OSHA NOTICE

U.S. DEPARTMENT OF LABOR — Occupational Safety and Health Administration

DIRECTIVE NUMBER 10-02 (CPL 02) **EFFECTIVE DATE:** February 19, 2010
SUBJECT: Injury and Illness Recordkeeping National Emphasis Program (RK NEP)

ABSTRACT

Purpose:	This Directive establishes enforcement procedures to inspect the accuracy of the Occupational Injury and Illness Recording and Reporting Requirements for low rate establishments in selected industries.
Scope:	OSHA-wide.
References:	OSHA Instruction CPL 02-00-135, Recordkeeping Policies and Procedures Manual (RKM), December 30, 2004; CPL 02-00-148, Field Operations Manual (FOM), March 26, 2009.
Cancellations:	09-07 (CPL 02) Injury and Illness Recordkeeping National Emphasis Program (RK NEP) September 30, 2009
Expiration Date:	Two years from the effective date, unless replaced earlier by a new notice.
Federal Program:	Notice of Intent required. See paragraph VII.
Action Offices:	National, Regional, and Area Offices.
Originating Office:	Directorate of Evaluation and Analysis

Contact: Directorate of Evaluation and Analysis
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By and Under the Authority of

David Michaels
Assistant Secretary

Executive Summary

Recently, several academic studies have asserted varying degrees of under-recording of workplace injuries and illnesses on the OSHA Form 300; (e.g., Boden L.I., Ozonoff A. Capture-Recapture Estimates of Nonfatal Workplace Injuries and Illnesses, 2008 and Rosenman K.D. How Much Work-Related Injury and Illness is Missed By the Current National Surveillance System, 2006). At the request of the Senate Committee on Health, Education, Labor and Pensions and the House Committee on Education and Labor, the Government Accountability Office (GAO) initiated a study on the accuracy of employer injury and illness records. In an effort to identify and correct under-recorded and incorrectly recorded cases and to work cooperatively with the GAO, OSHA is initiating this NEP. This NEP also complements the Bureau of Labor Statistics' efforts to investigate factors accounting for differences in the number of workplace injuries and illnesses estimated by the BLS and other data sources.

OSHA postulates the most likely places where under-recorded injuries and illnesses may exist would be low rate establishments operating in historically high rate industries. The NEP will pilot test OSHA's ability to effectively target establishments to identify under-recording of occupational injuries and illnesses.

This NEP is one component of OSHA's effort to address the issue of inaccurate recording of occupational injuries and illnesses. In addition to this NEP, OSHA will address the issue through comprehensive training of its compliance staff to identify and correct violations of the recordkeeping regulation. OSHA will also develop other enforcement and quality assurance programs to address the recordkeeping issue in establishments and industries outside the scope of this NEP (e.g., the construction industry, Partnerships, VPP and SHARP establishments).

Significant Changes

- The expiration date is extended by one year (see section IV.)
- The deletion criteria for establishments with NAICS codes other than those listed in Appendix A has been removed. The Agency will continue to select establishments for inspection based on the NAICS codes listed in Appendix A. However, if during the inspection it is discovered that the establishment's true NAICS code is not listed on Appendix A, the inspection will be conducted as long as the industry is not exempted under Part 1904.2 from the recordkeeping requirements.
- The Questionnaires contained in Appendix C have been modified to gather additional information
- The IMIS coding will no longer be captured in Item 46 Optional Information but will be captured in item 25d, NEP coding (see XV.)

Table of Contents

I. Purpose

II. Scope

III. References

IV. Expiration Date

V. Action

VI. Application

VII. Federal Program Change

VIII. Significant Changes

IX. Background

X. Definitions

XI. Program Procedures
- A. Relationship with the SST
- B. Medical Access Orders

XII. Scheduling
- A. Maintaining Inspection Lists and Documentation
- B. Inspection Priority
- C. Deletions

XIII. Inspection Procedures
- A. Opening Conference
- B. Verify NAICS Code
- C. New Ownership
- D. Calculate DART
- E. Procedures to Conduct Records Inspection
- F. Conduct Limited Walkaround Inspection
- G. Safety and Health Issues Relating to CSHOs
- H. Closing Conference

XIV. Issuance of Citations

XV. Recording and Tracking

XVI. Evaluation

Appendix A. List of In Scope Industries
Appendix B Letters to Employers
Appendix C Worksheet and Questionnaires
Appendix D Sample Recordkeeping Citations
Appendix E Days Away From Work Case Rates for Musculoskeletal Disorders, 2007
Appendix F CSHO Checklist

I. Purpose. This Directive establishes enforcement procedures to inspect the accuracy of the Occupational Injury and Illness Recording and Reporting Requirements for low rate establishments in selected industries. [See Appendix A]

II. Scope.

This Notice applies OSHA-wide.

III. References.

A. Occupational Safety and Health Act of 1970, 29 USC 651.

B. 29 CFR Part 1904, Recording.

C. 29 CFR 1913.10(b)(6), Authorization and Procedures for Reviewing Medical Records

D. OSHA Directives.

- ADM 03-01-005, OSHA Compliance Records, August 3, 1998.
- CPL 02-00-148, Field Operations Manual (FOM), March 26, 2009.
- CPL 02-00-135, Recordkeeping Policies and Procedures Manual (RKM), December 30, 2004.
- 09-05 (CPL 02), Site-Specific Targeting 2009 (SST-09).
- CPL 02-02-072, Rules of agency practice and procedure concerning OSHA access to employee medical records, August 22, 2007.
- CPL 02-00-025, Scheduling System for Programmed Inspections, January 4, 1995.

E. Bureau of Labor Statistics (BLS), TABLE SNR02. Highest incidence rates of nonfatal occupational injury and illness cases with days away from work, restricted work activity, or job transfer, private industry 2007.

IV. Expiration Date. This Notice will terminate two years from the effective date, unless replaced by a new Notice.

V. Action. OSHA Regional Administrators and Area Directors must use professional judgment when ensuring that the policies and procedures set forth in this directive are followed.

VI. Application. OSHA compliance personnel shall ensure that the procedures contained in this directive are followed when inspecting the establishments selected under this NEP.

VII. Federal Program Change, Notice of Intent Required, Adoption Encouraged. This Instruction describes a Federal program change which establishes a National Emphasis Program (NEP) to inspect the accuracy of the Occupational Injury and Illness recording and reporting requirements for establishments in selected industries and ensure appropriate enforcement of these requirements if employers are found to be under-recording injuries and illnesses. As accurate injury and illness reporting is critical to an effective enforcement program, State plan participation, although not required, is strongly encouraged. State notice of intent regarding this directive is required. **Revision January 2010:** As of January 20, 2010, all States have expressed their intent to adopt this NEP, either directly or differently. The adoption and submission requirements set out below remain in effect.

Within 60 days of this revised directive, States must submit a notice of intent indicating whether the State will adopt the changes in this revision. States should incorporate these changes, if adopted, or their at least as effective alternative in their procedures for participation in the NEP and include them in the submissions discussed in paragraph VII. B., below.

A. Procedures. States participating in the OSHA Data Initiative (ODI) that choose to participate in this NEP may request from the Office of Statistical Analysis a list of establishments to be inspected, as discussed in Paragraph XI. States should not delete any public sector establishment that appears on the list. States not participating in the ODI that adopt a similar NEP would need to select their own establishments for inspection. The establishment list need not exceed the Federal size of five or fewer establishments. States that participate in the NEP or adopt their own equivalent to the NEP on this issue are asked to submit copies of logs collected and completed worksheets to the Office of Statistical Analysis, as discussed in Paragraph XVI.

B. State Submissions. The State's notice of intent must indicate whether the State will initiate an emphasis program and if so, whether the State's program will be identical to or different from the Federal one. If the State's program differs from the Federal program, its implementing policies and procedures are expected to be at least as effective as those in this instruction and must be available for review. The State may either post its different emphasis program on its State plan website and provide the link to OSHA or provide a copy to OSHA with information on how the public may obtain a copy. (OSHA will provide summary information on the State response to this instruction on its website.)

C. Inspections conducted by States under an NEP on recordkeeping should code in accordance with the instructions in Paragraph XV.

VIII. Significant Changes. The expiration date is extended by one year (see section IV.) The deletion criteria for establishments with NAICS codes other than those listed in Appendix A has been removed. The Agency will continue to select establishments for inspection based on the NAICS codes listed in Appendix A. However, if during the inspection it is discovered that the establishment's true NAICS code is not listed on Appendix A, the inspection will be conducted as long as the industry is not exempted from the recordkeeping under 1904.2. The Questionnaires contained in Appendix C have been modified to gather additional information. The IMIS coding will no longer be captured in Item 46 Optional Information but will be captured in item 25d, NEP coding (see XV.)

