



NC Sturgeon Safety Management System			Doc No:	RECORDS
			Initial Issue Date	03/2016
INJURY/ILLNESS RECORDKEEPING			Revision Date:	Initial Version
			Revision No.	0
			Next Revision Date:	TBD
Preparation: Safety Mgr	Authority: President	Issuing Dept: Safety	Page:	Page 1 of 4

Purpose

The purpose of this program is to define the requirements for recording job related injuries and illnesses for **NC Sturgeon**.

Scope

This policy shall cover all **NC Sturgeon** operations within the United States. Specific guidelines are available at the following website link: <http://www.osha.gov/recordkeeping/index.html>.

Key Responsibilities

Safety Manager

- Shall ensure all job related injuries and illness are recorded properly in accordance with OSHA requirements.
- Shall ensure all required posting are conducted in accordance with recordkeeping guidelines
- Shall maintain all required records.
- Shall determine the proper classification of job related injuries or illnesses based on OSHA recordkeeping guidelines.

Supervisors

- Shall ensure that all job related injuries and illness are reported promptly to the **NC Sturgeon** Safety Manager.

Employees

- Shall promptly report any actual or suspected job related injury or illness.

Procedure

If **NC Sturgeon** is required to keep records of fatalities, injuries, and illnesses it must record each fatality, injury and illness that:

- work-related; and
- is a new case; and
- meets one or more of the general recording criteria.

NC Sturgeon must enter each recordable injury or illness on an OSHA 300 Log and 301 Incident Report, or other equivalent form, within seven (7) calendar days of receiving information that a recordable injury or illness has occurred.

A **NC Sturgeon** executive must certify that he or she has examined the OSHA 300 Log and that he or she reasonably believes, based on his or her knowledge of the process by which the information was recorded, that the annual summary is correct and complete.



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Posting

NC Sturgeon must post a copy of the annual summary in each establishment in a conspicuous place or places where notices to employees are customarily posted. **NC Sturgeon** must ensure that the posted annual summary is not altered, defaced or covered by other material.

The annual summary must be posted no later than February 1st of the year following the year covered by the records and the posting kept in place until April 30th.

NC Sturgeon must save the OSHA 300 Log, the privacy case list (if one exists), the annual summary and the OSHA 301 Incident Report forms for five (5) years following the end of the calendar year that these records cover.

See next page for current OSHA recordkeeping forms as of this date.



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INJURY/ILLNESS RECORDKEEPING

OSHA RECORDKEEPING FORMS

OSHA's Form 300 (Rev. 01/2004)
Log of Work-Related Injuries and Illnesses

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

Year: _____
U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OMB No. 1218-0176

You must record information about every work-related injury or illness that results from one of the following: a) a recordable work-related injury or illness that results in death, loss of consciousness, or loss of restriction; b) a recordable work-related injury or illness that results in days away from work, job transfer, or restriction; c) a recordable work-related injury or illness that results in medical treatment beyond first aid; d) a recordable work-related injury or illness that results in a significant injury or illness that is diagnosed by a physician or other health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.3 through 1904.12. For help, see the instructions for this form. You must complete an injury and illness record (OSHA Form 301) for each incident for which you record an injury or illness on this form. If you do not have a case to record, set your record OSHA office to help.

Establishment name: _____ State: _____
City: _____

(A) Case No.	(B) Employee's name	(C) Job Title (if a Viewpoint)	(D) Date of injury or illness (month/year)	(E) Where the event occurred (if applicable)	(F) Describe injury or illness, parts of body affected, and occupational exposure that directly injured or exposed person (if applicable)	CHECK ONLY ONE box for each case based on the most serious outcome for that case.										(M) Enter the number of days the injured or ill worker was:	Check the "injury" column or include one type of illness.				
						Days away from work		Job transfer or restriction		Other recordable cases		Days lost		Days lost			Days lost		Days lost		Days lost
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	
Page totals																					

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any aspect of this data collection, including suggestions for reducing the burden, to Washington, DC 20503. Do not send this information to the OSHA office.

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OSHA's Form 300A (Rev. 01/2004)
Summary of Work-Related Injuries and Illnesses

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

Year: _____
U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OMB No. 1218-0176

All establishments covered by Part 1904 must complete this Summary page with the number of injuries or illnesses occurring during the year. Attachment to the Log is used to enter the actual and complete information for each injury or illness. Use the Log to enter the actual and complete information for each injury or illness. Do not use this Summary page to enter the actual and complete information for each injury or illness. Do not use this Summary page to enter the actual and complete information for each injury or illness. Do not use this Summary page to enter the actual and complete information for each injury or illness.

Employees whose employers are not covered by this form are not to be included in the summary. Do not include employees whose employers are not covered by this form. Do not include employees whose employers are not covered by this form. Do not include employees whose employers are not covered by this form.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(1)	(2)	(3)	(4)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
(5)	(6)

Injury and Illness Types

Total number of:			
(7) Injury	(8) Poisoning	(9) Other	(10) Illness
(11) Skin Disorder	(12) Hearing Loss	(13) Respiratory Condition	(14) All Other Illnesses
(15)	(16)	(17)	(18)

Establishment Information

Your establishment name: _____
Street: _____
City: _____ State: _____ Zip: _____
Industry description (e.g., Manufacturer of motor bus tires): _____
Standard Industrial Classification (SIC), Ferson (e.g., 80 3118): _____
OR, North American Industry Classification (NAICS), Ferson (e.g., 200212): _____

Employment Information

Annual average number of employees: _____
Total hours worked by all employees last year: _____

Sign Here

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Title _____
Date _____

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this aspect of any other aspect of this data collection, including suggestions for reducing the burden, contact: U.S. Department of Labor, Office of Statistics, Room 3036, 200 Constitution Ave., Washington, DC 20503. Do not send this information to the OSHA office.

OSHA's Form 301
Injuries and Illnesses Incident Report

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

Year: _____
U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OMB No. 1218-0176

This Injury and Illness Incident Report is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the Log of Work-Related Injuries and Illnesses and the accompanying Summary, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information listed for on this form.

According to Public Law 91-506 and 28 CFR 1904.3, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Information about the employee

1) Full Name _____
2) Street _____
City _____ State _____ Zip _____
3) Date of birth _____
4) Date hired _____
5) Male
 Female

Information about the case

10) Case number from the Log _____ (transfer the case number from the Log after you record the case.)
11) Date of injury or illness _____
12) Time employee began work _____ AM/PM
13) Time of event _____ AM/PM Check if time cannot be determined
14) What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials," "spraying chlorine from hand sanitizer," "slay computer key-entry."

Information about the physician or other health care professional

6) Name of physician or other health care professional _____
7) If treatment was given away from the workplace, where was it given? _____
8) Was employee treated in an emergency room? Yes No
9) Was employee hospitalized overnight as an in-patient? Yes No

What happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet." "Worker was applying wet chlorine when galley broke during replacement." "Worker developed pneumonia in winter over time."

What was the injury or illness? Tell us the part of the body that was affected and how it was affected. Be more specific than "hurt," "pain," or "sore." Examples: "strained back," "chemical burn, hand," "large laceration syndrome."

What object or substance directly harmed the employee? Examples: "concrete floor," "chlorine," "radon gas." If this question does not apply to the incident, leave it blank.

If the employee died, when did death occur? Date of death _____

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this aspect of any other aspect of this data collection, including suggestions for reducing the burden, contact: U.S. Department of Labor, Office of Statistics, Room 3036, 200 Constitution Ave., Washington, DC 20503. Do not send this information to the OSHA office.



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