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A Brief Guide to Recordkeeping Requirements for Occupational Injuries and Illnesses for the Public Sector

Maine Department of Labor
Bureau of Labor Standards
Technical Services Division

26 M.R.S.A. Section 565, as amended by
P.L. 1989, Chapter 712

Effective May, 1996

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ATTENTION: PUBLIC SECTOR RECORDKEEPER

IMPORTANT: DO NOT DISCARD. This booklet contains guidelines for keeping track of occupational injuries and illnesses. These guidelines fulfill the recordkeeping requirements under 26 M.R.S.A. Section 565, as amended by P.L. 1989, Chapter 712.

SEP 07 2000

Preface

This booklet explains the requirement of 12-179 Maine Department of Labor, Board of Occupational Injuries and Illnesses - Chapter 6 - Recording Occupational Injuries and Illnesses in the Public Sector. These rules are pursuant to 26 M.R.S.A. Section 565, as amended by P.L. 1989, Chapter 712 which states that:

"the (Occupational Safety and Health) board shall formulate rules . . . for safe and healthful working conditions, including rules requiring the use of personal protective equipment, monitoring and recordkeeping. The rules so formulated shall, at a minimum, conform to federal standards of occupational safety and health, so that the state program can be federally approved as a public employee only occupational safety and health program."

The rules make the Director of the Bureau of Labor Standards responsible for the collection, compilation, and analysis of statistics of work-related injuries and illnesses for the Public Sector.

The records may be used by the Bureau to measure and direct the agency's efforts. The records are also helpful to employers and employees in

identifying many of the factors which cause injuries or illnesses in the workplace. In addition, these records are designed to assist safety and health compliance officers in making occupational safety and health inspections.

This booklet summarizes the Bureau's recordkeeping requirements of 26 M.R.S.A. Chapter 6 and provides basic instructions and guidelines to assist Public Sector employers in fulfilling their recordkeeping and reporting obligations. Many specific OSHA standards, adopted by the Bureau, have additional requirements for the maintenance and retention of records of medical surveillance, exposure monitoring, inspections, accidents and other activities and incidents relevant to occupational safety and health, and for the reporting of certain information to employees and to the Bureau. These additional requirements are not covered in this booklet. For information on these requirements, refer to the OSHA standards or regulations or contact the Maine Bureau of Labor Standards' Safety Division at (207)-624-6460.

Further assistance regarding OSHA recordkeeping can be obtained by contacting:

Maine Department of Labor
Bureau of Labor Standards
Technical Services Division
45 State House Station
Augusta, ME 04333-0045

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Chapter 1. DEFINITIONS – Employers, Employees, and Establishments

Employers with eleven (11) or more employees at any time during the previous calendar year are required to keep injury and illness records for all of their establishments. Definitions and examples of employer, employee, and establishment are found below.

I. Definition of an employer: A state agency, county, municipal corporation, town, city, school district, or other political subdivision having employees. Please refer to Part II for a definition of an employee. The bureau considers the highest organizational unit to be the employer.

Examples of PUBLIC SECTOR EMPLOYERS:

- A) Maine Department of Human Services
- B) Maine Department of Labor
- C) County of Piscataquis
- D) City of Portland (excluding the school system)
- E) Town of Lovell
- F) S A D 71
- G) Union #107 – Princeton School Department
- H) Portland School Department
- I) Bangor Water District
- J) Berwick Sewer District

Please note that an updated list of Public Sector employers is available from the Bureau of Labor Standards. Please call (207) 624-6440 for further information.

II. Definition of an employee. For the purposes of OSHA recordkeeping, any person, including a minor whether lawfully or unlawfully employed, who is permitted to work by the employer in a full-time, part-time, temporary, limited service, or volunteer capacity:

Volunteers include:

- A) Employees who receive stipends, insurance benefits (e.g. health, Workers' Compensation), clothing allowances, etc.
- B) People belonging to an association of volunteers, recognized by the employer, with a formal or contractual agreement with the employer to provide services
- C) People who have made a formal commitment to work regularly at specific places at specific times.

Please note, for recordkeeping purposes, an employee may be paid or unpaid.

Examples of PUBLIC SECTOR EMPLOYEES:

- A) Municipal Administrative Employees
- B) Clerical Employees
- C) Public Works Employees
- D) Firefighters
- E) Police Officers
- F) Corrections Officers
- G) District Attorneys
- H) Park Rangers
- I) School employees including teachers and staff
- J) Employees at the University of Maine
- K) State Employees
- L) Elected or appointed officials while conducting official governmental business such as:
 - 1. Town Selectman
 - 2. City Councilor
 - 3. State Legislator
 - 4. Member of the School Board
 - 5. Town Clerk
 - 6. County Register of Probate
 - 7. Member of the Planning Board
 - 8. Trustees of a Utility District

M) Interns, General Assistance Workers (Workfare), Aspire participants.

N) Contract workers who are directly supervised by Public Sector officials. For example, if a municipality contracts out with a road construction firm and the municipal road commissioner (who is not the contractor) supervises the work directly on a day-by-day basis then the contract workers would be considered municipal employees. If the contractors are NOT directly supervised by a municipal official, then they would NOT be subject to Public Sector recordkeeping requirements. However, the contractors themselves may be subject to Private Sector recordkeeping rules.

O) "As needed" employees whether paid or unpaid, while they are conducting official Public Sector duties. This includes positions such as animal control officer, public health officer, etc. If these services are contracted out to a private employer then the rules regarding contract employees, discussed in part "N)" above, would be applicable.

III. Definition of an establishment: (1) A single physical location where public service or operations are performed. (2) Where distinctly separate activities are performed at a single physical location each activity must be treated as a separate establishment.

For employers engaged in activities such as public works, transportation, utilities, and housing authorities, which may be physically dispersed, the establishment is the place to which employees report to each day.

For personnel who do not primarily report to, or work at, a single physical location, and who are generally not supervised in their daily work, the establishment is the location from which they are paid or the base from which they operate to carry out their activities. Examples: DHS caseworkers, labor inspectors, etc.

An important tool in identifying an establishment is the Standard Industrial Classification code - SIC. This is a 4-digit number developed by the U.S. Office of Management and Budget which classifies an establishment by type of activity. The following are some examples of Public Sector establishments and their respected SIC codes:

- Municipal Administration - SIC 9121
- Police - SIC 9221
- Fire - SIC 9224
- Public Works - SIC 1611
- Elementary and Secondary Schools - SIC 8211
- Colleges and Universities - SIC 8221
- Public Parks and Recreation - SIC 7999
- Correctional Institutions - SIC 9223
- Forestry Services - SIC 0851
- Drinking Water Utilities - SIC 4941
- Sewerage Systems - SIC 4952
- Refuse Systems (Including Landfills and Transfer facilities) - SIC 4953
- Data Processing Centers - SIC 7374
- Courts - SIC 9211
- District Attorney's Office - SIC 9222

Chapter 2. Public Sector Employers Subject to Recordkeeping Requirements

Employers with 11 (eleven) or more employees at any one time in the previous calendar year must keep occupational safety and health records. As mentioned in Chapter 1, an employee may be paid or unpaid; hired, appointed, or elected.

Below are three examples of municipalities with eleven or more employees:

I. The town of Small* consists of:

1. Town Clerk	1
2. Combination Tax Collector / Assessor/Treasurer	1
3. Volunteer Fire Department Consisting of a Chief Plus Seven Volunteers	8
4. Board of Selectmen	3
5. Planning Board	5

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Since the town of Small* has 11 or more employees, the town must maintain OSHA records.

II. The town of Medium* consists of:

1. Town Clerk Plus Staff	3
2. Treasurer	1
3. Tax Collector	1
4. Board of Selectmen	5
5. Planning Board	6
6. Police Department	6
7. Mostly Volunteer Fire Department and Rescue Squad	18
8. Municipal Library Including Volunteers	6
9. Transfer Station	3

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Since the town of Medium* has 11 or more employees, the town must maintain OSHA records.

III. The city of Large* consists of:

1. City Clerk and Staff	5
2. City Tax Assessor/Collector and Staff	7
3. City Manager and Staff	4
4. City Council	8
5. City Water Department	15
6. City Sewer Department	12
7. City Public Works Department	21
8. City Police Department	68
9. City Fire Department	87
10. Separate City Rescue Squad - First Responder	30
11. City Parks and Recreation Department - Site A	20
12. City Parks and Recreation Department - Site B	10
13. City Operated Cemetery	6
14. Animal Control Shelter	15
15. Participants in the ASPIRE Program	20
16. Participants in Workfare	10
17. Harbor Masters Office	10

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Since the city of Large* has 11 or more employees, the city must maintain OSHA records.

