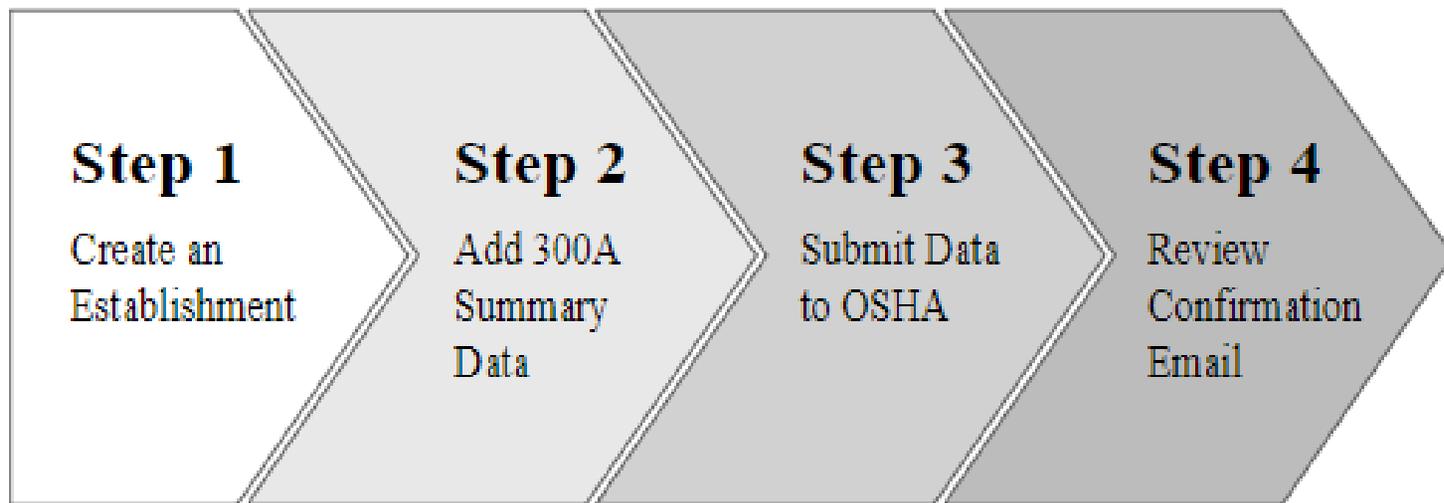
OMB Control Number: 1281-0176

Expiration Date: June 30, 2021

Public reporting for this collection of information is estimated to average 20 minutes per response, including the 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 currently valid Office of Management and Budget Control Number. If you have any comments regarding this estimate or any other aspect of this information collection, including suggestions for reducing this

Steps to Electronic Reporting

Overview of Data Submission Process



Please note: a new item is your Employee Identification Number (EIN)



Create Establishment

* Required Fields

Establishment Name * 

Each establishment name must be different from all other establishment names provided.

Company Name

Please enter the name of the company that owns the establishment.

Address *

Please include your physical address, not a PO Box.

City *

State *

ZIP (5 or 9 digits) *

NAICS Industry Code or Description (start typing, then select) * 

Begin typing either your 2012 NAICS code or the industry description, then select the correct value from the list. If you don't know your code and can't find it in the list, you can look it up [at census.gov](#).

What was the maximum number of employees at this establishment for this year? * 

- Under 20 20-249 Over 250+

Please select the maximum number of employees (salaried, hourly, part-time, and seasonal workers) that this establishment had at ANY point during the filing year. This field can not be empty.

Is this establishment part of a public sector (government) entity? 

- No Yes - State Government Yes - Local Government

[Cancel](#)

Save

Resources

- Recordkeeping web page
(<https://www.osha.gov/recordkeeping>)
- Q&A Search web page
(https://www.osha.gov/recordkeeping/faq_search/index.html)
- Local OSHA Offices
<https://www.osha.gov/html/RAmap.html>
- E-correspondence/Contact us
(https://www.osha.gov/html/Feed_Back.html)
- OSHA Recordkeeping Handbook
- (https://www.public.navy.mil/NAVSAFECEN/Documents/OSH/SafetyOfficer/OSHA_3245_REVISED.pdf)



Thanks



OSHA Recordability and Reportability

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