



<b>NC Sturgeon</b> Safety Management System			Doc No:	RECORDS
			Initial Issue Date	03/2016
<b>INJURY/ILLNESS RECORDKEEPING</b>			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

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

## Scope

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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

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### 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

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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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### 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. 1218-0178

You must record information about every work-related injury or illness that results from the recordable work activity, or job transfer, day away from work, or medical treatment beyond first aid. You must also record any work-related injury or illness that results from the recordable work activity, or job transfer, day away from work, or medical treatment beyond first aid if the specific recording criteria listed in 29 CFR 1904.9 through 1904.12. For "yes" or "no" lines for a single case, if you need it. You must complete an injury and illness record (OSHA Form 301) for each incident for each injury or illness recorded on this form. If you do not use a case a record, set your record OSHA office for help.

Establishment name: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_

(A) Case No.	(B) Employee's name	(C) Job title (if a volunteer)	(D) Date of injury or onset of illness (m/d/yyyy)	(E) Where the event occurred (if job location not known)	(F) Describe injury or illness, parts of body affected, and job activity or exposure that directly injured or exposed person (if e.g., second degree burns on right forearm from sawdust saw)	CHECK ONLY ONE box for each case based on the most serious outcome for that case.					Enter the number of days the injured or ill worker was:	Check the "injury" column or include one type of illness.								
						(G) Days away from work	(H) Restricted to normal job duties	(I) Job transfer or restriction	(J) Other recordable case	(K) Total		(L) On job transfer or restriction (days)	(M) Injury	(N) Illness	(O) Skin	(P) All other illnesses				
						(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)					
Page totals											0	0	0	0	0	0	0	0	0	0

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

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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. 1218-0178

All establishments covered by Part 1904 must complete this Summary page with an OSHA number or incident number during the year. Refer to the Log of Work-Related Injuries and Illnesses (Form 300) for instructions on how to use this Summary page. This Summary page is to be used to summarize the information recorded on the Log of Work-Related Injuries and Illnesses (Form 300) for each calendar year. It is not to be used to record individual cases. It is not to be used to record individual cases. It is not to be used to record individual cases.

Employers whose employees are not represented by a union or who do not have a union should have access to the OSHA Form 301 of its employees. See 29 CFR 1904.10 for details. Reporting requirements for other details on the record are on these forms.

**Number of Cases**

Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of cases with other recordable cases
0 (G)	0 (H)	0 (I)

**Number of Days**

Total number of days away from work	Total number of days of job transfer or restriction
0 (K)	0 (L)

**Injury and Illness Types**

Total number of:	(M)	(N)	(O)	(P)
(1) Injury	0	(4) Poisoning	0	
(2) Skin Disorder	0	(5) Hearing Loss	0	
(3) Respiratory Condition	0	(6) All Other Illnesses	0	

Post this Summary page from February 1 to April 30 of the year covered by the form.

Establishment information:

Your establishment name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Industry description (e.g., Manufacturer of motor bus tires): \_\_\_\_\_  
Standard Industrial Classification (SIC), Person (e.g., 80 319): \_\_\_\_\_  
OR, North American Industry Classification (NAICS), Person (e.g., 20022): \_\_\_\_\_

Employment information:

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

Sign here:

Knowingly falsifying this document may result in a fine.

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

Company executive: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**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. 1218-0178

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 1904.10, 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 \_\_\_\_\_
- 3) City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 4) Date of birth \_\_\_\_\_
- 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," "slip computer key."
- 15) 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."
- 16) 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."
- 17) 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.
- 18) If the employee died, when did death occur? Date of death \_\_\_\_\_

**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

Completed by: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ 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 reviewing 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 this burden, contact: U.S. Department of Labor, OSHA, Office of Statistics, Room N3404, 200 Constitution Ave., NW, Washington, DC 20210. Do not send the completed forms to this office.



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