The city of Large* also has a municipal school department. However, for recordkeeping purposes, the school department is considered a separate employer.

The three examples above apply to municipalities. Other examples of Public Sector employers include school districts/departments, counties, quasi-municipal organizations, Public Sector utilities, and state agencies.

Chapter 3. Occupational Safety and Health Recordkeeping Forms for Maine Public Sector Employers

There are two forms for recording occupational injuries or illnesses: The OSHA No. 200 (log and summary) and the OSHA No. 101 (supplemental record). Also a third form, the safety poster, must be displayed in a prominent place at each establishment.

I. The Log and Summary of Occupational Injuries and Illnesses, OSHA No. 200

The OSHA log is used for recording and classifying occupational injuries and illnesses, and for noting the severity of each case. The log shows who was injured or became ill, a description of the injury or illness, whether time was lost from work, etc. A copy of the log can be found in Appendix A.

You may keep information on computer printout or in an alternate form if it contains the same information and is in the same format as the OSHA No. 200 and is legible and comprehensible. Alternate forms must be approved by the Bureau of Labor Standards.

All OSHA recordable cases must be entered on the log within six workdays after the employer has received information that an injury or illness has occurred.

At the end of the calendar year, the employer must total the columns and sign and date the certification portion of the form at the bottom of the page.

The summary portion of the log (to the right of the vertical line) must be posted on a bulletin board or

common area for employees by February 1 and remain in place until March 1. The intent of this regulation is to provide employees with information on injuries and illnesses

II. The Supplementary Record of Occupational Injuries and Illnesses, OSHA No. 101

For each injury or illness case entered on the log, you must record additional information on the supplementary record, OSHA No. 101. The supplementary record describes the event or exposure, lists the objects or substances involved, and indicates the nature of injury or illness and the part(s) of the body affected. A copy of the 101 form can be found in Appendix B.

A copy of the completed Maine Workers' Compensation First Report (Form WCB-1) may be used as a substitute for the OSHA No. 101 form. Also, insurance forms or other reports may be used as substitute records if they contain all of the items on the OSHA No. 101. If they do not, the missing items must be added to the substitute or included on a separate attachment.

Supplementary records must be completed within six workdays after the employer has received information that an injury or illness has occurred.

III. Occupational Safety and Health Regulations Poster

The Safety and Health Poster **Occupational Safety and Health Regulations** must be displayed at each Public Sector Establishment. A copy of this poster can be found in Appendix C.

Chapter 4. Location, Retention, and Maintenance of Records

Ordinarily, injury and illness records must be kept by employers for *each* of their establishments. See Chapter 1 for definitions of employers, establishments, and employees

This chapter presents examples of establishments, where the records for each establishment must be located, how long they must be kept, and how they should be updated.

I. Examples of Establishments

Below are some examples of Public Sector employers and their various establishments.

A) School Districts/Departments - SIC 8211.

SAD 999* has three elementary schools, one middle school, a high school, a bus garage, and a central (superintendent's) office which is physically located in the high school. Therefore SAD 999* has seven establishments.

NOTE: For school systems, the superintendent's office is a separate establishment. For recordkeeping purposes, members of the school board are employees of the superintendent's office.

B) Towns or Cities

Using the SIC codes below are examples of establishments for three municipalities of various size:

1. For the Town of Small* there are two establishments:

a) Town Administration - SIC 9121 - consisting of town clerk, combination tax collector/assessor/treasurer, board of selectmen, and planning board.

b) Fire Department - SIC 9224

2. For the town of Medium* there are five establishments:

a) Town Administration - SIC 9121 - consisting of town clerk plus staff, Treasurer,

Tax Collector, Board of Selectmen, and Planning Board.

b) Police Department - SIC 9224

c) Volunteer Fire Department and Rescue Squad - SIC 9224

d) Municipal Library - SIC 8231

e) Transfer Station - SIC 4953

3. For the city of Large* there are eleven establishments:

a) City Administration - SIC 9121 - consisting of the City Clerk and staff, the City Tax Assessor/Collector and staff, the City Manager and staff, ASPIRE participants, Workfare participants, and the City Council.

b) City Water Department - SIC 4941

c) City Sewer Department - SIC 4952

d) City Public Works Department - SIC 8231

e) City Police Department - SIC 9221

f) City Fire Department - SIC 9224

g) City Rescue Squad - SIC 4119

h) City Parks and Recreation Department - site A - SIC 7999

i) City Parks and Recreation Department - site B - SIC 7999

j) City Operated Cemetery - SIC 0782

k) Animal Control Center - SIC 0752

C) Counties

The county of Test* consists of the following five establishments:

1. Central Administrative Office - SIC 9121 - consisting of the County Clerk and staff, the County Treasurer and staff, the Register of Probate and staff, the Register of Deeds and staff, and the County Commissioners and their staff.

2. County employees who work in the D.A.'s office - SIC 9222

3. Sheriff's office, excluding the jail - SIC 9221

4. County Jail - SIC 9223

5. County Recycling Center - SIC 4953

NOTE: Even though establishments "1" through "5" may be physically located in the same building they are considered separate establishments because of the distinct activities (SIC's).

D) State Agencies

Each state agency must maintain separate logs for each establishment. Again, the establishment may be a distinctly separate activity or a separate physical location. An exception to this rule is an establishment located in a campus environment such as a college, university, or institution.

E) Establishments which employ "Floaters" such as Housing Authorities, Utility Districts, etc.

If employees work exclusively at one location, that location is their establishment. If employees work at more than one establishment (floaters), the central office is their establishment for recordkeeping purposes.

F) Questions About Establishments?

A database of Public Sector establishments has been developed by the Maine Bureau of Labor Standards, Research and Statistics Division. Questions regarding Public Sector establishments should be directed to the Bureau of Labor Standards at (207) 624-6440.

II. Location of Records

Injury and illness records (the log, OSHA No. 200, and the supplementary record, OSHA No. 101)

are generally kept at the physical location where operations are performed.

Any employer may maintain the log of occupational injuries and illnesses and the supplementary record at a place other than the establishment or by means of data processing equipment, or both, under the following circumstances:

A) There must be sufficient information to complete the log and supplementary record within **six working days** after receiving information that a recordable case has occurred.

B) A legible copy or facsimile of the log and/or supplementary record is to be sent to the establishment **within two hours**, after receiving a request to view the records by an authorized agent of the Bureau of Labor Standards.

III. Period Covered

All OSHA injury and illness records must be kept on a calendar year basis.

IV. Retention of OSHA Records

The log and summary, OSHA No. 200, and the supplementary record, OSHA No. 101, must be retained for each establishment for five calendar years following the end of the year to which they relate.

V. Maintenance of the Log (OSHA NO. 200)

Employers are required to update the log to include newly discovered cases and to show changes in cases already recorded. The updates must be made to any case appearing on the logs maintained during the five year retention period. If a case was previously recorded and later determined to be non-recordable, draw a line through the entire case entry. Log totals should be modified to reflect these changes.

Chapter 5. Deciding Whether a Case Should Be Recorded and How to Classify It

This chapter presents guidelines for determining whether a case must be recorded under the OSHA recordkeeping requirements. These requirements should not be confused with recordkeeping requirements of various workers' compensation systems, internal industrial safety and health monitoring systems, the ANSI Z.16 standards for recording and measuring work injury and illness experience, and private insurance company rating systems. Reporting a case on the OSHA records should not affect recordkeeping determinations under these or other systems.

Recording an injury or illness under the OSHA system does not necessarily imply that management was at fault, that the worker was at fault, that a violation of an OSHA standard has occurred, or that the injury or illness is compensable under workers' compensation or other systems.

I. Employees vs. other workers on site

Employers must maintain injury and illness records for their own employees for each of their establishments. However, they are *not* responsible for maintaining records for employees of other firms or for independent contractors, even though these individuals may be working temporarily in their establishment or on one of their job sites.

For recordkeeping purposes, an employer-employee relationship exists if the employer supervises the employees' day-to-day activities. The employer is therefore responsible for recording his or her employees' injuries and illnesses. Independent contractors keep their own injury and illness records for their own employees.