IX. Background. Recently, several academic studies have asserted varying degrees of under-reporting workplace injuries and illnesses on the OSHA Form 300; (e.g., Boden L.I., Ozonoff A. Capture-Recapture Estimates of Nonfatal Workplace Injuries and Illnesses; 2008 and Rosenman K.D. How Much Work-Related Injury and Illness is Missed By the Current National Surveillance System, 2006). At the request of the Senate Committee on Health, Education, Labor and Pensions and the House Committee on Education and Labor, the GAO initiated a study on the accuracy of employer injury and illness records. In an effort to identify and correct under-recording and to work cooperatively with the GAO, OSHA is initiating this NEP. This NEP also complements the Bureau of Labor Statistics' efforts to investigate factors accounting for differences in the number of workplace injuries and illnesses estimated by the BLS and other data sources. Review of OSHA's inspection history shows that the vast majority of major cases involving recordkeeping violations were generated from complaint and referral inspections. This NEP will be OSHA's initial attempt to target the issue of under-recording for programmed inspections. OSHA postulates that the most likely places where under-recorded injuries and illnesses may exist would be low rate establishments operating in historically high rate industries. The NEP will focus on these establishments to identify under-recording. BLS table SNR02 is used to identify the high rate industries.

In addition, there is some question about the validity of the low injury and illness rates reported by establishments in Poultry Processing (NAICS code 311615) and the cleaning and sanitation functions associated with meat and poultry slaughtering and processing operations that fall under NAICS code 115210 Support Activities for Animal Production. These industries are referred to in GAO report 05-96, "Workplace Safety and Health: Safety in the Meat and Poultry Industry, while Improving, Could be Further Strengthened," dated January 2005.

According to the GAO report, "Meat and poultry workers sustain a range of injuries, including cuts, burns, and repetitive stress injuries, and while, according to BLS, injuries and illnesses in the meat and poultry industry declined from 29.5 injuries and illnesses per

100 full-time workers in 1992 to 14.7 in 2001, the rate was among the highest of any industry. Similarly, though not comparable with these data because of recent changes in OSHA's record-keeping requirements, statistics for 2002 indicate that injury and illness rates in the meat and poultry industry remain high in relation to those of other industries." The report also points out that "Because of the many hazards inherent in meat and poultry plants and the type of work performed, the dramatic decline in the industry's injury and illness rates has raised a question about the validity of the data on which these rates are based."

The GAO report also indicates that "the injury and illness data on which OSHA bases its selection of plants for inspection are incomplete, because they do not include injuries and illnesses incurred by cleaning and sanitation workers not employed directly by the plants. These workers are not classified by BLS as working in the meat and poultry industry, although they labor in the same plants and under working conditions that can be even more hazardous than those of production workers." To address these groups, NAICS codes 311615 and 115210 are included in the NEP.

Recordkeeping in the construction industry has a long history of complexity and questions raised due to the nature of the workforce associated with mobile worksites. The NEP will initially pilot several inspections of construction employers to better understand how to approach this industry on a broad scale.

X. Definitions.

A. OSHA 300 Form or equivalent – the Log of Work-Related Injuries and Illnesses

B. OSHA 301 Form or equivalent – the Injury and Illness Incident Report

C. OSHA 300A Form or equivalent – the Summary of Work-related Injuries and Illnesses

D. Written Access Order - An authorization by the Assistant Secretary for Occupational Safety and Health, upon the recommendation of the OSHA Medical Records Officer, for specified OSHA staff to examine or copy personally identifiable employee medical information contained in a record held by an employer or other record holder. For purposes of this directive and OSHA standards, the term "written access order" is referred to as "medical access order".

E. Administrative Subpoena - A written order issued by OSHA to require an employer, or any other person, to produce listed records, documents, testimony and/or other supporting evidence relevant to an inspection or investigation under the OSH Act. If the person served with a subpoena refuses to honor (or only partially honors) the order, the subpoena is subject to judicial review and

enforcement by the U.S. District Court.

F. Injury or Illness – An injury or illness is an abnormal condition or disorder. Injuries include cases such as, but not limited to, a cut, fracture, sprain, or amputation. Illnesses include both acute and chronic illnesses, such as, but not limited to, a skin disease, respiratory disorder, or poisoning. (Note: Injuries and illnesses are recordable only if they are new, work-related cases that meet one or more of the Part 1904 recording criteria.)

G. Physician or Other Licensed Health Care Professional - A physician or other licensed healthcare professional is an individual whose legally permitted scope of practice (i.e., license, registration, or certification) allows him or her to independently perform, or be delegated the responsibility to perform, the activities described by this regulation.

H. Days Away, Restricted or Transferred (DART) Rate - The DART rate includes cases involving days away from work, restricted work activity, and transfers to another job. It is calculated based on (N/EH) x (200,000) where N is the number of cases involving days away and/or restricted work activity, and/or job transfers; EH is the total number of hours worked by all workers during the calendar year; and 200,000 is the base number of hours worked for 100 full-time equivalent workers.

XI. Program Procedures.

The Office of Statistical Analysis (OSA) will provide each Area Office with a list of establishments to be inspected. An Area Office will receive no more than five assignments for this pilot test.

Establishments will be chosen using the CY 2007 injury and illness data submitted through the OSHA Data Initiative (ODI). Establishments that have reported a DART rate from 0.0 to 4.2 and are classified in high rate industries as reported by the Bureau of Labor Statistics (BLS) Annual Survey in TABLE SNR02, or have a NAICS code of 311615 or 115210 will be available for selection. Establishment selection will be limited to establishments with 40 or more employees.

OSHA will also pilot test the inspection procedures contained in this Directive in no more than five establishments in the construction industry (NAICS 23). The establishments will be randomly selected from a list of construction establishments in designated Area Office jurisdictions.

A. Relationship with the Site-Specific Targeting Program.

For the past several years, the primary lists of the Site-Specific Targeting (SST) program included low rate establishments in high rate industries (see section XI.A.2 of 08-07 (CPL 02) - Site-Specific Targeting 2008 (SST-08) Revised). Because this NEP will use the same list of low rate establishments to target inspections, the SST-09 will not include a low rate establishment component.

B. Medical Access Orders.

A Medical Access Order (MAO) is required for OSHA staff to review medical information with personal identifiers. MAOs for each employer (and/or the employer's designated healthcare provider or medical records holder) will be requested from the OSHA Medical Records Officer (MRO). The MRO is located in the Office of Occupational Medicine (OOM), Directorate of Technical Support and Emergency Management, and is responsible for ensuring that all medical records are protected under guidelines as mandated in 29 CFR 1913.10. OSA will supply the MRO with an advance listing of establishments to be inspected under the NEP. However, each Area Office will be responsible for contacting OOM, either through fax, e-mail, or the MAO request web page, and providing written detailed information on each inspection (i.e., purpose, employer, date(s) of inspection, and the name(s) and address(es) of the individual(s) conducting the inspection). In addition, if the scope of the inspection is expanded and requires review of additional medical records, the CSHO must consult with OOM in order to determine whether the MAO requires an amendment or additional documentation. Case files shall be established in accordance with ADM 03-01-005 (ADM 12.5A).

XII. Scheduling.

The National Office will provide each Area Office with a list of establishments to be inspected under this Notice.

A. Maintaining Inspection Lists and Documentation.

The Area Director is responsible for maintaining documentation necessary to demonstrate that the NEP inspection list has been properly utilized in accordance with the requirements of this Notice, including adequate documentation on all deletions or other modifications. All such inspection lists and documentation must be maintained in the Area Office for a period of three years after completion of all the inspections conducted under this Notice (i.e., 3 years after the closing date of the final inspection). See paragraph B.1.b.(1)(c)3 in CPL 02-00-025, and Appendix D in ADM 03-01-005.

B. Inspection Priority.

Inspection priority for Area Offices is described in the FOM (OSHA Instruction CPL 02-00-148), or its successor. The Area Office will schedule inspections under this Notice in compliance with the FOM. The targeted completion date of the inspections under this NEP is two years from the implementation date of the Notice.

C. Deletions.

Area Offices will be responsible for making appropriate deletions, as stated below.

1. Public Sector Employers.

If any public sector employers (i.e., Federal, State, or local government) appear on the list, they are to be deleted.

2. Partnerships

If an establishment is participating in an OSHA Strategic Partnership, it may be deleted from the list in accordance with paragraph XIV.B.5.a.i. of CSP 03-02-002.

3. VPP or SHARP

If the establishment is an approved participant in OSHA's Voluntary Protection Programs (VPP), or in OSHA Consultation's Safety and Health Achievement Recognition Program (SHARP), it is to be deleted from the inspection list.

4. Office-Only

This NEP is not intended to include establishments that are only offices. Therefore, if a CSHO arrives at an establishment and discovers that there is only an office at the site, the CSHO should not conduct the inspection. The CSHO shall verify that the injury and illness data pertains to the office location only and is not associated with production facilities. If the injury and illness data pertains to a production facility, conduct the inspection of the production facility if the facility is in your office's jurisdiction.

5. Establishment Replacement

If the Area Office identifies any establishment that meets the deletion

criteria, they shall contact the Office of Statistical Analysis for a replacement.

