MIOSHA Recordkeeping and Reporting Occupational Injuries and Illnesses

Presented by
Consultation Education and Training (CET) Division
Michigan Occupational Safety and Health Administration (MIOSHA)

1

Objectives

Discriminate between recordable and non-recordable workplace injuries.

Discuss the purpose and criteria for completing the MIOSHA Form 300, Form 301, and Form 300A.

2

Recording Criteria

All covered employers must record each fatality, injury or illness that:

- Is work-related and
- Is a new case and
- Meets one or more of the general recording criteria.

New Case

You must consider an injury or illness to be a "new case" if any of the following apply:

- The employee has not previously experienced a recordable injury or illness of the ***same type*** that affects the ***same part of body***;

or

- The employee previously experienced a recordable injury or illness of the same type that affects the same part of body ***but*** had recovered completely ***and*** an event or exposure in the work environment caused the signs and symptoms to ***reappear***.

General Recording Criteria

An injury or illness is recordable if it results in one or more of the following:

- Death
- Days away from work
- Restricted work or transfer to another job
- Medical treatment beyond first aid
- Loss of consciousness
- Significant injury or illness diagnosed by a physician or other Licensed Health Care Professional (LHCP)

Restricted Work Activity

A physician or LHCP recommends that the employee not perform one or more of the routine functions of the job.

An employee is unable to perform all routine job tasks or cannot work for a complete day.

"Routine Functions" work activities the employee regularly performs at least once per week.

Transfer to Another Job

An employee is assigned to a job other than his/her regular job for part of the day.

Employee permanently assigned to a job that has been modified or permanently eliminates the routine functions. At least one day must be reported on the Log 300.

Medical Treatment

"Medical treatment" means the management and care of a patient to combat disease or disorder. For the purposes of these rules, medical treatment does not include any of the following:

- Observation or counseling
- Diagnostic purposes
- First-aid

First Aid Treatment

- Nonprescription medication at nonprescription strength
- Administering tetanus immunizations
- Cleaning, flushing, or soaking wounds
- Bandages, Band-Aids, gauze pads, butterfly bandages or steri-strips
- Using hot or cold therapy
- Nonrigid means of support
- Temporary immobilization devices

First Aid Treatment

- Drilling of a fingernail or toenail to relieve pressure, or drain fluid from a blister.
- Eye patches.
- Removing foreign bodies from eye using only irrigation or a cotton swab.
- Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs, or other simple means.
- Finger guards.
- Massages.
- Drinking fluids for relief of heat stress.

Loss of Consciousness

Must be recorded regardless of treatment or lack of treatment.

If not treated, then record as “other recordable.”

Significant Diagnosed Injury/Illness

- Cancer
- Chronic irreversible disease
- Fractured or cracked bone
- Punctured ear drum

Note: Always recorded regardless of recording criteria if work related.

Significant Aggravation

A pre-existing injury or illness is significantly aggravated when an event or exposure in the work environment results in any of the following (which would not have occurred but for the occupational event or exposure):

- Death
- Loss of consciousness
- Days away from work
- Days of restricted or job transfer
- Medical treatment

Example: Asthma aggravated by cleaning company spraying quaternary ammonium compounds near work area.

Travel Status

- Work activities “in the interest of the employer.”
- Home away from home.
- Detour for personal reasons are not work related.

Working At Home

Cases will be considered work-related if the injury or illness occurs:

- while the employee is performing work for pay or compensation,
- and the injury or illness is directly related to the performance of work rather than the home environment.

Needle Stick and Sharps Injuries

- Record all needle stick and sharps injuries involving contamination by another person's blood or other potentially infectious material
- Record splashes or other exposures to blood or other potentially infectious material if it results in a diagnosis of a bloodborne illness or meets the general recording criteria
- Record as a "privacy case" on the log
- Additional needle stick criteria found in Part 554

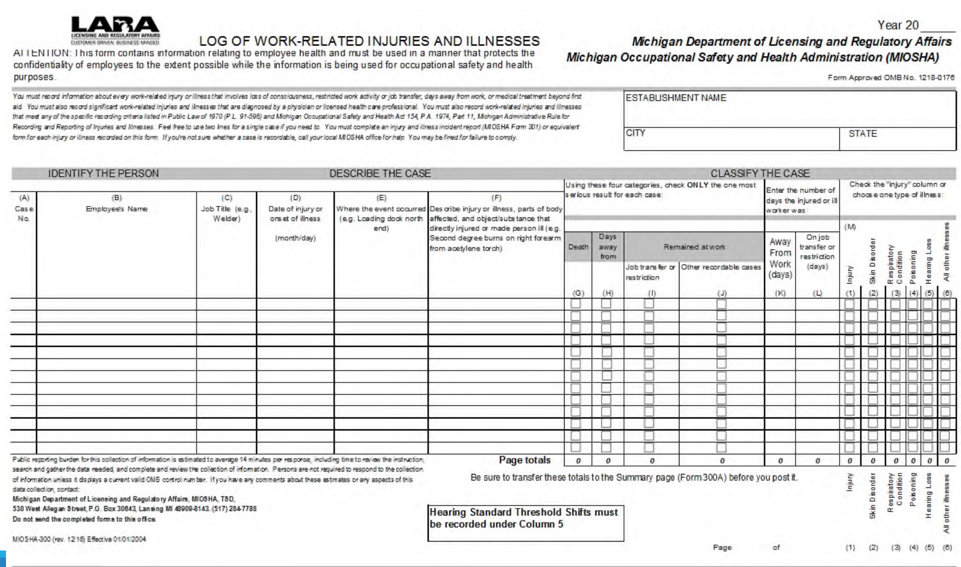
Temporary Employees

If you provide the day-to-day supervision for these employees, it is recorded on your log and you are responsible for the Reporting Requirements under this rule.