Records for leased employees are usually kept by the employer where they are placed to work (e.g. the employer who supervises their day-to-day activities). This rule applies to ASPIRE and Workfare participants.

II. Method used for case analysis

The decision making process consists for five steps:

Step 1. Determine whether a case occurred; that is, whether there was a death, illness, or an injury;

Step 2. Establish that the case was work related; that it resulted from an event or exposure in the work environment;

Step 3. Decide whether the case is an injury or an illness; and

Step 4. If the case is an illness, record and check the appropriate illness category on the log; or

Step 5. If the case is an injury, decide if it is recordable based on days away from work; days of restricted work activity including restriction of work or motion, or transfer to another job; medical treatment beyond first aid; or loss of consciousness.

Chart 1 in Appendix E graphically shows how to determine if a case is recordable under the OSH Act.

STEP 1 - DETERMINING WHETHER A CASE OCCURRED:

The first step in the decisionmaking process is determining whether or not an injury or illness has occurred. Employers have nothing to record unless an employee has experienced a work-related injury or illness.

STEP 2 - ESTABLISHING A WORK RELATIONSHIP:

Work relationship is established under the OSHA recordkeeping system when the injury or illness results from an event or exposure in the work environment. The work environment is primarily composed of: (1) The employer's premises, and (2) other locations where employees are engaged in work-related activities or are present as a condition of their employment. When an employee is off the employer's premises, work

relationship must be established; when on the premises, the relationship is presumed.

Situations where work-relationship is not presumed include: (1) When a worker is on the employer's premises as a member of the general public and not as an employee, and (2) when employees have symptoms that merely surface on the employer's premises, but are the result of a nonwork-related event or exposure off the premises.

The following subjects warrant special mention:

a. Company rest rooms, hallways, and cafeterias are all considered to be part of the employer's premises and constitute part of the work environment. Therefore, injuries occurring in these places are generally considered work related.

b. For OSHA recordkeeping purposes, the definition of work premises excludes all employer controlled ball fields, tennis courts, golf courses, parks, swimming pools, gyms, and other similar recreational facilities. These are often apart from the workplace and are used by employees on a voluntary basis for their own benefit, primarily during off-work hours. Therefore, injuries to employees in these recreational facilities are not recordable unless the employee was engaged in some work-related activity, or was required by the employer to participate.

c. Company parking facilities are generally not considered part of the employer's premises for OSHA recordkeeping purposes. Therefore, injuries to employees on these parking lots are not presumed to be work related, and are not recordable unless the employee was engaged in some work-related activity (e.g. doing work on the parking lot itself, loading and unloading equipment from a vehicle, leaving the building to take vehicle on a work-related trip, etc.).

d. An employee's commute to and from work is exempt from OSHA recordkeeping. When an employee is off the employer's premises and suffers an injury or an illness, work relationship must be established; it is not presumed. Injuries and illnesses off premises are considered work related if the employee is engaged in a work activity or if they occur in the work environment. The work environment in these instances includes places where employees are present due to the nature of their job.

Employees who travel on business for the employer are engaged in work-related activities

all the time they spend in the interest of the employer. This includes, but is not limited to, travel to and from customer contacts, entertaining or being entertained for the purpose of transacting; discussing; or promoting business, etc. Employees are in travel status when they travel outside their normal geographic area (the town they work in and towns directly bordering it). If an employee checks into a hotel or motel, an injury or illness would not be recordable if it occurred during normal living activities (eating, sleeping, recreation).

Chart 2 in Appendix F graphically illustrates the guidelines for determining work relationship.

STEP 3 - DISTINGUISHING BETWEEN INJURIES AND ILLNESSES

Under the Recordkeeping Rules, all work-related illnesses must be recorded, while injuries are recordable only when they require days away from work, days of restricted work activity, medical treatment beyond first aid, or loss of consciousness. The distinction between injuries and illnesses, therefore, has significant recordkeeping implications.

Injuries are caused by instantaneous events in the work environment. Cases resulting from anything other than instantaneous events are considered illnesses. This concept of illnesses includes acute illnesses which result from exposures of relatively short duration. Basically, injuries are due to one-time events and illnesses happen over time.

Some conditions may be classified as either an injury or illness (but not both), depending upon the event that produced the condition. For example, a loss of hearing resulting from an explosion (an instantaneous event) is classified as an injury; the same condition arising from exposure due to industrial noise over a period of time would be classified as an occupational illness.

STEP 4 - RECORDING OCCUPATIONAL ILLNESSES

An illness is defined as:

Any abnormal condition or disorder, other than one resulting from an occupational injury, caused by exposure to environmental factors associated with employment. It includes acute and chronic illnesses or diseases which may be caused by inhalation, absorption, ingestion, or direct contact.

Occupational illnesses must be diagnosed or recognized to be recordable. However, they do not necessarily have to be diagnosed by a physician or other medical personnel. Employers, employees, and others may be able to detect some illnesses such as skin diseases or disorders without the benefit of specialized medical training. However, a case more difficult to diagnose, such as silicosis, would require evaluation by properly trained medical personnel.

In addition to recording the occurrence of occupational illnesses, employers are required to place a check mark in 1 of the 7 categories on the front of the log (Columns 7a through 7g). The back of the log form gives examples for each illness category. These are only examples, however, and should not be considered as a complete list of types of illnesses under each category.

STEP 5 - DECIDING IF WORK-RELATED INJURIES ARE RECORDABLE

Although the Recordkeeping Rules require that all work-related deaths and illnesses be recorded, the recording of nonfatal injuries is limited to certain specific types of cases: 1) days away from work, 2) days of restricted work activity, 3) loss of consciousness, or 4) medical treatment beyond first aid. Other cases including minor injuries requiring only first aid treatment are *not* recordable.

1. Days Away From Work. You must record any case where, as a result of the injury, the employee loses at least one workday after the day he or she was injured.

2. Days of Restricted Work Activity.

Restricted work activity occurs when the employee, because of the impact of a job-related injury, is physically or mentally unable to perform all or any part of his or her normal assignment during all or any part of the workday or shift. All injury cases resulting in at least one day of restricted work activity *beyond the day of the injury* must be recorded. Restricted work cases involve one of three conditions: 1) the employee is only able to work part-time or fewer hours than a normal workday, 2) the employee is placed on full-time light or modified work duty, 3) the employee is temporarily transferred to another job while recuperating.

2. Loss of Consciousness. If an employee loses consciousness as the result of a work-related injury, the case must be recorded no matter what type of treatment was provided. The rationale behind this recording requirement is that loss of consciousness is generally associated with the more serious injuries.

4. Medical Treatment. It is important to understand the distinction between medical treatment and first aid treatment since many work-related injuries are recordable only because medical treatment was given. The following instructions on the back of the log and summary, OSHA No. 200, define medical treatment as any treatment, other than first aid treatment, administered to injured employees. Essentially, medical treatment involves the provision of medical or surgical care for injuries that are not minor through the application of procedures or systematic therapeutic measures.

The act also specifically states that work-related injuries which involve only first aid treatment should not be recorded. First aid is commonly thought to mean emergency treatment of injuries before regular medical care is available. However, first aid treatment has a different meaning for OSHA recordkeeping purposes. The regulations define first aid treatment as:

. . . any one-time treatment, and any follow-up visit for the purpose of observation, of minor scratches, cuts, burns, splinters, and so forth, which do not ordinarily require medical care. Such one-time treatment, and follow-up visit for the purpose of observation, is considered first

aid even though provided by a physician or registered professional personnel.

The distinction between medical treatment and first aid depends not only on the treatment provided, but also on the severity of the injury being treated. First aid is: (1) Limited to one-time treatment and subsequent observation; *and* (2) involves treatment of only minor injuries, *not* emergency treatment of serious injuries.

Visits to physicians or other medical personnel do NOT in and of themselves constitute "medical treatment beyond first aid." **The focus is not on who provided the treatment or where the treatment was provided. The focus is on what kind of treatment was provided.**

The following classifications list certain procedures as either medical treatment or first aid treatment.