XIII. Inspection Procedures.

A. Opening Conference.

At the opening conference the CSHO shall present an explanatory letter (Appendix B) to the employer and employee representative (if one is present) explaining the purpose, scope, and process for the records inspection. In addition, the CSHO will provide the employer with at least two copies of a Medical Access Order attached to a cover letter that addresses the medical records review process. The CSHO shall also inform the employer and employee representative about the Agency citation policy (Paragraph XIV, below) and indicate that where applicable, violations will be cited accordingly. The employer and employee representative shall be informed that any complaints received that are not related to recordkeeping will be addressed by the CSHO and will be cited as part of the current inspection or be referred to the Area Office for processing.

During the opening conference the CSHO shall verify from the employer representative what actions are taken when an employee experiences an injury or illness. (i.e., does the establishment have an on-site Licensed Health Care Professional; if not then identify the local health clinics, ambulance services and/or hospitals near by that have treated their employees).

B. Verify NAICS Code.

At the opening conference, the CSHO shall verify the establishment's NAICS code. If the establishment's correct NAICS code is not on the NAICS code list in Appendix A, the inspection will be conducted unless the true NAICS code is exempted from the recordkeeping requirements under Part 1904.2. The CSHO will note the correct NAICS code in the case file documentation.

C. New Ownership.

If the establishment has changed ownership after December 31, 2006 but before December 31, 2008, the records inspection will only be conducted for the period of new ownership.

If the establishment has changed ownership after December 31, 2008, the inspection will not be conducted.

If the name of the company changes, but the ownership essentially remains the

same, the CSHO will inspect the establishment.

Compliance Guidance: The recordkeeping regulation at 1904.40(a) states that once a request is made, an employer must provide the required recordkeeping records within four (4) business hours.

Although the employer has four hours to provide recordkeeping records, there is no requirement that compliance officers must wait until the records are provided before beginning the walkaround portion of the inspection. As soon as the opening conference is completed, the compliance officers may begin the walkaround portion of the inspection and/or conduct the required interviews.

D. Calculate DART.

During inspections under this Notice, the OSHA 300 Logs for 2007 and 2008, and corresponding OSHA Forms 301 and the OSHA Form 300A will be reviewed.

The CSHO calculated DART rate for 2007 will be compared to the DART rate reported by the employer in the OSHA Data Initiative data collection. If the re-calculated 2007 DART rate is above the cutoff rate of this NEP (i.e., >4.2) the records inspection will not be conducted. The purpose of this NEP is to inspect the accuracy of records in low rate establishments. If the establishment's DART is twice the national average, it does not qualify as a low rate establishment. When this occurs, the records inspection will not be conducted; however, a limited walkaround will be conducted. *The CSHO shall verify and document from employer representative why the information that was reported through the ODI is different from the information obtained during the NEP.*

E. Procedures to Conduct Records Inspection.

Compliance Guidance: The following document request represents records that are related to any injury or illness. While some of the documents listed below are required by 29 CFR Part 1904, some are not. The documents requested may or may not be at the employer's establishment. If the documents requested below are not maintained at the establishment then the CSHO shall determine the availability and location of the records needed to conduct this NEP inspection.

The CSHO shall perform a comprehensive review of the employees' records in order to identify occupational injuries and illnesses that may have occurred to those employees during CY 2007 and CY 2008. **The records to be reviewed shall include medical records, workers' compensation records, insurance records, payroll/absentee records and, if available, company safety incident reports, company first-aid logs, alternate duty rosters, and disciplinary**

records pertaining to injuries and illnesses. The CSHO will also review records that are stored offsite. The CSHO will verify that each identified recordable injury or illness is properly entered on the employer's OSHA Form 300 and OSHA Form 301.

1. Obtain a copy of the employer's completed OSHA Form 300 for the establishment for calendar years 2007 and 2008; the total hours worked for all employees and the average number of employees for 2007 and 2008; and a copy of a complete roster of all employees who worked at the establishment during 2007.

   The employee roster should include full-time, part-time and seasonal employees. The listing may be an alphabetic listing, a payroll listing, a listing by department, or it may be in some other form. The CSHO shall document the type of listing used and his or her assessment of its completeness.

2. Determine the sample size and draw samples of employees.

   The CSHO shall use the 2007 employee **roster** to select the employees whose records will be reviewed. Sampling of employees for the records review is dependent on the size of the establishment.

   a. For establishments with an employee roster of 100 or fewer employees, all employees' records will be reviewed (there will be no sampling involved).
   b. For establishments with 101 to 250 employees, records of 50% of employees will be reviewed. Select the second employee on the list and choose every other employee from there on.
   c. For establishments with >250 employees, records of 33% of employees will be reviewed. Select the third employee on the list and choose every third employee from there on.

   If in identifying the sample of employees the CSHO determines that an employee name is a duplicate or cannot be used for whatever reason (for example the individual is not covered by the OSH Act such as a partner or owner of the company), he/she shall substitute the next employee name on the roster. If the CSHO comes to the end of the employee roster before obtaining the required sample size, he/she shall continue the interval count from the top of the employee roster.

   The CSHO shall compile a list of the employees selected for the records review.

3. Review all pertinent records for each employee selected in the inspection sample and independently reconstruct log entries for the sampled employees. Compare the reconstructed cases with the employer's OSHA Form 300.

The CSHO shall perform a comprehensive review of the sampled employees' records in order to identify all of the recordable occupational injuries and illnesses that may have occurred to those employees during 2007 and 2008. The records to be reviewed shall include medical records, workers' compensation records, insurance records, payroll/absentee records, and if available, company safety incident reports, company first-aid logs, alternate duty rosters, and disciplinary records pertaining to injuries and illnesses.

If the employer utilizes an off-site clinic for medical services, the CSHO shall visit that clinic to review any medical records pertaining to the sampled employees for the review period. A modification to the MAO may be necessary.

Using the various records compiled, the CSHO shall independently construct Log entries for the recordable cases identified from the employee files. The CSHO shall identify the recordable cases and enter the reasons for recordability using the worksheet contained in Appendix C. The CSHO shall use the worksheet to compare the recordable case entries with the employer's Form 300 Log, and to document any differences that exist. *When completing the worksheet it is imperative to use a unique code as an employee identifier rather than the employee's name. These worksheets will contain personal medical information and will be submitted to the National Office for evaluation. The employee's medical privacy must be protected by using codes. The CSHO will maintain a list of codes associated with the employees' name and will treat this list as a medical record.*

The CSHO shall make copies of the OSHA Form 300 for inclusion in the case file. The CSHO shall also make copies of any documentation needed to support discovered recordkeeping deficiencies. If a copying machine is not available, or is not made available for CSHO use, or if the employer will not allow appropriate documents to be temporarily removed from the premises, the CSHO shall subpoena all records considered necessary for verification using the procedures outlined in the FOM 02-00-148 Chapter 3 Section VI.K; Chapter 15 and ADM 01-00-002 (ADM 4.4).

Compliance Guidance: If review of the sampled employees' records

indicates that under-recording exists, the CSHO may, upon consultation with the Area Office, expand the records inspection beyond the sampled employees.

If during review of the OSHA Forms and the injury and illness records the CSHO determines that a significant portion of the injuries and illnesses are ergonomics-related, the CSHO will calculate a Days Away from Work case rate for musculoskeletal disorder cases. If the calculated rate is greater than or equal to twice the industry rate listed in Appendix E, the CSHO will discuss with the Area Director the findings of the MSD related questions in the questionnaires to determine if a referral is necessary.

4. Review employer's log to identify any cases recorded for the sampled employees that do not meet the OSHA recordability criteria (over-recording).

After reviewing the sampled employees' files, the CSHO shall scan the employer's 2007 and 2008 Logs for any recorded cases for the sampled employees not identified as recordable in the file review. The CSHO will determine the cases' recordability by considering the documentation in the employee's records and, if necessary, talking with the employer, Recordkeeper or employee. The CSHO shall document any over-recorded cases on the worksheet provided in Appendix C.

5. Interview the Designated Recordkeeper.

The CSHO shall interview the designated Recordkeeper regarding the manner in which injuries and illnesses are recorded at the establishment. The purpose of this interview is to assess each recordkeeper's knowledge of the OSHA injury/illness recordkeeping requirements and to determine whether recordkeeping problems exist. The CSHO shall use the Recordkeeper Questionnaire, included in Appendix C.

If the CSHO learns of any company policies that may have the effect of discouraging recording on the injury and illness records, these should be noted in the comments section of the questionnaire. For example, if the CSHO learns that there is an awards program tied to the number of injuries and illnesses recorded on the OSHA Log, the program is to be described in the comments section. If it is determined that these are written procedures, the CSHO shall obtain a copy of the employer's policy.

6. Conduct Employee Interviews.

A sub-sample of employees must be interviewed using the Employee Questionnaire contained in Appendix C. Any specified injury or illness not identified in the records review must be investigated. A sub-sample of employees to be interviewed must be selected from the list of employees selected for the records inspection in Paragraph XIII.E.2, above. For establishments with 100 or fewer employees, conduct at least 10 interviews. For establishments with 101 to 250 employees conduct at least 15 interviews. For establishments with more than 250 employees, conduct at least 20 interviews.

