**What’s a Recordable Injury/Illness? Making Sure Your OSHA Logs Are Correct**

**by iSi Environmental**

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Once again it’s time to pull together your OSHA 300 and 300A logs for last year. These are due at the end of the month and the OSHA 300A must be posted at your facility from February 1 through April 30.

To help you fill out your logs for 2015 and tighten up your reporting practices for this year, here’s a review of the 9 recordable criteria:

1. Work-Related

Injuries/illnesses are recordable is if the event was in the work environment and the work environment caused, contributed to, or reaggravated an injury/illness.

Exceptions (where the injury/illness would **NOT** be work-related):

* The employee was there as a member of the general public;
* Signs or symptoms surface at work but result solely from a non-work-related event that occurs outside of the work environment;
* It occurs from voluntary participation in a wellness program or a medical, fitness or recreational activity. For example, a strained back from the company Zumba class or an incident from a flu shot wouldn’t count;
* If it resulted solely from eating, drinking, or preparing food/drink for personal consumption. For example, a hand burn from using the stove or a struck-by with the microwave door wouldn’t count;
* It occurs solely as a result of the employee doing personal tasks outside of the assigned working hours; or,
* It’s solely the result of a personal grooming, a self-medication for a non-work-related condition or is from self-infliction.

2. New Cases

An injury/illness is a new case if the employee has not previously experienced a recorded injury/illness of the same type that affects the same body part. If they have experienced one of the same type to the same body part, it’s recordable only if those symptoms had completely went away and an event caused those symptoms to come back.

3. Deaths

By now you should be following OSHA’s immediate reporting requirements for deaths that were enacted at the beginning of 2015. All deaths must be reported to OSHA within 8 hours and in-patient hospitalizations, amputations, and losses of an eye are to be reported within 24 hours.

4. Days Away From Work

For days away from work, don’t count the day of the injury. Count the calendar days, regardless of whether the employee was scheduled to work that day or not, up to a maximum of 180 days for your OSHA 300 log. If the injury/illness occurred within one calendar year and the lost work days occurred in the next calendar year, only record it once (in the year that it occurred).

5. Restricted Work/Transfer

Restricted work is when you keep the employee from working the full workday that they’d otherwise work or when a physician/licensed health care professional recommends that the employee not perform one or more of their routine functions (where “routine” means an activity performed at least once per week). Job transfer work is when you assign an injured employee to a job other than their regular job for a day(s) or part of a day. Again, the day of the injury is not counted in either case.

To help minimize these numbers of days, give job descriptions to your company physician and have them go through that list and see if the employee can indeed work those routine job functions. There’s a possibility that once reviewed, the employee may actually be ok to perform those tasks, saving you some extra days on your logs.

6. Medical Treatment Beyond First Aid

Activities such as IVs, chiropractic visits, stitches/sutures/staples, physical therapy and Hepatitis B vaccines would all be considered recordable medical treatments.

There are, however, a number of exceptions. You would NOT count visits to a physician for observation, counseling, or diagnostic procedures such as X-rays, blood tests or eye drops. Allowable first aid treatments that also would NOT count as a recordable may include:

* Non-prescription medication at non-prescription strength;
* Tetanus shots;
* Cleaning/flushing/soaking a skin wound;
* Bandages, gauze pads, wraps and non-rigid back belts;
* Hot/cold therapy;
* Eye patches;
* Temporary immobilization devices while transporting an accident victim (neck collars, back boards, splints);
* Drilling of fingernails or toenails to relieve pressure;
* Draining fluid from a blister;
* Removing foreign bodies from the eye using only irrigation or a cotton swab;
* Removing splinters/foreign material from areas other than the eye by irrigation, tweezers or cotton swabs;
* Finger guards;
* Massages; and,
* Drinking fluids for heat stress.

7. Loss of Consciousness (Any Length of Time)

8. Significant Injury/Illness Diagnosed by a Physician or Health Care Professional

These would include work-related cancer, chronic irreversible diseases, fractured/cracked bones and punctured eardrums.

9. Other Specific Cases

These are recordable:

* Needlestick injuries and cuts from sharp objects that are contaminated with another person’s blood or other potentially infectious material;
* Audiograms in which there’s a standard threshold shift in one or both ears; and,
* Exposure to Tuberculosis (TB) where a TB infection was developed.

For more information, visit [OSHA’s recordkeeping website](https://www.osha.gov/recordkeeping/index.html) or contact Dickey Watson at iSi Environmental [(678) 712-4705; [dwatson@isienvironmental.com](mailto:dwatson@isienvironmental.com)] for help in determining hard-to-categorize cases.

**Heads Up: OSHA Electronic Posting Regulation Scheduled for March,   
Including Public Access to Your Logs**

In March, OSHA is expected to issue a final rule which will require employers with 20 or more employees to submit their annual OSHA 300 and 300A log information electronically to OSHA. From there, OSHA will be posting that information on its website, making your data publicly available for anyone to review.

Employers with 250 or more employees will be required to submit injury and illness information on a quarterly basis.

There is also a potential for this rule to also contain language that forbids certain practices and incentive programs companies use which single out and discourage workers from reporting injuries/illnesses.

There are no guidelines yet as to how this information will be submitted electronically. Electronic forms are available on the OSHA website in both Adobe and Excel formats. If you’re not completing your forms electronically, you may want to start with those forms or find a product which helps track of your recordables electronically and then prints them on the forms for you.

As a best practice, you may also want to consider tracking your injuries and illnesses on a monthly or quarterly basis. This will not only help you track trends but it’ll make it easier to compile the information annually. Third-party safety tracking programs such as ISNetworld or PEC Safety already require quarterly tracking.