Medical Treatment:

The following are generally considered medical treatment. Work-related injuries for which this type of treatment was provided or should have been provided are almost always recordable:

- Treatment of **INFECTION**
- Application of **ANTISEPTICS** during **second or subsequent visit** to medical personnel
- Treatment of **SECOND OR THIRD DEGREE BURN(S)**
- Application of **SUTURES** (stitches)
- Application of **BUTTERFLY ADHESIVE DRESSING(S)** or **STERI STRIP(S)** in lieu of sutures
- Removal of **FOREIGN BODIES EMBEDDED IN EYE**
- Removal of **FOREIGN BODIES FROM WOUND**; if procedure is **COMPLICATED** because of depth of embedment, size, or location

- Use of **PRESCRIPTION MEDICATIONS** (except a single dose administered on first visit for minor injury or discomfort)

- Use of hot or cold **SOAKING THERAPY** during **second or subsequent visit** to medical personnel

- Application of hot or cold **COMPRESS(ES)** during **second or subsequent visit** to medical personnel

- **CUTTING AWAY DEAD SKIN** (surgical debridement)

- Application of **HEAT THERAPY** during **second or subsequent visit** to medical personnel

- Use of **WHIRLPOOL BATH THERAPY** during **second or subsequent visit** to medical personnel

- **POSITIVE X-RAY DIAGNOSIS** (fractures, broken bones, etc.)

- **ADMISSION TO A HOSPITAL** or equivalent medical facility **FOR TREATMENT**

- The injury must only be treated by a physician or licensed medical personnel

- The injury involves complications requiring follow-up medical treatment (second or subsequent visits)

First Aid Treatment:

The following are generally considered first aid treatment (e.g., one-time treatment and subsequent observation of minor injuries) and should not be recorded if the work-related injury does not involve loss of consciousness, days away from work, restriction of work or motion, or transfer to another job:

- Application of **ANTISEPTICS** during **first visit** to medical personnel

- Treatment of **FIRST DEGREE BURN(S)**

- Application of **BANDAGE(S)** during first visit to medical personnel

- Use of **ELASTIC BANDAGE(S)** during first visit to medical personnel
- Removal of **FOREIGN BODIES NOT EMBEDDED IN EYE** if only irrigation is required
- Removal of **FOREIGN BODIES FROM WOUND**; if procedure is **UNCOMPLICATED**, and is, for example, by tweezers or other simple technique
- Use of **NONPRESCRIPTION MEDICATIONS AND** administration of **single dose of PRESCRIPTION MEDICATION** on first visit for minor injury or discomfort
- **SOAKING THERAPY** on initial visit to medical personnel or removal of bandages by **SOAKING**
- Application of hot or cold **COMPRESS(ES)** during first visit to medical personnel
- Application of **OINTMENTS** to abrasions to prevent drying or cracking
- Application of **HEAT THERAPY** during first visit to medical personnel
- Use of **WHIRLPOOL BATH THERAPY** during first visit to medical personnel
- **NEGATIVE X-RAY DIAGNOSIS**
- **OBSERVATION** of injury during visit to medical personnel

The following procedure, by itself, is not considered medical treatment:

- Administration of **TETANUS SHOT(S)** or **BOOSTER(S)**. However, these shots are often given in conjunction with more serious injuries; consequently, injuries requiring these shots may be recordable for other reasons.

- **NOTE: HOSPITALIZATION FOR OBSERVATION.** If an employee goes to or is sent to a hospital for a brief period of time for observation, it is not recordable, provided no medical treatment was given, or no illness was recognized. The determining factor is not that the employee went to the hospital, but whether the incident is recordable as a work-related illness or as an injury requiring medical treatment or involving loss of consciousness, restriction of work or motion, or transfer to another job.

Differentiating a new case from the recurrence of a previous injury or illness. Employers are required to make new entries on their OSHA forms for each new recordable injury or illness. However, new entries should not be made for the recurrence of symptoms from previous cases, and it is sometimes difficult to decide whether or not a situation is a new case or a recurrence. The following guidelines address this problem:

- a. *Injuries.* The aggravation of a previous injury almost always results from some new incident involving the employee (such as a slip, trip, fall, sharp twist, etc.). Consequently, when work related, these new incidents should be recorded as new cases.
- b. *Illnesses.* Generally, each occupational illness should be recorded with a separate entry on the OSHA No. 200. However, a specific interpretation has been made on how to record cumulative trauma cases such as carpal tunnel syndrome and tendonitis (see Appendix D).

Some occupational illnesses, such as certain dermatitis or respiratory conditions, may recur as the result of new exposures to sensitizing agents, and should be recorded as new cases. For diseases such as asbestosis or silicosis do not record the disease a second time due to recurrence of symptoms.

Chapter 6. Categories of Recordable Cases

There are three categories of recordable cases: fatalities, lost workday cases, and cases without lost workdays. Every recordable case must be placed in only one of these categories.

I. Fatalities

If a work-related death occurs within five years following the end of the calendar year in which the injury or illness occurred, the entry on the log must be changed to reflect a fatality.

Also, please refer to Chapter 7, Section II for requirements about reporting ALL work-related fatalities to the Bureau of Labor Standards - Safety Division.

II. Lost Workday Cases

Lost workday cases occur when the injured or ill employee experiences either **days away from work, days of restricted work activity, or both**. Injuries and illnesses are not considered lost workday cases unless they affect the employee beyond the day of injury or onset of illness. When counting the number of days away from work or days of restricted work activity do not include the initial day of injury or onset of illness, or any days on which the employee would not have worked even though able to work (holidays, vacations etc.).

A) *Lost workday cases involving days away from work* result in days the employee would have worked but could not because of the job-related injury or illness. The focus of these cases is on the employee's inability, because of injury or illness, to be present in the work environment during his or her normal work shift.

B) *Lost workday cases involving days of restricted work activity* are those cases where, because of injury or illness, (1) the employee was assigned to another job on a temporary basis or (2) the employee worked at a permanent job less than full time or (3) the employee worked at his or her permanently assigned job but could not perform all of their duties.

Below are some examples of cases involving days away from work:

1) **Volunteer Firefighters/Rescue Workers.** For OSHA recordkeeping purposes count only the time lost from fire department/rescue duties (e.g. training, meetings, firefighting, emergency calls, etc.) **Do not count time on call.**

For example, Joe works full-time five days a week as a store clerk. He is also a volunteer firefighter. While fighting a fire Joe suffers a second degree burn. The burn causes him to miss two weeks of work at the store. He is unable to help fight another fire which occurs two days later. He is also unable to attend the regular monthly fire department meeting which occurs one week later.

For recordkeeping purposes you would count two days away from work since he lost two days work AS A FIREFIGHTER. You would NOT count the days lost at his store clerk job.

NOTE: If Joe had no firefighter responsibilities in the two weeks he was recovering then this case would not be classified as a Lost Workday Case. However, since this case required medical treatment beyond first aid, this is recorded as a case without lost workdays.

2) **Teachers/School Employees.** Jane, a teacher at a high school suffers an injury. The injury required medical treatment beyond first aid. The injury occurs the Friday before a two-week school vacation. By the time school resumes Jane has fully recovered.

This case is NOT a lost workday case because Jane did not miss workdays after the injury date. However, it is recordable as an injury case without lost workdays under column 6.- See Chapter 5.

NOTE: If Jane had been injured on Thursday, this would have been a lost workday case since she would have lost one day from work beyond the day of the injury.

3) **Elected Officials.** John is a full-time accountant who is also a selectman for a small town. During a Board of Selectmen's meeting he injures his back while helping someone move an overhead projector. Because of this injury he missed four days from his job as an accountant. He recovered and attended the next town council meeting.

This case would NOT be considered a lost workday case but, depending on the severity of the injury and the type of treatment, the case may be recorded as a case without lost workdays. If the extent of his injury required him to miss the next Selectmen's meeting then that would be classified as a lost workday case.

III. Cases without lost workdays.

All work-related illnesses are recordable, even if there was no lost or restricted time. Injuries without lost or restricted days are recordable if they involved medical treatment beyond first aid (See Chapter 5).

Chapter 7. Employer Obligations for Reporting Occupational Injuries and Illnesses

I. The Annual Survey of Occupational Injuries and Illnesses

The survey is conducted on a sample basis. Employers required to submit reports of their injury and illness experience are contacted by the Maine Bureau of Labor Standards in the first quarter of the calendar year following the reference year of the survey. (A firm selected to participate in the 1995 survey would have been contacted in the first quarter of 1996). **The Survey of Occupational Injuries and Illnesses**, asks for information about injuries and illnesses that occurred at specific establishments in the previous calendar year. You can get this information from the OSHA 200 and OSHA 101. The survey asks for other information including the average number of employees and the total number of hours worked at the establishment during the previous calendar year.