The selection of employees to interview is not random. The CSHO will focus interviews on employees likely to be injured or become ill. The informant privilege allows the government to withhold the identity of individuals who provide information about the violation of laws, including OSHA rules and regulations. CSHOs shall inform employees that their statements will remain confidential to the extent permitted by law. However, each employee giving a statement should be informed that disclosure of his or her identity may be necessary in connection with enforcement or court actions (see Chapter 3, Section I of the FOM).

The CSHO shall document how employees were selected for interview, and indicate which selected individuals were not available for interview and why.

Compliance guidance: Select employees from those working in high hazardous areas. If, during the review of absentee records, the CSHO discovers unexplained absences, the CSHO will interview that employee to determine if the absence was related to a work-related injury or illness.

If the CSHO learns of any company policies that may have the effect of discouraging recording on the injury and illness records, these should be noted in the comments section of the questionnaire. For example, if the CSHO learns that there is an awards program tied to the number of injuries and illnesses recorded on the OSHA Log, the program is to be described in the comments section. If it is determined that these are written procedures, the CSHO shall obtain a copy of the employer's policy.

7. Conduct Management Interviews.

The CSHO shall interview Management representatives regarding the manner in which injuries and illnesses are recorded at the establishment and

to determine the existence of incentive or disciplinary programs that may influence recordkeeping. This interview should also seek to determine the extent to which Management may influence medical treatment of injured or ill employees and to determine whether recordkeeping problems exist. The CSHO shall use the questionnaire included in Appendix C.

If the CSHO learns of any company policies that may have the effect of discouraging recording on the injury and illness records, these should be documented in the interview notes or questionnaire. For example, if the CSHO learns that there is an awards program tied to the number of injuries and illnesses recorded on the OSHA Log, the program is to be described in the comments section. If it is determined, that these are written procedures the CSHO shall obtain a copy of the employer's policy.

8. Conduct Interviews with First-Aid Providers and Health Care Professionals.

The CSHO shall interview staff who participated in first-aid or medical treatment of employees with occupational injuries or illnesses to determine the consistency of information regarding the manner in which injuries and illnesses are recorded at the establishment and to determine the existence of incentive or disciplinary programs that may influence recordkeeping. This interview should also seek to determine the extent to which Management may influence medical treatment of ill or injured employees for the purposes of modifying OSHA recordability and to determine whether recordkeeping problems exist. The CSHO shall use the questionnaire included in Appendix C.

If the CSHO learns of any company policies that may have influenced or restricted the treatment that employees receive for occupational injuries and illnesses, these should be documented in the interview notes or questionnaire. For example, if the CSHO learns that employees are discouraged from visiting their personal physician for treatment or that company representatives direct medical treatment, this should be noted.

F. Conduct Limited Walkaround Inspection.

Each Recordkeeping NEP inspection will include a limited walkaround inspection of the main plant operation areas. The CSHO will generally be looking for consistency with the recorded injuries and illnesses, but will address any violations observed in plain view while conducting the limited walkaround inspection. The CSHO may, upon consultation with the Area Office, expand the scope of this inspection or make a referral in order to address other areas of the plant that may

pose safety and health risks. The decision to expand the scope or make a referral will be based on the results of the records review and interviews. The scope of the inspection may also be expanded or a referral can be made if the CSHO observes aspects of the employer's operation that relate to another emphasis program in effect at the time.

The CSHO can combine the recordkeeping inspection with another inspection that may also be scheduled for the workplace. For aspects not addressed in this section, the CSHO shall adhere to the inspection procedures outlined in Chapter 3 of the FOM. For guidance on Walkaround Representatives and Employee Representatives, the CSHO will refer to the FOM Chapter 3, Section VII.

G. Safety and Health Issues Relating to CSHOs.

CSHOs shall adhere to procedures provided in the FOM Chapter 3, Section II.D. on issues relating to their health and safety while conducting inspections for the Recordkeeping NEP.

H. Closing Conference.

At the conclusion of the inspection, the CSHO shall conduct a closing conference with the employer and the employee representatives. The CSHO shall discuss the strengths and weaknesses of the employer's recordkeeping program, and describe any recordkeeping deficiencies and violations found during the data check, records inspection, and limited walkaround inspection. The closing conference shall follow the procedures established in the FOM CPL 02-00-148, Chapter 3, Section VIII, as applicable to these inspections.

If the CSHO has determined the employer's recordkeeping to be accurate, the CSHO shall encourage the employer to participate in one of OSHA's cooperative compliance programs.

XIV. Issuance of Citations. Whenever OSHA recordkeeping violations are identified, appropriate citations and penalties shall be proposed and supporting documentation shall be provided in accordance with guidelines in the FOM (OSHA Instruction CPL 02-00-148) and the Recordkeeping Policy and Procedures Manual (CPL 02-00-135).

A. Citations for recordkeeping violations found shall be classified as other-than-serious with proposed penalties appropriate to the circumstances in each case. If violations are characterized as "willful," "repeat," or "failure to abate," the Regional Administrator or Regional Solicitor should be contacted for guidance. When determining the classification of the citation, the CSHO shall take into account the existence of incentive or disciplinary programs that potentially affect

the recording of injuries and illnesses.

B. Violation-by-violation citation and penalty procedures shall be considered, if appropriate, in accordance with OSHA Instruction CPL 02-00-080 (CPL 2.80) and the FOM (OSHA Instruction CPL 02-00-148).

C. Employers shall not be cited for over-reporting of cases. The employer shall be informed of such over-reporting and the need to eliminate these identified cases on the employer's OSHA Form 300 Log.

D. Other violations shall be cited, as appropriate, for a limited scope inspection.

XV. Recording and Tracking. In accordance with the FOM (OSHA Instruction CPL 02-00-148) the CSHO shall enter the summary line of the employer's Form 300 Logs and the hours worked for three prior calendar years into the IMIS.

OSHA-1 item "inspection type" should be coded as "Planned." OSHA-1 item "scope" should be coded as "Partial". The IMIS coding will no longer be captured in Item 46 Optional Information but will be captured in item 25d, NEP coding. The "NEP" box is to be checked and the value "**RKNEP**" recorded in item 25d.

XVI. Evaluation. Copies of the logs, completed worksheets, completed interviews and copies of employer written policies for each inspection will be submitted to the Directorate of Evaluation, Office of Statistical Analysis (OSA). OSA will compile the data and develop a descriptive report of the results of the inspections conducted under this NEP.

When submitting the completed worksheets it is imperative to use unique codes as employee identifiers rather than the employees' names. These worksheets will contain personal medical information; the employees' medical privacy must be protected by using codes. The CSHO will maintain a list of codes associated with the employees' names and will retain this list in the inspection file.

APPENDIX A

List of In Scope Industries

The following industries have an industry DART rate from 5.7 to 8.1 as reported by the Bureau of Labor Statistics (BLS) Annual Survey, *TABLE SNR02, Highest incidence rates of nonfatal occupational injury and illness cases with days away from work, restricted work activity, or job transfer, private industry 2007*.

Industry	NAICS	2007DART
Animal (except poultry) slaughtering	311611	8.1
Scheduled passenger air transportation	481111	8.1
Steel foundries (except investment)	331513	7.9
Other nonferrous foundries (except die-casting)	331528	7.6
Concrete pipe manufacturing	327332	7.5
Soft drink manufacturing	312111	7.3
Couriers	492110	7.3
Manufactured home (mobile home) manufacturing	321991	7.1
Rolling mill machinery and equipment manufacturing	333516	7.1
Iron foundries	331511	6.7
Nursing care facilities	623110	6.2
Fluid milk manufacturing	311511	6.1
Seafood canning	311711	6.1
Marine cargo handling	488320	6.1
Copper foundries (except die-casting)	331525	6
Bottled water manufacturing	312112	5.9
Refrigerated warehousing and storage	493120	5.9
Motor vehicle seating and interior trim manufacturing	336360	5.8
Pet and pet supplies stores	453910	5.7

Additional Covered Industries

NAICS 311615 Poultry Processing
NAICS 115210 Support Activities for Animal Production

APPENDIX B

Cover Letters

Letter to Employers

Dear (Employer):

Your workplace has been scheduled for a records and workplace inspection as part of OSHA's initiative to assess the quality of injury and illness data recorded by employers, as outlined in the Injury and Illness Recordkeeping National Emphasis Program. This letter explains how your establishment was selected for an inspection under this program and the procedures that will be followed.

Your establishment was selected from a list of low rate establishments in high rate industries (your establishment was identified as low rate using injury and illness data you supplied to OSHA through our annual injury and illness data collection).

This inspection will consist of three main parts: a records review for CY 2007 and CY 2008, interviews, and a walkaround (safety and health inspection) of the workplace. Each item is discussed below.

