

Risk Management Bulletin

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Volume 1 | Issue 6



The OSHA 300 Log *and* Avoiding Common Mistakes

It is that time of year when everyone is recovering from the holidays and catching up from vacations.

Some companies are conducting year-end business and preparing for another year. This is also the time when companies need to be consolidating their OSHA 300 logs and posting the summaries for all to see. The summary is not only an important regulatory requirement that must be adhered to, but it is also a great opportunity to track the organization's loss performance.

Why do OSHA and Cal-OSHA require companies to track and provide this information? There are many different agencies that use the information on those little sheets, but specifically OSHA and Cal-OSHA use the information to measure performance of industries so they can direct their enforcement efforts more productively. In addition, they use the information to generate a database for various industries to conduct statistical performance benchmarking.

Federal OSHA sends injury and illness survey forms to employers in certain industries every year. Some employers will receive this OSHA survey form and others will not. Unless you receive a request, you do not have to send injury and illness data to OSHA. In addition, the Bureau of Labor Statistics (BLS) will also send injury and illness survey forms to randomly selected employers and will use the information to create the nation's occupational injury and illness statistics. Again, some employers will receive a Bureau of Labor Statistics survey form and others will not. This information is used to calculate the frequency and severity rates per NAICS (North American Industry Classification System). For those not familiar with NAICS, this replaced the old SIC (Standard Industry Code) system used by the Federal government in classifying business establishments for the collection, analysis, and publication of statistical data related to the business economy of the U.S.



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There are simple instructions outlined for the proper use of the OSHA 300 form, but sometimes mistakes are made. The following is an outline of some typical errors that are made on the OSHA 300 (a) Summary.



Entering the appropriate number of injuries is essential but sometimes confusing. One of the most common mistakes is an employer will “double up” on some of their injuries. For example, if an employee suffers an injury and is off of work for two days and then comes back to work on modified duty for five days, the injury is entered as a lost-time case only. It should not be entered as a lost-time and a restricted duty case, which is the common mistake. The best way to check this is to make sure that your total injuries matches the sum of deaths, lost time, restricted duty, and other cases. In short, columns G, H, I, and J, should add up to M.



The NAICS number is quite often left off of the form because people do not know what it is or where to find it. The “what” is outlined above, but where to find it is relatively easy. First, if a company knows its old SIC code, there are quite a few NAICS lookup sites on the internet. You simply enter your old code, and it will find matching codes for you. If all else fails, contact your broker or safety services provider for assistance. They should be able to give it to you fairly quickly.



The hours for the OSHA 300 (a) Summary are frequently underreported. Often, companies will simply run a report that summarizes hourly wages and hours worked. They could be shortchanging themselves. Employers are not only entitled to count hourly, part-time, and seasonal workers, but also salaried employees and workers supervised on a day-to-day basis such as workers from a temporary agency. Remember, OSHA wants to know the number of hours an employee is exposed while working for the company, so this would follow logically. If the hours for salaried employees or other workers are not tracked, the company is allowed to make an educated estimate of the number.



Another mistake that is frequently made on the OSHA 300 (a) Summary is who certifies that the numbers are correct and signs off on the form. Often, the safety director or office manager complete the form, so they figure they are accountable for the results and they sign the form. This is a perfectly reasonable conclusion, but to follow the requirements specifically, the form needs to be certified by an owner of the company (if the company is a sole proprietorship or partnership), an officer of the corporation, or the highest ranking company official (or their supervisor) working at the establishment. Ultimately, these are the people who are accountable for the information and they need to be intimately aware of everything included on the form.



When is the form supposed to be posted? The OSHA 300 (a) summary must be posted by February 1 of the year following the year covered by the records until April 30 of that same year. One of the first items an inspector will look for when conducting an inspection is this form. Is it posted during the time frame required, and is the information on the form accurate?

There are quite a few resources available to employers if there are questions regarding reporting requirements, injury notification of Cal-OSHA requirements, recordability of injuries, or any other documentation questions. Cal-OSHA has covered the reporting requirements fairly well at a website devoted specifically to the topic. It is located at www.californiaosha.info and contains information that will assist companies that need clarification on these topics. The information can also be found at CCR Title 8, §14300 through §14300.48, as well as Appendices A through G.

The best resource, however, is most likely your loss prevention resource at your broker or equivalent. They have been doing the job for quite a while and will definitely be able to help with any questions. ■

Medical vs. First Aid Treatment

One of the most confusing aspects of recordkeeping is determining if an injury or illness is recordable, based upon first aid or medical treatment. The revised standard sets new definitions of medical treatment and first aid to simplify recording decisions.

Medical treatment is defined as:

- Administering immunizations, such as Hepatitis B or rabies (does not include tetanus)
- Using wound closing devices, such as sutures, staples, etc.
- Using rigid means of support to immobilize parts of the body
- Physical therapy or chiropractic treatment

Medical treatment does not include:

- Visits to a physician or other licensed health care professional solely for observation or counseling
- The conduct of diagnostic procedures, such as X-rays and blood tests, including the administration of prescription medications used solely for diagnostic purposes

First aid is defined as:

- Using a nonprescription medication at nonprescription strength
- Administration of tetanus immunizations
- Cleaning, flushing, or soaking wounds on the surface of the skin
- Use of wound coverings, such as bandages, Band-Aids®, gauze pads, etc.
- Application of hot or cold therapy
- Use of any nonrigid means of support, such as elastic bandages, wraps, nonrigid back belts, etc.
- Use of temporary immobilization devices while transporting an accident victim (e.g. splints, slings, neck collars, back boards, etc.)
- Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister
- Use of eye patches
- Removal of foreign bodies from the eye using only irrigation or a cotton swab
- Removal of splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means
- Use of finger guards
- Administration of massage
- Drinking fluids to relieve heat stress

This is a complete list of all treatments defined as first aid under the revised standard.