PLEASE NOTE: Employers who are not selected to participate in the annual survey

must still comply with the recordkeeping requirements listed in the preceding chapters as well as with the requirements for reporting fatalities and overnight hospitalization cases.

II. Reporting Fatalities and Overnight Hospitalizations

All Public Sector employers are required to report, in writing or by telephone, all fatalities or any occupational injury or illness requiring overnight hospitalization. Report the incident to the Director of the Bureau of Labor Standards - Safety Division within 48 hours (exclusive of weekends or holidays) after the occurrence. The telephone number for the Bureau of Labor Standards - Safety Division is (207) 624-6460.

The report must state the cause of death, or the cause of the injury or illness; the place where the affected person has been sent, and any items required by the Director. The Bureau may investigate the cause(s) of the accident and require actions to be taken to prevent similar accidents in the future. No statement contained in any such report shall be admissible in evidence in any action arising out of the death or accident reported.

Chapter 8. Access to OSHA Records and Penalties for Failure to Comply With Recordkeeping Obligations

I. Access to OSHA Records

All current records and those being maintained for the 5-year retention period must be made available for inspection and copying by State Labor Department Officials, employees, former

employees, and their representatives. An employee representative can be a member of a union representing the employee, or any person designated by the employee or former employee. Access to the records is to be made available by the employer within two working days of the request.

II. Penalties for Failure to Comply with Recordkeeping Obligations

Employers committing recordkeeping and/or reporting violations are subject to sanctions.

Glossary of Terms

26 MRSA Section 565. The Maine statute which indicates that rules adopted by the Maine Occupational Safety Board "shall at a minimum conform to Federal standards of occupational safety and health". These include rules on Recordkeeping.

Annual Summary. Consists of a copy of the occupational injury and illness totals for the year from the OSHA No. 200, and the following information: The calendar year covered; company name; establishment address; certification signature, title, and date.

Annual Survey. Each year, the Maine Bureau of Labor Standards conducts an annual survey of occupational injuries and illnesses to produce statistics. The OSHA injury and illness records maintained by employers in their establishments serve as the basis for this survey.

Certification. The person who supervises the preparation of the Log and Summary of Occupational Injuries and Illnesses, OSHA No. 200, certifies that it is true and complete by signing the last page.

Employee. For recordkeeping purposes, any person, including a minor whether lawfully or unlawfully employed, who is permitted to work, by the employer in a full-time, part-time, temporary, limited service, or voluntary capacity. Volunteers, elected and appointed officials, interns, general assistance workers (Workfare), and ASPIRE participants are considered to be employees.

Employee Representative. Anyone designated by the employee for the purpose of gaining access to the employer's log (OSHA No. 200) and the supplementary record (OSHA No. 101).

Employer. The State, any county, municipal corporation, school district or other political subdivision having employees.

Establishment. A single physical location where public service or operations are performed. (For example: a school, fire station, police station, public works, warehouse, or central administrative office.) Where distinctly

separate activities are performed at a single physical location, each activity must be treated as a separate establishment. (For example: a town hall which includes the police headquarters and fire department.)

Exempt employers. Employers regularly exempt from OSHA recordkeeping include all employers with no more than 10 full-time or part-time employees at any one time in the previous calendar year.

Exposure. A worker is subjected to a safety or health hazard, or a hazardous chemical or physical agent at a high enough concentration and length of time to produce an illness.

First Aid. Any one-time treatment and subsequent observation of minor scratches, cuts, burns, splinters, and so forth, which do not ordinarily require medical care. Such treatment and observation are considered first aid even though provided by a physician or registered professional personnel.

First Report of injury. A workers' compensation form which may qualify as a substitute for the supplementary record, OSHA No. 101.

Incidence Rate. The number of injuries, illnesses, or lost workdays per 100 full-time workers. This enables employers to make accurate comparisons, analyze trends, or compare employers regardless of their size. This rate is calculated as:

$$N/EH \times 200,000$$

where:

N = number of injuries and/or illnesses
or lost workdays

(Note: "N" can change depending on the rate that you want)

EH = total hours worked by all
employees during calendar year

200,000 = base for 100 full-time
equivalent workers (working 40 hours per
week, 50 weeks per year).

Log and Summary (OSHA No. 200). The OSHA recordkeeping form used to list injuries and illnesses and to note the severity of each case.

Lost workday cases. Cases which involve days away from work or days of restricted work activity, or both.

Lost workdays. The number of workdays beyond the day of injury or onset of illness that the employee was away from work or limited to restricted work activity because of an occupational injury or illness. It includes the following

(1) *Lost workdays--away from work.* The number of workdays (consecutive or not) on which the employee would have worked but could not because of occupational injury or illness.

(2) *Lost workdays--restricted work activity.* The number of workdays (consecutive or not) on which, because of injury or illness: (1) The employee was assigned to another job on a temporary basis; or (2) the employee worked at a permanent job less than full time; or (3) the employee worked at a permanently assigned job but could not perform all duties normally connected with it.

The number of days away from work or days of restricted work activity does not include the day of injury or onset of illness or any days on which the employee would not have worked even though able to work.

Maine Bureau of Labor Standards. The Bureau of Labor Standards is the agency responsible for administering and maintaining the OSHA recordkeeping system, and for collecting, compiling, and analyzing work injury and illness statistics.

Maine Bureau of Labor Standards - Research & Statistics Division. The state agency administering the OSHA recordkeeping and reporting system.

Maine Bureau of Labor Standards - Safety Division. The Safety Division is responsible for enforcing safety and health standards and regulations. The Safety Division works with employers, employees, educators, and future employees to foster effective safety and health programs which reduce workplace hazards.

Medical treatment. Includes treatment of injuries administered by physicians, registered

professional personnel, or lay persons (i.e., nonmedical personnel). Medical treatment does not include first aid treatment (one-time treatment and subsequent observation of minor scratches, cuts, burns, splinters, and so forth, which do not ordinarily require medical care) even though provided by a physician or registered professional personnel.

Occupational illness. Any abnormal condition or disorder, other than one resulting from an occupational injury, caused by exposure to environmental factors over a period of time associated with employment. It includes acute and chronic illnesses or diseases which may be caused by inhalation, absorption, ingestion, or direct contact. The following categories should be used by employers to classify recordable occupational illnesses on the log in the columns indicated:

Column 7a. *Occupational skin diseases or disorders.*

Examples: contact dermatitis, eczema, or rash caused by primary irritants and sensitizers or poisonous plants; oil acne; chrome ulcers; chemical burns or inflammations; etc.

Column 7b. *Dust diseases of the lungs (pneumoconioses).*

Examples: Silicosis, asbestosis, and other asbestos-related diseases, coal worker's pneumoconiosis, byssinosis, siderosis, and other pneumoconioses.

Column 7c. *Respiratory conditions due to toxic agents.*

Examples: Pneumonitis, pharyngitis, rhinitis or acute congestion due to chemicals, dusts, gases, or fumes; farmer's lung, etc.

Column 7d. *Poisoning (systemic effects of toxic materials).*

Examples: Poisoning by lead, mercury, cadmium, arsenic, or other metals; poisoning by carbon monoxide, hydrogen sulfide, or other gases; poisoning by benzol, carbon tetrachloride, or other organic solvents; poisoning by insecticide

sprays such as parathion, lead arsenate; poisoning by other chemicals such as formaldehyde, plastics, and resins; etc.

Column 7e. *Disorders due to physical agents (other than toxic materials).*

Examples: Heatstroke, sunstroke, heat exhaustion, and other effects of environmental heat; freezing, frostbite, and effects of exposure to low temperatures; caisson disease; effects of ionizing radiation (isotopes, X-Rays, radium); effects of nonionizing radiation (welding flash, ultra-violet rays, microwaves, sunburn); etc.

Column 7f. *Disorders associated with repeated trauma.*

Examples: Noise-induced hearing loss, carpal tunnel syndrome, tendonitis, tendinitis, synovitis, tenosynovitis, bursitis, Raynaud's phenomena; and other conditions due to repeated motion, vibration, or pressure.

Column 7g. *All other occupational illnesses.*

Examples: Heart attacks, mental illnesses anthrax, brucellosis, infectious hepatitis, malignant and benign tumors, food poisoning, histoplasmosis, coccidioidomycosis, etc.