Your records from CY 2007 and CY 2008 will be intensively reviewed. As part of the review to inspect the accuracy and completeness of your company's OSHA Form 300, the OSHA compliance officer will ask you to furnish the following information:

1. Your 2007 employee roster(s). (The roster is to include labor, executive, hourly workers, salary workers, part-time workers, seasonal workers, and temporary workers that your firm directly supervised during the referenced year.)

2. Your 2007 and 2008 OSHA Form 300, Form 300A, and corresponding Form 301s. (Please note for data entry purposes the CSHO shall request three calendar years of the Form 300 and current year).

3. Workers' Compensation First Reports of Injury for employees.

4. Medical records for employees (To protect the privacy of medical records, a formal written Medical Access Order is attached. It explains this process more fully.)

In addition, the compliance officer will need to see other related records for employees such as, but not limited to, nurse/doctor/clinic logs, company first-aid reports, company accident reports, insurers' accident reports, accident and health benefit insurance records, within-plant employee transfer records, absentee records, and employee/payroll records. Company policies pertaining to injury and illness reporting and recording will also be requested.

As part of the recordkeeping inspection, the compliance officer will conduct interviews with employees, management, the recordkeepers, and medical staff. We will make reasonable efforts to avoid disruption of your workplace activities during the interview process.

Finally, a walkaround (safety and health) inspection of the workplace will take place. This component is necessary to observe the consistency of the recorded injuries and illnesses with the workplace conditions. The compliance officer will address any violations that are observed in plain view during the walkaround. In addition, any other Emphasis Programs that apply to your workplace will be addressed during the inspection.

We appreciate your cooperation in this program. If you have any questions, your compliance officer is available to discuss them with you.

Sincerely,

Area Director

Attachment for Medical Access Order
Sample Cover Letter

Employer

Attention:

The Occupational Safety and Health Administration (OSHA) would like to examine any and all employee (permanent, temporary and/or contracted) medical records from January 1, 2007 to the present date. The examination of this medical information is in connection with OSHA's records inspection of your workplace.

The Occupational Safety and Health Act of 1970 authorize OSHA's access to records, including employee medical records, during the course of inspections and investigations conducted under the Act. On [date], the Assistant Secretary for Occupational Safety and Health approved a Medical Access Order (copies attached) authorizing access to specific medical records by certain OSHA officials. The specified medical records pertain to all individuals who are, or have been, employed by your organization. The records must in each instance be accompanied by explicit personal identifiers (name, address, payroll number and/or social security number).

Due to the personal privacy interests involved, OSHA exercises its authority to access, examine, copy and analyze personally identifiable employee medical information. The Agency, after a careful determination, asserts that such access is consistent with the statutory purpose and is necessary to achieve the objectives of the investigation. The Assistant Secretary for OSHA and the Agency's Medical Records Officer have determined that OSHA needs to gain access to the specified personally identifiable employee medical information in furtherance of this investigation [29 U.S.C. 657; 29 CFR 1910.1020(e)(3), 1913.10(d)(2)].

In order to safeguard the employees' interest in the privacy of the medical records that are to be examined and copied (if necessary), OSHA has prescribed detailed rules of practice and procedure in 29 CFR Part 1913 to govern OSHA's handling of personally identifiable employee medical information. A Principal OSHA Investigator has been designated (see Medical Access Order) to be primarily responsible for assuring that the examination and use of medical information obtained during this investigation is in accordance with applicable regulations.

Please note that a copy of this letter and the attached Medical Access Order must be prominently posted at the above referenced place of employment for at least fifteen (15) working days [29 CFR 1910.1020(e)(3)(ii), 1913.10(e)(3)]. Where it is agreed by the Principal OSHA Investigator, employer, and Collective Bargaining Agent if any, individual notice to employees or the placement of a copy of this letter and Medical Access Order in each employee's medical file may also be appropriate [29 CFR 1913.10(e)(4)].

OSHA's regulations further provide that an employer may file written objections concerning the Medical Access Order with the OSHA Medical Records Officer (see Medical Access Order), who is

responsible for assuring Agency compliance with these rules. However, the filing of written objections does not defer the employer's obligation to provide prompt access by OSHA to the medical records.

Your cooperation is appreciated. If you have any questions, please feel free to contact me or the Principal OSHA Investigator.

Sincerely,

APPENDIX C

Worksheet and Questionnaires

RECORDKEEPING VIOLATION DOCUMENTATION WORKSHEET

1. UNIQUE CASE NUMBER: _____ **(Do not enter the employee's name)**
(Designate a number that will stay the same at all times. Example: OSHA-1-07, where OSHA means it was discovered by us, 2007 is the year, and the numbers will be in sequence.)

2. DATE OF INJURY/ILLNESS: _____

3. Was case recorded on log? (Please check one)
[ ] Yes (If yes, enter log case number here _____; continue to **Table 1** then to **Table 2**)
[ ] No (If no, then continue to **Table 2**)

Table 1. If yes, copy information from columns **G** through **L** of the employer's 300 log entry.

G	H	I	J	K	L

Table 2. If recorded incorrectly in Table 1, or not recorded at all, correctly record here.

G	H	I	J	K	L

4. INJURY/ILLNESS INFORMATION: (From 300 Log, Items 1-6 of Column M)
1). If Injury check here [ ]

If Illness, check type: 2) Skin Disorder [ ] 3) Respiratory Condition [ ] 4) Poisoning [ ] 5) Hearing Loss [ ]
6) All Other Illnesses [ ]

5. WORK RELATIONSHIP AND NATURE OF INJURY OR ILLNESS: Describe event or exposure including placement of employee on or off premises; OSHA 301 equivalent or company accident report often provides this information. Ex: Cut finger while loading scrap metal at work; broke arm in auto accident while driving to customer's office, develops dermatitis from cleaning parts with solvent on premises; or sustained a back injury or illness while lifting boxes.

6. BASIS FOR RECORDABILITY: (Check all that apply and provide details in comments section, below)
- Death **(D)** [ ]
- Days Away **(DA)** [ ]
- Restriction or Job Transfer **(RT)** [ ]
- Loss of Consciousness **(LC)** [ ]
- Medical Treatment beyond First Aid **(MT)** [ ]
- Significant injury or illness diagnosed by a physician or other healthcare professional **(SI)** [ ]
- Recordable condition under 1904.8 thru 1904.11 (needlestick, TB, hearing loss, etc.) [ ]

7. COMMENTS: (Be specific and show all relevant information.) Examples: MT-Naprosyn 440 mg BID (twice a day); DART - give dates (9/14/07-9/21/07); SI - Aplastic Anemia from Benzene exposure.

8. SUPPORTING DOCUMENTATION OR EVIDENCE: (Check all documentation used for substantiating case recordability.)
OSHA 300 Form [ ] Employee roster (payroll)[ ] Medical Records/Files [ ]
Nurse/Doctor/Clinic logs [ ] Insurers' accident reports [ ] Company Accident Reports [ ]
Absentee Record [ ] Company First-Aid Reports [ ] Union Records [ ]
Accident and Health Benefit Insurance [ ]
OSHA 301 Form or Workers' Comp. Equivalent [ ]
State Workers' Compensation Form [ ]
Other (Specify) [ ] _____

RECORDKEEPER QUESTIONNAIRE

The questionnaire is used to record responses to the interview with the designated Recordkeeper(s).

OSHA Recordkeeper Questions

(Name) Last: First: Middle:

Title:

Date:

Note to inspector: Is this the same person that provides first aid?
[ ] Yes [ ] No

1. In keeping OSHA records, which of the following do you use? (Check all that apply):

[ ] The OSHA Regulation 29 CFR Part 1904
[ ] Instructions on the OSHA forms
[ ] OSHA website
[ ] Internal guidelines
[ ] Other (list)

2. Do you have a computerized recordkeeping system?
[ ] Yes [ ] No

If yes, what software do you use?

3. Does this company have other facilities?
[ ] Yes [ ] No

If yes, do you use centralized recordkeeping?
[ ] Yes [ ] No

4. Do you have a completed supplementary record for each case entered on the log?
[ ] Yes [ ] No

If yes, which form(s) do you use as the supplementary record?

[ ] OSHA Form 301
[ ] State Workers' Compensation Form
[ ] Insurer's Form
[ ] Other (Please Specify)

5. How do you get information about workplace injuries and illnesses?
For example, are supervisors required to report to you any injury or illness that occurs?

6. How were you trained to handle the duties of completing the OSHA Log?

[ ] Self taught/no formal training
[ ] Trained by supervisor, colleague, or previous Recordkeeper

[ ] Classroom training
[ ] Other (please specify)

7. What is your relationship to the company? (Check all that apply)
[ ] Employee
[ ] Contractor
[ ] Attorney

8. Do you have other job duties?
[ ] Yes [ ] No

If yes, please describe:

9. Do you use a Third Party Administrator or another company to help with your OSHA recordkeeping?
[ ] Yes [ ] No

If yes, who?