Occupational injury. Any injury such as a cut, fracture, sprain, amputation, etc., which results from a work accident or from a single instantaneous exposure in the work environment.

Note: Conditions resulting from animal bites, such as insect or snake bites, and hearing loss due to explosions are considered to be injuries.

Occupational injuries and illnesses, extent and outcome. All recordable occupational injuries or illnesses result in either:

- (1) Fatalities, regardless of the time between the injury, or the length of illness, and death; OR
- (2) Lost workday cases, other than fatalities, that result in days away or days of restriction; OR

- (3) Nonfatal cases without lost workdays.

Posting. The annual summary of occupational injuries and illnesses must be posted at each establishment by February 1 and remain in place until March 1 to provide employees with the record of their establishment's injury and illness experience for the previous calendar year.

Premises, employer's. Consist of the employer's total establishment; they include the primary work facility including company storage facilities, cafeterias, and restrooms.

Recordable cases. All work-related deaths and illnesses, and those work-related injuries which result in: days away from work, days of restriction, loss of consciousness, medical treatment beyond first aid.

Report form. Refers to the **Survey of Occupational Injuries and Illnesses** which is completed and returned by the respondent.

Restriction of work or motion. Occurs when the employee, because of the result of a job-related injury or illness, is physically or mentally unable to perform all or any part of his or her normal assignment during all or any part of the workday or shift. Restricted work cases involve one of three conditions: 1) the employee is only able to work part-time or fewer hours than a normal workday, 2) the employee is placed on full-time light or modified work duty, 3) the employee is temporarily transferred to another job while recuperating.

Standard Industrial Classification (SIC). A classification system developed by the Office of Management and Budget, Executive Office of the President, to categorize establishments by type of activity or service they perform.

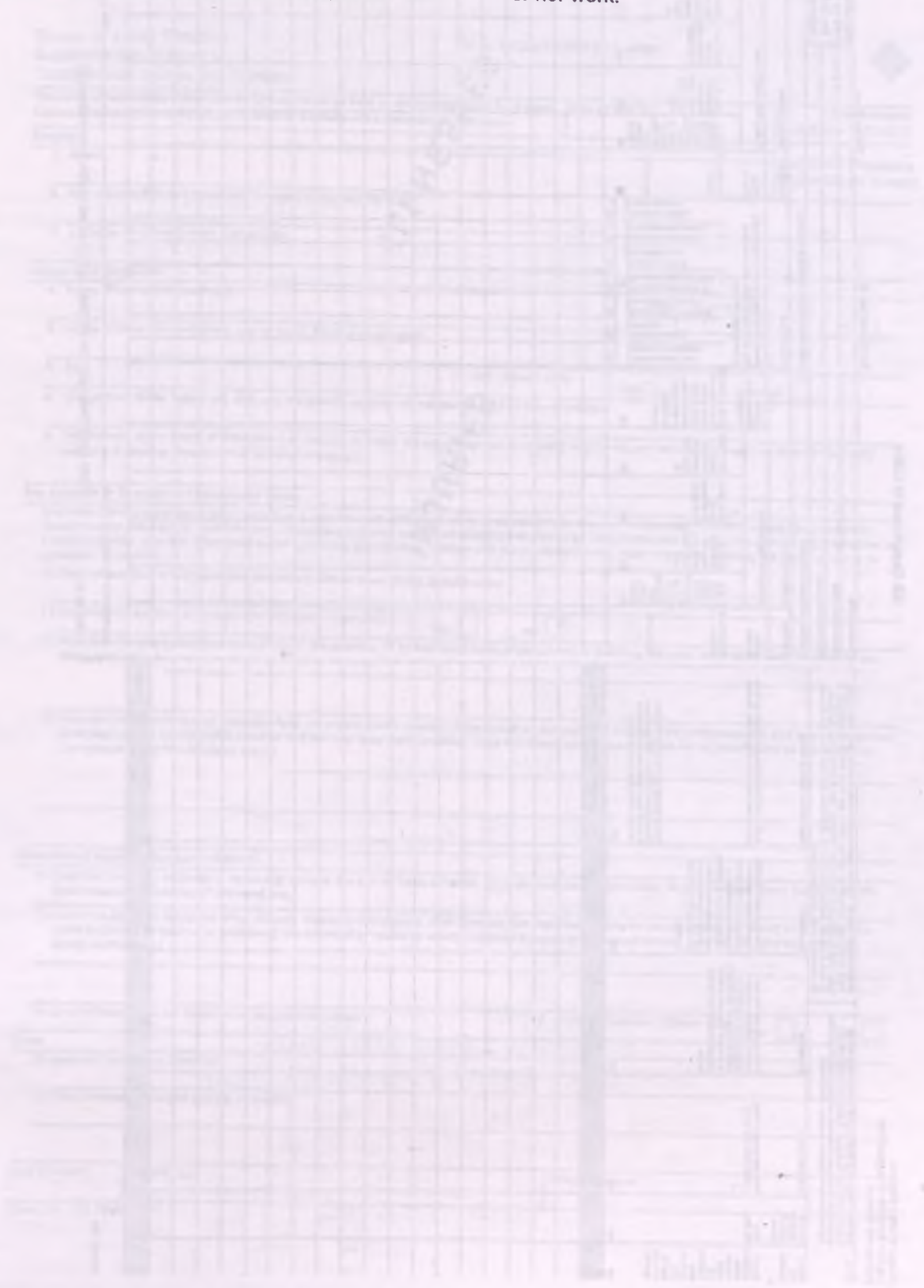
Supplementary Record (OSHA No. 101). The form (or equivalent) on which additional information is recorded for each injury and illness entered on the log.

NOTE: An equivalent of this form such as the Maine Workers' Compensation First Report may be used as a substitute for the OSHA No. 101.

Volunteers. Volunteers are considered to be employees under the Recordkeeping Rules pursuant to 26 MRSA Sec. 565, as amended by P.L. 1989, Chapter 712.

Work environment. Consists of the employer's premises and other locations where employees are engaged in work-related activities or are present as a condition of their employment. The

work environment includes not only physical locations, but also the equipment or materials used by the employees during the course of his or her work.



Bureau of Labor Statistics
Log and Summary of Occupational
Injuries and Illnesses

U.S. Department of Labor

For Calendar Year 19 _____ Page _____ of _____



NOTE: This form is required by Public Law 91-508 and must be kept in the establishment for 3 years. Failure to maintain and post can result in the issuance of citations and assessment of penalties. (See posting requirements on the other side of form.)

RECORDABLE CASES: You are required to record information about every occupational death; every nonfatal occupational illness; and those nonfatal occupational injuries which involve one or more of the following: loss of consciousness, restriction of work or motion, transfer to another job, or medical treatment (other than first aid). (See definitions on the other side of form.)

Company Name _____
Establishment Name _____
Establishment Address _____

Form Approved
O.M.B. No. 1220-0020
See OMB Disclosure
Statement on reverse.

Case or File Number	Date of Injury or Onset of Illness	Employee's Name	Occupation	Department	Description of Injury or Illness
(A)	(B)	(C)	(D)	(E)	(F)
					PREVIOUS PAGE TOTALS →
					TOTALS (Subtotal on other side of form) →

Extent and Outcome of INJURY						Type, Extent of, and Outcome of ILLNESS														
Fatalities		Nonfatal Injuries				Type of Illness							Fatalities		Nonfatal Illnesses					
Injury Related		Injuries With Lost Workdays				Injuries Without Lost Workdays		CHECK Only One Column for Each Illness (See other side of form for terminations or permanent transfers.)							Illness Related		Illnesses With Lost Workdays			Illnesses Without Lost Workdays
Enter DATE of death.	Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both.	Enter a CHECK if injury involves days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.	Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above.	Occupational skin diseases or disorders	Dust (inhalation of the lungs)	Respiratory conditions due to toxic agents	Poisoning (systemic effects of toxic material)	Disorders due to physical agents	Disorders associated with repeated trauma	All other occupational illnesses	Enter DATE of death.	Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both.	Enter a CHECK if illness involves days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.	Enter a CHECK if no entry was made in columns 8 or 9.		
(1)	(2)	(3)	(4)	(5)	(6)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(8)	(9)	(10)	(11)	(12)	(13)		
INJURIES																				
ILLNESSES																				

Certification of Annual Summary Totals By _____ Title _____ Date _____

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APPENDIX A - THE OSHA 200 LOG

APPENDIX B - THE OSHA 101 FORM

Bureau of Labor Statistics
 Supplementary Record of
 Occupational Injuries and Illnesses

U.S. Department of Labor



This form is required by Public Law 91-596 and must be kept in the establishment for 5 years. Failure to maintain can result in the issuance of citations and assessment of penalties.

Case or File No.

Form Approved
 O.M.B. No. 1220-0029

Employer

1. Name

2. Mail address (No. and street, city or town, State, and zip code)

3. Location, if different from mail address

See OMB Disclosure
 Statement on reverse.

Injured or Ill Employee

4. Name (First, middle, and last)

Social Security No.

5. Home address (No. and street, city or town, State, and zip code)

6. Age

7. Sex: (Check one)

Male

Female

8. Occupation (Enter regular job title, not the specific activity he was performing at time of injury.)

9. Department (Enter name of department or division in which the injured person is regularly employed, even though he may have been temporarily working in another department at the time of injury.)

The Accident or Exposure to Occupational Illness

If accident or exposure occurred on employer's premises, give address of plant or establishment in which it occurred. Do not indicate department or division within the plant or establishment. If accident occurred outside employer's premises at an identifiable address, give that address. If it occurred on a public highway or at any other place which cannot be identified by number and street, please provide place references locating the place of injury as accurately as possible.

10. Place of accident or exposure (No. and street, city or town, State, and zip code)

11. Was place of accident or exposure on employer's premises?

Yes No

12. What was the employee doing when injured? (Be specific. If he was using tools or equipment or handling material, name them and tell what he was doing with them.)

13. How did the accident occur? (Describe fully the events which resulted in the injury or occupational illness. Tell what happened and how it happened. Name any objects or substances involved and tell how they were involved. Give full details on all factors which led or contributed to the accident. Use separate sheet for additional space.)

Occupational Injury or Occupational Illness

14. Describe the injury or illness in detail and indicate the part of body affected. (E.g., amputation of right index finger at second joint; fracture of ribs; lead poisoning; dermatitis of left hand, etc.)

15. Name the object or substance which directly injured the employee. (For example, the machine or thing he struck against or which struck him; the vapor or poison he inhaled or swallowed; the chemical or radiation which irritated his skin; or in cases of strains, hernias, etc., the thing he was lifting, pulling, etc.)

16. Date of injury or initial diagnosis of occupational illness

17. Did employee die? (Check one)

Yes No

Other

18. Name and address of physician

19. If hospitalized, name and address of hospital

Date of report

Prepared by

Official position

OSHA No. 101 (Feb. 1981)

OCCUPATIONAL SAFETY AND HEALTH REGULATIONS

Maine has an Occupational Safety and Health Act (Title 26, MRSA, Chapter 6). The law protects public employees from workplace safety and health problems.

How are you protected?

- From time to time, safety and health inspectors from the state Department of Labor will show up at your job site to make sure your employer is following Safety and Health Regulations.
- If you think your workplace is unsafe, you can contact the state Department of Labor and ask for an inspection.
- Both employers and employees may have someone go with the inspector on the inspection of your job site.
- Your employer may be cited and penalized if unsafe or unhealthful conditions are found during an inspection. Notices of unsafe or unhealthful conditions must be posted at or near the violations.
- Your employer is required to correct unsafe and unhealthful conditions found during an inspection.
- Employers who repeat safety and health violations or who violate the law on purpose may face fines, civil and/or criminal charges.
- You cannot be fired or discriminated against for filing a safety and health complaint.

Who do you contact to ask for an inspection or ask for safety and health information?

Maine Department of Labor
Bureau of Labor Standards
Workplace Safety & Health Division
#45 State House Station
Augusta, ME 04333-0045

OR call: 624-6400

Appendix D – Specific Interpretations Regarding OSHA Recordkeeping for the Public Sector

The following interpretations have been developed by the Bureau of Labor Standards and OSHA:

I. Interpretations Regarding Employer, Employee, and Establishments

A. Municipal Animal Control Officers

A separate set of occupational injury/illness records is required if there is a municipal animal control shelter or if there are people who work solely as animal control employees.

If the person who serves as animal control officer serves in another capacity for the municipality such as a police officer or firefighter, there is no need to keep separate records for him or her. If the person is injured while working as an animal control officer and the case is OSHA recordable, then the case should be recorded on the log for the fire department, police department, etc.

B. Municipal Public Health Officials

A separate set of occupational injury/illness records is required if there is a municipal public health department or if there is a municipal public health officer. If a municipality contracts out to have this service performed then a separate set of records is NOT required.

If the person who serves as public health officer serves in another capacity for the municipality such as a town manager, police officer or firefighter, there is no need to keep separate records for him or her. If the person is injured while working as a public health officer and the case is OSHA recordable, then the case should be recorded on the log for the town office, fire department, police department, etc.

C. Municipal Libraries

Municipalities are NOT responsible for keeping records of private libraries. Municipalities are responsible, however, for keeping records for municipal libraries and for libraries supported by more than one town if the

library is located in their town. For recordkeeping purposes, the authority to operate the library belongs to the community in which the library is operated.

If a publicly operated library is not associated with a municipality, records must be maintained by the library, if there are eleven or more employees including volunteers.

D. Workfare/Aspire Participants

For OSHA recordkeeping purposes, all interns, general assistance workers, and aspire participants are considered to be employees. Therefore, if an intern, general assistance worker, or Aspire participant has an OSHA recordable injury or illness then the case must be recorded for the site where the injury/illness occurred.

II. Interpretations Regarding OSHA Recordability of Injuries or Illnesses

A. Hearing Loss

The Bureau of Labor Standards will issue citations to employers who don't record, on their OSHA 200 log, work-related shifts in hearing of an average of 25 db or more at 2000, 3000, and 4000 hertz (Hz) in either ear. This 25 db shift is measured from the employee's original baseline. Once recorded, a new baseline is established.

Employers are presently required by 29 CFR 1910.95 to inform employees in writing within 21 days of the determination of a Standard Threshold Shift (an average of 10 db or more at 2000, 3000, or 4000 in either ear) and to conduct specific follow-up procedures as required in paragraph (g) of the standard. Employers should use this information as a tracking tool for refocusing noise reduction and hearing protection efforts.

B. Upper Extremity Cumulative Trauma Disorders (CTDs)

The Bureau of Labor Standards will issue citations to employers who don't record work-related CTDs on the OSHA 200 log. CTDs which include tendinitis, tenosynovitis, and carpal tunnel syndrome are recorded as illnesses and fall under illness category 7f (Do not include back cases which are recorded as injuries). CTDs are

often caused or aggravated by repeated motion, vibration, or pressure. They are presumed work-related if they develop due to work performed on the employer's premises or due to work performed off premises while performing work for the employer. The following should be recorded as CTDs: a) cases with at least one physical finding (things you can see) such as swelling or loss of motion; b) positive Tinel's, Phalen's or Finkelstein's tests or c) a subjective symptom (things you can't see but the employee says he/she is experiencing -- numbness, tingling) along with either medical treatment or days away from work or restricted work activity (including temporary job transfer).

A CTD case is considered closed when there is complete resolution of signs and symptoms. This means the employee has returned to regular duty without restrictions and there are no lingering objective or subjective symptoms. Once a case is closed, a new case must be recorded if signs or symptoms recur. If an employee has returned to regular duty without restrictions but still has symptoms, then the case is presumed resolved if the worker does not visit a health care provider each 30 days. Additional lost time or restricted time would be added to the original case if medical visits occur at least each 30 days.

C. Bloodborne Pathogens Exposure Incidents

For OSHA recordkeeping purposes, an occupational bloodborne pathogens exposure incident (e.g. needlestick, laceration, or splash) should be recorded as an injury since it is due to an instant event. A bloodborne pathogen exposure includes blood or bodily fluids coming in contact with non-intact skin (cut, scraped) or with mucous membranes (eyes, mouth). These cases should be recorded if a) the incident is work-related and involves loss of consciousness, days away from work, days of restricted activity (including temporary job transfer); b) results in or the recommendation of medical treatment beyond first aid (which includes vaccinations such as gamma globulin, hepatitis B immune globulin, hepatitis B vaccine, or zidovudine --

regardless of the dosage); or c) the incident results in a diagnosis or seroconversion (the point when a person finds out he/she has a virus). Cases of seroconversion should be recorded as a needlestick or splash rather than as a seroconversion. If the date of exposure is known, this date should appear in column B of the log. If there was more than one event or exposure, the most recent one should be recorded as the date in Column B.