10. Do you discuss cases with the medical provider?
[ ] Yes [ ] No

If yes, please describe:

11. Please list all persons who are medical or first aid providers that you work with.

12. If you need assistance in determining if a case should be recorded, how is it obtained?

13. Do employees of your establishment request access to the OSHA Log?
[ ] Frequently [ ] Occasionally [ ] Never

14. Do you record hearing loss cases?
[ ] Yes [ ] No
If No, who does?

15. Who calculates the Standard Threshold Shift for hearing loss cases?

16. Have you ever been encouraged to not record an incident?
[ ] Yes [ ] No
If yes, how?

17. What is your policy for deleting recorded cases?

18. Who has the authority to tell you to delete a case?

19. How are disagreements about recordability handled?
If possible, please provide examples

20. Do managers have a role in determining recordability?
[ ] Yes [ ] No
If yes, please describe

21. Are you aware of any safety incentive programs, contests, or promotions sponsored by the company?
[ ] Yes [ ] No
If yes, please describe

If the company does have such a policy or program, is there written documentation?
[ ] Yes [ ] No
If a written policy exists, please provide a copy with this inspection

22. Do you participate in any bonus or incentive safety system?
[ ] Yes [ ] No
If yes, please describe

If the company does have such a policy or program, is there written documentation?
[ ] Yes [ ] No
If a written policy exists, please provide a copy with this inspection

23. Are there any occupational injury or illness cases that you haven't entered on the Log within 7 calendar days?
[ ] Yes [ ] No
If yes, why would you wait?

24. Do you get many "late reports" of injuries or illnesses?
[ ] Yes [ ] No
If yes, why do you think this happens?

25. Does the employer receive reports of all injuries and illnesses, however minor, or just the ones that may be recordable?
[ ] All [ ] Recordable only [ ] Other (please describe)

a. If all, what are these records called?

b. Who maintains them?

c. Where are they stored?

26. Is a record of cases determined not to be recordable also maintained?
[ ] Yes [ ] No
If yes, please provide.

27. Do you also maintain the first aid reports for the company?
[ ] Yes [ ] No

28. Comments:

EMPLOYEE INTERVIEW QUESTIONNAIRE

The questionnaire is used to record responses to the interviews with a sample of employees.
If a union representative is available, please interview him or her using this questionnaire.

Name/Employment Information

Last: First: Middle:

Occupation (regular job title): Department/Division:

Tenure:

Reporting procedures

1. Has your employer informed you how to report work-related injuries and illnesses?
   [ ] Yes [ ] No

   If yes, what are the procedures in your workplace for reporting injuries?

   If yes, who were you instructed to report injuries to?

2. Do you need to be accompanied by a supervisor to report work-related injuries and illnesses?

   [ ] Yes [ ] No [ ] Do not know, have not been injured or ill

   If yes, is there ever a delay – or lag time— between when you are injured/ill and when you see a nurse or other health professional?
   [ ] Yes [ ] No [ ] Do not know, have not been injured or ill

   If yes, is this because you must wait for a supervisor to accompany you? Explain

3. Do you and your co-workers feel you are able to report injuries and illnesses without fear of a negative action for reporting these injuries or illnesses?
   [ ] Yes [ ] No [ ] Don't Know

   If no, why not?

4. Are you aware of any instances where a work-related injury or illness has **not** been reported to the employer during the last 2 years?
   [ ] Yes [ ] No

   If yes, briefly describe/explain.

5. Are you aware of any instances where an employee was disciplined or penalized for reporting a work-related injury or illness?
   [ ] Yes [ ] No

   If yes, explain.

6. Have you ever been discouraged from reporting an injury (for example, by pressure from management or co-workers)?
   [ ] Yes [ ] No

   If yes, explain.

Special Programs

7. Are any of the following programs or policies present at your workplace?

a. Safety incentive programs or programs that provide prizes, rewards or bonuses to an individual or groups of workers that is based on the number of injuries and illnesses recorded on the OSHA log?
[ ] Yes [ ] No [ ] Don't Know

a1. If yes, briefly describe the programs or policies.

a2. If yes, do you think these programs encourage or discourage the reporting of injuries or illnesses?
[ ] Encourage [ ] Discourage [ ] Neither

b. In your workplace, are there prizes, rewards or bonuses to supervisors or managers that are linked to the number of injuries or illnesses recorded on the OSHA log?
[ ] Yes [ ] No [ ] Don't Know

b1. If yes, briefly describe the programs or policies.

b2. If yes, do you think these programs encourage or discourage the reporting of or illnesses to your employer?
[ ] Encourage [ ] Discourage [ ] Neither

c. In your workplace, are there demerits, punishment or disciplinary policies for reporting injuries or illnesses?
[ ] Yes [ ] No [ ] Don't Know

c1. If yes, briefly describe the programs or policies.

c2. If yes, do you think these programs discourage the reporting of injuries or illnesses to your employer?
[ ] Encourage [ ] Discourage [ ] Neither

d. In your workplace are there absenteeism policies that count absences due to work-related injuries as unexcused absences or assign demerits or points if a worker is absent due to a work-related injury?
[ ] Yes [ ] No [ ] Don't Know

d1. If yes, briefly describe the programs or policies.

d2. If yes, do you think these programs encourage or discourage the reporting of injuries or illnesses to your employer?
[ ] Encourage [ ] Discourage [ ] Neither

e. In your workplace, is there post-injury drug testing for all or most work-related injuries and illnesses?
[ ] Yes [ ] No [ ] Don't Know

e1. If yes, briefly describe the programs or policies.

e2. If yes, do you think these programs encourage or discourage the reporting of work-related injuries or neither encourage or discourage whether workers report injuries or illnesses to your employer?
[ ] Encourage [ ] Discourage [ ] Neither

8. Are there any other programs, policies or practices in your workplace that you believe affect workers' decisions about whether or not to report a work-related injury or illness?

[ ] Yes [ ] No [ ] Don't Know

If yes, explain the policy, program or practice and how it affects workers' decisions to report or not report a work-related injury or illness.

Medical

9. Did you experience an injury or illness during CY 2007 or 2008 that was caused or aggravated by an event or exposure at work?
[ ] Yes [ ] No

a. If yes, briefly describe this injury and/or illness.

b. Have you or your employer filed for workers' compensation for this injury or illness?
[ ] Yes [ ] No

c. Did your injury and/or illness involve any days away from work or days of restricted work activity? .
[ ] Yes [ ] No

If yes, explain

d. If yes, how many workdays?

_____ Number of days away from work

_____ Number of days restricted work activity

e. Who was your healthcare provider?

f. Were you sent for a second opinion?
[ ] Yes [ ] No

If yes, who did you see?

10. Have you ever called in sick due to pain from performing tasks at work?
[ ] Yes [ ] No

11. Have you ever taken vacation days due to pain from performing tasks at work?
[ ] Yes [ ] No

12. Do you take over the counter medication (Advil, Tylenol, etc.) for an unreported but work-related injury?
[ ] Yes [ ] No

13. Do you know of anyone who has quit because of pain or injury? Who?
[ ] Yes [ ] No

14. Do you know of anyone who has quit because the work tasks are too physically demanding? Who?
[ ] Yes [ ] No

15. Are there specific departments, shifts, tasks that you know are more at risk for injury? If yes, which ones?
[ ] Yes [ ] No

16. Do you know of any employees who have been provided transportation so they could get into work because they were in a cast, on narcotic medication, or for any other reason?
[ ] Yes [ ] No

If yes, briefly describe/explain.

17. Are you aware of any instances where an employee came into work the day they were having surgery, only to “clock in” and leave within the hour to go and have the surgery?
[ ] Yes [ ] No

If yes, explain.

18. Do you know of any employees who had an occupational injury and were given restricted work but just sit around because there is nothing for them to do that meets their restrictions?
[ ] Yes [ ] No

If yes, explain.

19. Have you ever been encouraged to report an injury or illness as a non work-related event or exposure to a medical provider?
[ ] Yes [ ] No

If yes, explain.

OSHA Records

20. Does your employer keep an OSHA Form 300, (may also be referred to as the OSHA Log, the Log of Occupational Injuries and Illnesses, the OSHA 300 Form, the Form 300, the Injury/Illness Log, or OSHA Log of Injury and Illness) to record work-related injuries and illnesses for your establishment?
[ ] Yes [ ] No [ ] Don’t Know

If yes, have you seen the log?
[ ] Yes [ ] No

If yes, did you see it by?

[ ] Viewing the 300A summary portion of the log posted by the employer?

[ ] By requesting access to see the entire OSHA Log?

[ ] Other? Please describe.

21. Are you aware of any instances where an employee did not receive appropriate medical treatment for a work-related injury or illness so that the injury or illness would not be recorded on the OSHA Log of Injury and Illness?
[ ] Yes [ ] No

If yes, explain.