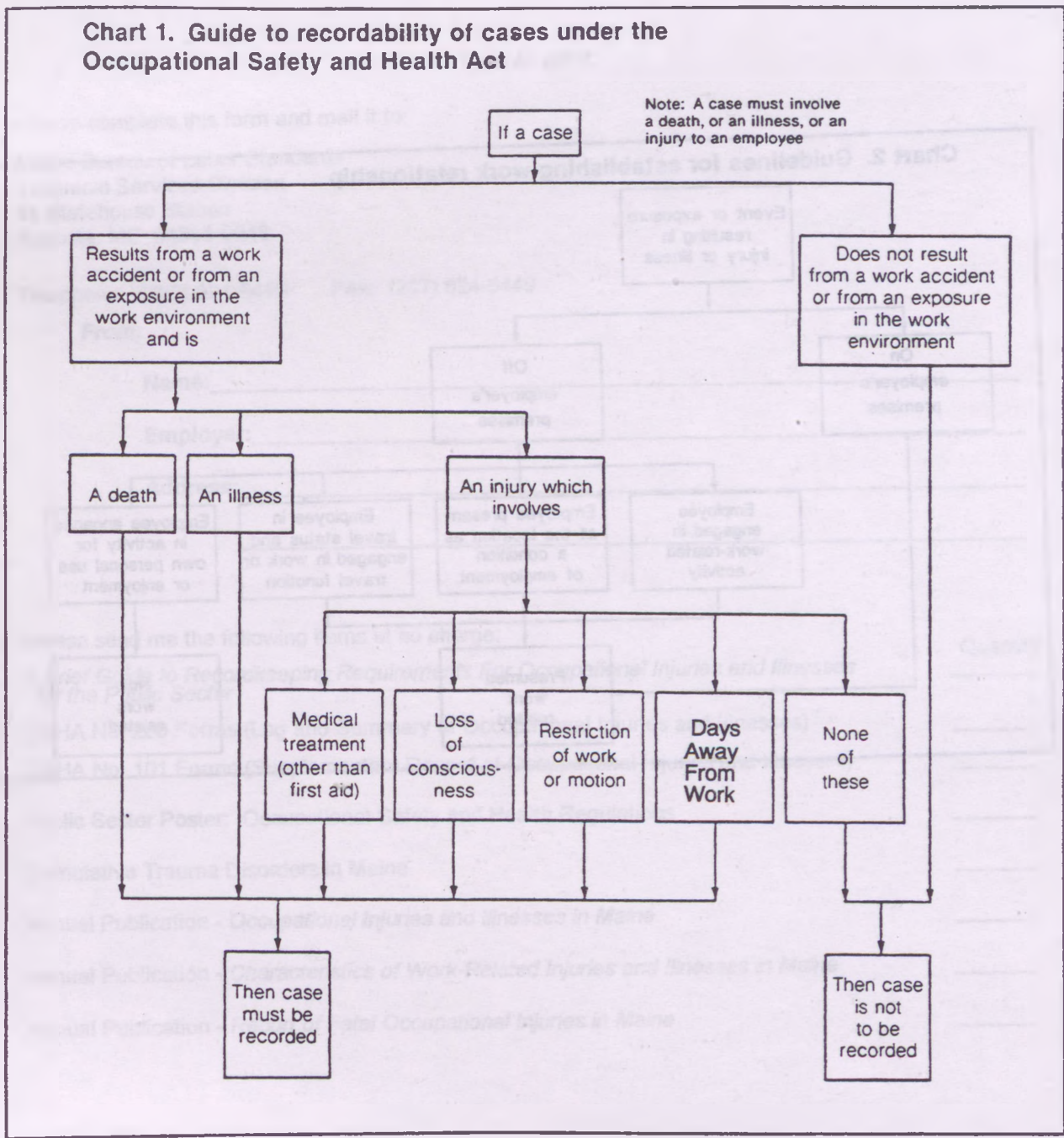
D. Tuberculosis

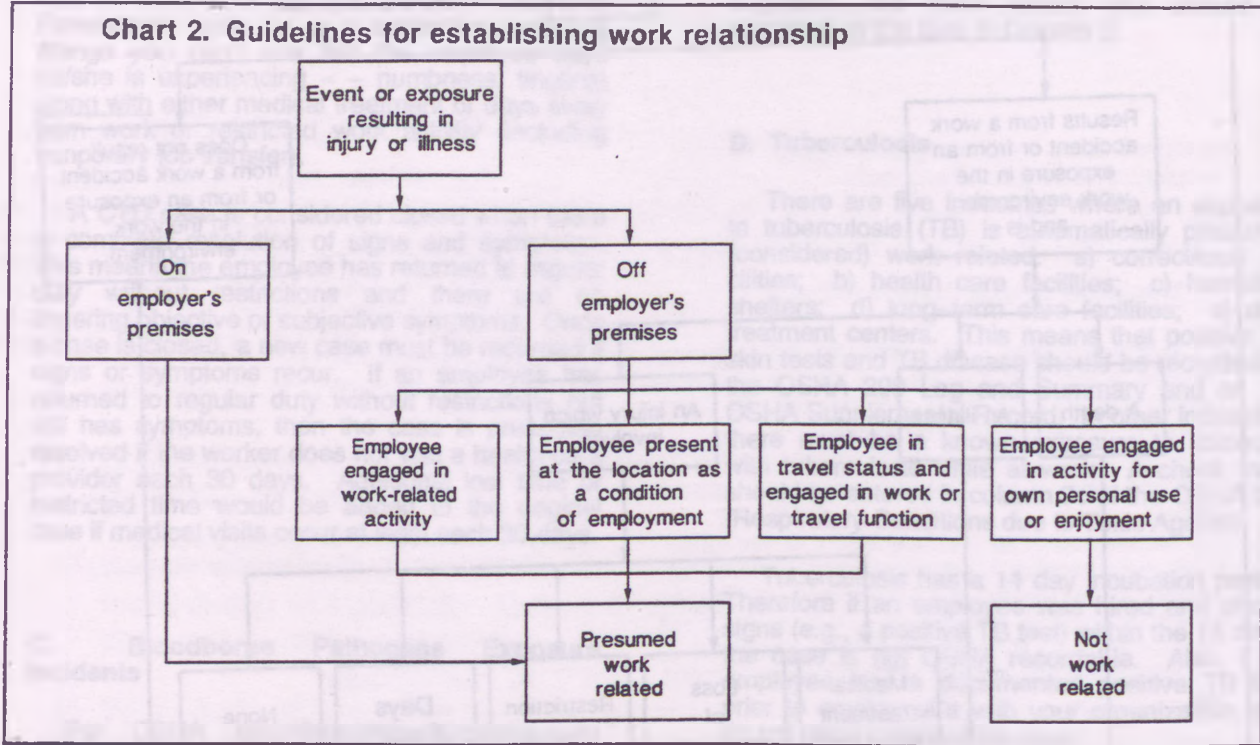
There are five industries where an exposure to tuberculosis (TB) is automatically presumed (considered) work-related: a) correctional facilities; b) health care facilities; c) homeless shelters; d) long-term care facilities; e) drug treatment centers. This means that positive TB skin tests and TB disease should be recorded on the OSHA 200 Log and Summary and on the OSHA Supplemental Record. In other industries, there must be a known exposure to someone with tuberculosis while at work. A check mark should be entered in column 7c of the OSHA 200 (Respiratory Conditions due to Toxic Agents).

Tuberculosis has a 14 day incubation period. Therefore if an employee was hired and shows signs (e.g., a positive TB test) within the 14 days, the case is not OSHA recordable. Also, if an employee had a documented positive TB test prior to employment with your organization, you do not need to record the case.

If an employee tests positive for a work-related TB infection and later develops tuberculosis during the five (5) year period in which you must keep and update your OSHA 200, the original entry (positive TB test) must be changed to reflect the new information (TB disease). Since it is clinically impossible to determine if tuberculosis disease resulted from the original skin test or from subsequent exposures to other TB sources, only one case should be entered on the OSHA 200 to avoid double counting.

Chart 1. Guide to recordability of cases under the Occupational Safety and Health Act





ORDER FORM

Type or print

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