If yes, did this ever happen to you? [ ] Yes [ ] No [ ] Don’t Know

If yes, please explain:

22. Do you have any other comments about the injury and illness reporting and recording practices in your workplace?

HEALTH CARE PROFESSIONAL INTERVIEW (First Aid and or Medical)

Name of establishment being inspected:

Full Name: Job Title:

Date of Interview:

If the HCP is off-site: HCP Address: HCP Telephone:

NOTE: IT IS IMPORTANT TO REVIEW THE EMPLOYER'S FIRST AID LOGS. REQUEST THE EMPLOYER'S FIRST AID LOGS.

1. What is your business relationship with the company?
   [ ] Employee
   [ ] Contractor hired by the company
   [ ] Independent medical or first-aid provider
   [ ] Other

2. *Note: If the HCP is NOT an employee of the company, ask the following*:

   Does your company provide any other services to the employer?
   [ ] Workman's Compensation claim handling
   [ ] Safety and Health Consulting Services
   [ ] Safety and Health Training
   [ ] Audiograms
   [ ] Respiratory Medical Evaluations
   [ ] Medical testing for the expanded health standards (e.g. Lead)
   [ ] Other Services:

   Are you a certified Worker's Compensation Provider?
   [ ] Yes [ ] No

   To whom do you report your medical findings?
   [ ] Directly to the Company
   Name of Contact Person:
   [ ] Workman's Compensation (State)
   [ ] The Company's Private Insurance Agency
   [ ] The Company's Third Party Administrator
   Name of Contact Person:
   [ ] Other:

3. Are you familiar with the job functions of employees in this establishment?
   [ ] Yes [ ] No

   If yes, how did you learn about these? (Check all that apply):
   [ ] Employer provided written job description
   [ ] Walked through the establishment to view job tasks
   (Date of last visit: _____)
   [ ] Employees describe their job functions when they arrive for care
   [ ] Employer/supervisor describes job functions when employees arrive for care

4. What is your level of medical or first-aid training?
   [ ] Physician [ ] Registered Nurse
   [ ] Paramedic or EMT [ ] Nurse Practitioner
   [ ] Physician Assistant [ ] Licensed Practical Nurse
   [ ] First aid/CPR certification [ ] Other _____

Note: If interviewing a physician or nurse ask: Do you have specialized training in occupational health?
[ ] Yes [ ] No

If yes, please specify:
For physicians: [ ] Board certification in occupational medicine
[ ] Board eligibility in occupational medicine
[ ] Other:

For nurses: [ ] Occupational health nursing certification
[ ] Other:

5. Do you provide first aid to employees? [ ] Yes [ ] No
If yes, please explain types of first aid provided:

Do you provide medical treatment to employees? [ ] Yes [ ] No
If no, who provides medical treatment to employees? Please include name and contact information (phone, address, email):

6. Are you familiar with OSHA Recordkeeping procedures? [ ] Yes [ ] No
If yes, have you had formal training in the OSHA recordkeeping program?
[ ] Yes [ ] No
If yes, please describe:

7. Have you provided medical treatment or first aid to employees from this company in the past 4 years?
[ ] Yes [ ] No

If not, how long have you provided treatment at this company?

If yes, did you provide these services at the worksite?
[ ] Yes [ ] No

8. Have you provided medical treatment or first aid to employees from this company who had work-related injuries or illnesses?
[ ] Yes [ ] No

If yes, did you provide these services at the worksite?
[ ] Yes [ ] No

9. Have you provided medical treatment or first aid to employees from this company who had injuries or illnesses not related to work? [ ] Yes [ ] No

If yes, did you provide these services at the worksite?
[ ] Yes [ ] No

10. How are injured or ill employees from this company referred to you for treatment?
[ ] Employee self-referral
[ ] Referred by employer/supervisor
[ ] Referred by on-site designated first responder
[ ] Brought by EMS
[ ] Other (explain):

11. Has a company representative accompanied the employee when the employee sought treatment?
[ ] Always [ ] Sometimes [ ] Infrequently [ ] Never

If yes, did a company representative remain with the employee during assessment and treatment?
[ ] Always [ ] Sometimes [ ] Infrequently [ ] Never

12. Do you keep the first aid logs? [ ] Yes [ ] No

13. Has a company representative offered any suggestions or instructions on how you should medically diagnose, assess, or treat injured or ill workers?
[ ] Yes [ ] No
If yes, please describe:

a. Has a company representative offered any instructions or suggestions to identify an injury or illness as minor discomfort?
[ ] Yes [ ] No

b. Have you ever been asked by an employer to give medications at over-the-counter dosages whenever possible?
[ ] Yes [ ] No

c. Have you ever been asked by an employer to give an injured or ill worker a non-rigid splint instead of a rigid splint?
[ ] Yes [ ] No

d. Have you ever been asked by an employer to use strips to treat a cut or laceration instead of medical glue or sutures?
[ ] Yes [ ] No

14. Do workers who sustain a worksite injury or illness get drug tested routinely?
[ ] Yes [ ] No [ ] Don't Know

15. Are workers who sustain a worksite injury or illness provided additional safety training?
[ ] Yes [ ] No [ ] Don't Know
If yes, please describe.

16. Do workers who sustain a worksite injury or illness have anything added to their personnel file?
[ ] Yes [ ] No [ ] Don't Know
If yes, please describe.

17. Are you the person normally responsible for determining whether or not a case is recordable on the OSHA 300 log?
[ ] Yes [ ] No

If not, who is?

If not, do you participate in the decision-making for recordability?
[ ] Yes [ ] No

If yes, please explain your role in the decision making.

18. Has OSHA recordability ever entered into your decision on how to treat a worker?
[ ] Yes [ ] No

If yes, in what way?

19. Have you ever been asked to override or change the treatment of an employee when receiving a recommendation from a different Health Care Professional?
[ ] Yes [ ] No

If yes, what criteria are evaluated for overriding a case?

20. In your opinion, are workers uncomfortable or fearful about reporting an injury or illness?
[ ] Yes [ ] No [ ] Don't Know

If yes, and you know why, explain:

If yes, how often does this occur?

21. Have workers requested an injury or illness not be recorded on the OSHA 300 Log?
[ ] Yes [ ] No [ ] Don't Know

If yes, and you know why, explain:

If yes, how often does this occur?

22. Have workers ever requested you to downplay the severity of an injury or illness?
[ ] Yes [ ] No

If yes, and you know why, explain:

If yes, how often does this occur?

23. Are you aware of any safety incentive programs or programs that provide prizes, rewards or bonuses to an individual or groups of workers at this worksite that is based on the number of injuries and illnesses recorded on the OSHA log?
[ ] Yes [ ] No

If yes, please describe.

If the company does have such a policy or program, is there written documentation?
[ ] Yes [ ] No
If a written policy exists, please provide a copy with this inspection

24. Are you aware of any disciplinary programs or other policies or practices that are tied to injury and illness reporting?
[ ] Yes [ ] No [ ] Don't Know

If yes, please describe.

If the company does have such a policy or program, is there written documentation?
[ ] Yes [ ] No
If a written policy exists, please provide a copy with this inspection

25. In your experience, are there specific departments, shifts, or tasks that you find increase employees' chances of developing a musculoskeletal disorder?
[ ] Yes [ ] No [ ] Don't Know

26. Do you know of employees who were put on work restrictions that the company did not honor?
[ ]Yes [ ]No

27. Do you know of employees taking over-the-counter medication or other treatments (e.g. chiropractor) for work-related aches and pains?
[ ]Yes [ ]No

26. Are exposures to blood or other potentially infectious material recorded on the company's OSHA 300 Log?
[ ] Yes [ ] No [ ] Don't Know

MANAGEMENT/COMPANY REPRESENTATIVE INTERVIEW QUESTIONNAIRE

Name of establishment being inspected:

Location/Address

Full Name:

Job Title:

Date of Interview:

1. Does the company maintain a record of occupational injuries and illnesses?
   [ ] Yes [ ] No

2. What is the name and job title of the individual(s) who maintains this information?

3. Does the company have a computerized recordkeeping system?
   [ ] Yes [ ] No

4. Does the company have other establishments or locations?
   [ ] Yes [ ] No
   If yes, do you use centralized recordkeeping?
   [ ] Yes [ ] No

5. Do you have a completed OSHA Form 300 Log and OSHA Form 300A Summary of Occupational Injuries and Illnesses for the past five calendar years?
   [ ] Yes [ ] No

6. When an employee experiences a work-related injury or illness, to whom do they make the first report of injury or illness?
   (List name and/or job title):

7. Does the company maintain any type of first aid log?
   [ ] Yes [ ] No

   If yes, who enters information on the log?

   Note to inspector: If yes, request a copy:
   [ ] Obtained [ ] Not Obtained

8. Have you informed your employees how to report work-related injuries and illnesses?
   [ ] Yes [ ] No
   If yes, what is the procedure?

9. Does the company investigate the circumstances of occupational injuries and illnesses?
   [ ] Yes [ ] No
   If yes, is a written report produced? [ ] Yes [ ] No

10. Does the company have on-site first-aid staff? [ ] Yes [ ] No
    If yes, what is their level of medical training?

Does the company have on-site medical staff? [ ] Yes [ ] No
If yes, what is their level of medical training?

If no, who provides treatment?
[ ] Employee's personal physician
[ ] Offsite company healthcare professional
[ ] Ambulance staff (EMT, Paramedic)
[ ] Health clinic or hospital
[ ] Other healthcare provider:

11. Does the company use either temporary help or temporary agency workers?
[ ] Yes [ ] No

If yes, does the company supervise them on a daily basis? [ ] Yes [ ] No
If no, who does supervise them?

If yes, are their injuries and illnesses recorded on your OSHA Log?
[ ] Yes [ ] No

12. Does the company have safety incentive programs or programs that provide prizes, rewards or bonuses to an individual or groups of workers based on the number of injuries and illnesses recorded on the OSHA log?
[ ] Yes [ ] No
If yes, please describe the program or policies.

Note to inspector: If written, request a copy:
[ ] Obtained [ ] Not Obtained [ ] Not written
.

a) Does the company award prizes, rewards or bonuses that are linked to the number of injuries or illnesses recorded on the OSHA log to supervisors or managers?
[ ] Yes [ ] No
If yes, briefly describe the programs or policies.

Note to inspector: If written, request a copy:
[ ] Obtained [ ] Not Obtained [ ] Not written

b) Are there demerits, punishment or disciplinary policies for reporting injuries or illnesses?
[ ] Yes [ ] No [ ] Don't Know
If yes, briefly describe the programs or policies.

Note to inspector: If written, request a copy:
[ ] Obtained [ ] Not Obtained [ ] Not written

c) Does the company require post-Injury Drug Testing for all or most work-related injuries and illnesses?
[ ] Yes [ ] No
If yes, briefly describe the programs or policies.

Note to inspector: If written, request a copy:
[ ] Obtained [ ] Not Obtained [ ] Not written.

13. Do you have physicians on contract?
[ ] Yes [ ] No
If yes, please list names, contact information.

If yes, have you changed contract healthcare providers within the past 3 years?
[ ] Yes [ ] No

If yes, how many times?

If yes, who were your previous contract healthcare providers?

14. What local hospital do you use?

Name: _____

Address: _____

_____

_____

15. Can an employee see his or her own physician if the employee has an occupational injury or illness?
[ ] Yes [ ] No [ ] Sometimes (explain)

16. Do you have a safety and health team and do they specifically investigate MSD-related injuries and provide abatement recommendations?
[ ] Yes [ ] No

17. Are there specific departments, shifts, tasks that you know are more at risk for MSD injury?
[ ] Yes [ ] No

18. Do you know of anyone who has quit because of pain or injury from work tasks? If yes, who?
[ ] Yes [ ] No

19. Do you know of any employees who have asked for changes to be made to the task or to be moved to a different task due to being injured or fear of being injured?
[ ] Yes [ ] No

20. Has your workers' compensation carrier ever recommended equipment or process changes to reduce risk to employees?
[ ] Yes [ ] No

If yes, were those recommendations implemented? [ ] Yes [ ] No

21. What steps do you take to meet the certification requirement for the 300A?

22. Do you use the OSHA 300 logs to identify safety or health hazards?
[ ] Yes [ ] No
If yes, please describe:

APPENDIX D

Sample Recordkeeping Citations

When an employer fails to record an injury or illness case on the OSHA 300 log or equivalent form

29 CFR 1904.4 (a): Each employer required by this part to keep records of fatalities, injuries, and illnesses did not record each fatality, injury and illness that was work-related, a new case, and meets one or more of the general recording criteria:

- Located at the (Company Name, Middletown, USA): On or about (date of inspection), the employer did not record the following workplace injuries and illnesses on the OSHA 300 Log for calendar year 0000.

  a). On or about (date of injury or illness), (Job Title) - An employee received stitches due to a laceration on the left forearm from a shear machine.

When an employer fails to record an injury or illness case correctly on the OSHA 300 log or equivalent form
(Such as: incorrectly recorded a Days Away case as a Restricted Work/Job Transfer or as an Other recordable case.)

29 CFR 1904.7(b)(3) When an injury or illness involves one or more days away from work, you must record the injury or illness on the OSHA 300 log with a check mark in the space for cases involving days away from work.

- Located at the (Company Name, Middletown, USA): On or about (date of inspection), the employer did not record the following workplace injuries and illnesses correctly on the OSHA 300 Log for calendar year 0000.

  a). On or about (date of injury or illness), (Job Title) - an employee was burned on the face from steam and the case was recorded as a job transfer, when the case resulted in days away from work.

OR

29 CFR 1904.7(b)(4) When an injury or illness involves restricted work or job transfer but does not involve death or days away from work the employer must record the injury or illness on the OSHA 300 log by placing a check mark in the space.

a). On or about (date of injury or illness), (Job Title) - an employee broke his hand resulting in two weeks of restricted work activity. The employer incorrectly recorded a day(s) of restricted work activity case 1904.7(b)(4) as a medical treatment case on the log.

When an employer fails to (fill out) or (did not accurately complete) an OSHA 301 or equivalent form for each injury or illness case

(Workers' compensation, Insurance or other reports are acceptable alternative records if they contain the information required by the 301, or are supplemented to do so.)

29 CFR 1904.29(b)(2) Employer must complete and OSHA 301 Incident Report form, or an equivalent form, for each recordable injury or illness entered on the OSHA 300 log.

Located at the (Company Name, Middletown, USA): On or about (date of inspection), An incident Report (OSHA 301 or equivalent) for each injury or illness was not (filled out) or (accurately completed) as required by the regulation.

a) On or about (date of injury or illness), (Job Title) - A 301 or equivalent was not filled out due to a work-related injury or illness to an employee resulting in the general recording criteria;

or

b) On or about (date), (Job Title) - A 301 or equivalent was not accurately completed (SPECIFY WHAT WAS INCOMPLETE on the OSHA Form 301).

When an employer fails to create, certify or post an OSHA form 300A

29 CFR 1904.32(a)(2): The Summary of Work-Related Injuries and Illnesses (OSHA Form 300A or equivalent) was not created, certified or posted:

(STATE WHAT WAS FOUND INCOMPLETE UNDER SPECIFIC PARAGRAPHS UNDER1904.32)

Note: The employer shall not be cited for where no records are kept and there have been no injuries or illnesses. See CPL 0-2.135.

Note: When determining the classification of the citation, the CSHO shall take into account the existence of incentive or disciplinary programs that potentially affect the recording of injuries and illnesses.

APPENDIX E

Days Away From Work Case Rates for Musculoskeletal Disorders, 2007

Industry	NAICS	MSD DAW
Animal (except poultry) slaughtering	311611	42.3
Scheduled passenger air transportation	481111	240.1
Steel foundries (except investment)	331513	53.9
Other nonferrous foundries (except die-casting)	331528	140.3
Concrete pipe manufacturing	327332	32.7
Soft drink manufacturing	312111	130.7
Couriers	492110	136.3
Manufactured home (mobile home) manufacturing	321991	61.2
Rolling mill machinery and equipment manufacturing*	333516	36.0
Iron foundries	331511	95.9
Nursing care facilities	623110	134.7
Fluid milk manufacturing	311511	96.8
Seafood canning	311711	99.8
Marine cargo handling	488320	85.5
Copper foundries (except die-casting)	331525	51.8
Bottled water manufacturing	312112	96.0
Refrigerated warehousing and storage	493120	70.0
Motor vehicle seating and interior trim manufacturing	336360	78.0
Pet and pet supplies stores	453910	89.5
Poultry Processing	311615	21.1
Support Activities for Animal Production	115210	27.6

Incidence rates represent the number of injuries and illnesses per 10,000 full-time workers and were calculated as:
(N / EH) X 20,000,000 where,

N = number of injuries and illnesses,
EH = total hours worked by all workers during the calendar year,
20,000,000 = base for 10,000 full-time equivalent workers (working 40 hours per week, 50 weeks per year).

* A 2007 MSD days away from work rate for NAICS 333516 was not published. The rate for the broader industry NAICS 333510 is used in its place.

APPENDIX F

CSHO CHECKLIST

Prior to inspection of establishment obtain the following documents:
Letter to employer, MAO and (Administrative Subpoena if needed)

Year	Obtain a Copy of Form 300, 301 and 300A and include in case file?	Calculate and check the DART against the ER's?	Obtain employee rooster from this year?	Check to make sure all cases on Form 300 are correct? (this would include over-recorded cases)	Look at all employee documents for employees in the sample and reconstruct the recordable cases?	Interview employees using the employee rooster about injuries/illnesses in the indicated cycle years	Enter Form 300A data into IMIS system?	Data should be sent to the National Office?
2007	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2008	Yes	No	No	Yes	Yes (even though the list is made from 2007 employees; we also reconstruct this log)	Yes (even though the list is made from 2007 employees)	Yes	Yes
2006	Yes	No	No	Review as usual procedure but do not verify each case	No	No	Yes	No
2009	Yes	No	No	Review as usual procedure but do not verify each case	No	No	Yes	No

and Reporting Occupational Injuries and Illnesses