If the temporary or contractor's employee is under the day-to-day supervision of the temporary service agency or contractor, the temporary service agency or contractor is responsible for recording the injury or illness.

See Injury and Illness Recordkeeping Requirements for Temporary Workers Fact Sheet

MIOSHA Log 300



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LOG OF WORK-RELATED INJURIES AND ILLNESSES

Year 20_____

Michigan Department of Licensing and Regulatory Affairs
Michigan Occupational Safety and Health Administration (MIOSHA)

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.

Form Approved OMB No. 1218-0176

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in Public Law of 1970 (P.L. 91-596) and Michigan Occupational Safety and Health Act 154, P.A. 1974, Part 11, Michigan Administrative Rule for Recording and Reporting of Injuries and Illnesses. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (MIOSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local MIOSHA office for help. You may be fined for failure to comply.

ESTABLISHMENT NAME

CITY | STATE

IDENTIFY THE PERSON			DESCRIBE THE CASE			CLASSIFY THE CASE											
						Using these four categories, check ONLY the one most serious result for each case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness: (M)					
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (month/day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	Death	Days away from	Remained at work: Job transfer or restriction	Remained at work: Other recordable cases	Away From Work (days)	On job transfer or restriction (days)	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
					Page totals	0	0	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.

Injury (1) Skin Disorder (2) Respiratory Condition (3) Poisoning (4) Hearing Loss (5) All other illnesses (6)

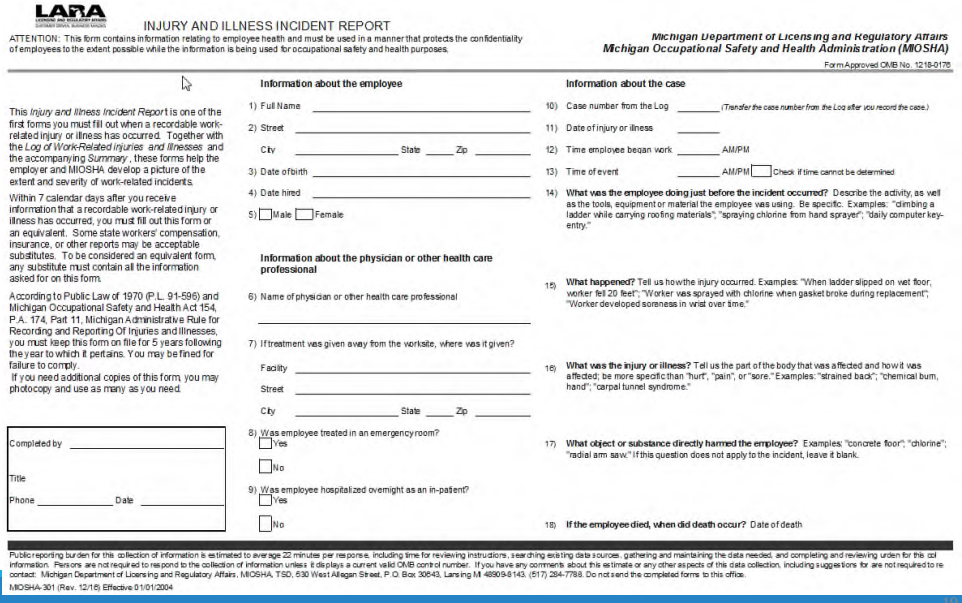
Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact:
Michigan Department of Licensing and Regulatory Affairs, MIOSHA, TSD,
530 West Allegan Street, P.O. Box 30643, Lansing MI 48909-8143. (517) 284-7788
Do not send the completed forms to this office.

Hearing Standard Threshold Shifts must be recorded under Column 5

MIOSHA-300 (rev. 12/16) Effective 01/01/2004

Page of

MIOSHA Log 301



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INJURY AND ILLNESS 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.

Michigan Department of Licensing and Regulatory Affairs
Michigan Occupational Safety and Health Administration (MIOSHA)

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 MIOSHA 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 asked for on this form.

According to Public Law of 1970 (P.L. 91-596) and Michigan Occupational Safety and Health Act 154, P.A. 174, Part 11, Michigan Administrative Rule for Recording and Reporting Of Injuries and Illnesses, you must keep this form on file for 5 years following the year to which it pertains. You may be fined for failure to comply.

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

Completed by _____

Title

Phone _____ Date _____

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 physician or other health care professional

6) Name of physician or other health care professional

7) If treatment was given away from the worksite, where was it given?
Facility _____
Street _____
City _____ State ____ Zip _____

8) Was employee treated in an emergency room?
☐ Yes
☐ No

9) Was employee hospitalized overnight as an in-patient?
☐ Yes
☐ No

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 sprayer"; "daily computer key-entry."
15) **What happened?** Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist 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"; "carpal tunnel syndrome."
17) **What object or substance directly harmed the employee?** Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.
18) **If the employee died, when did death occur?** Date of death

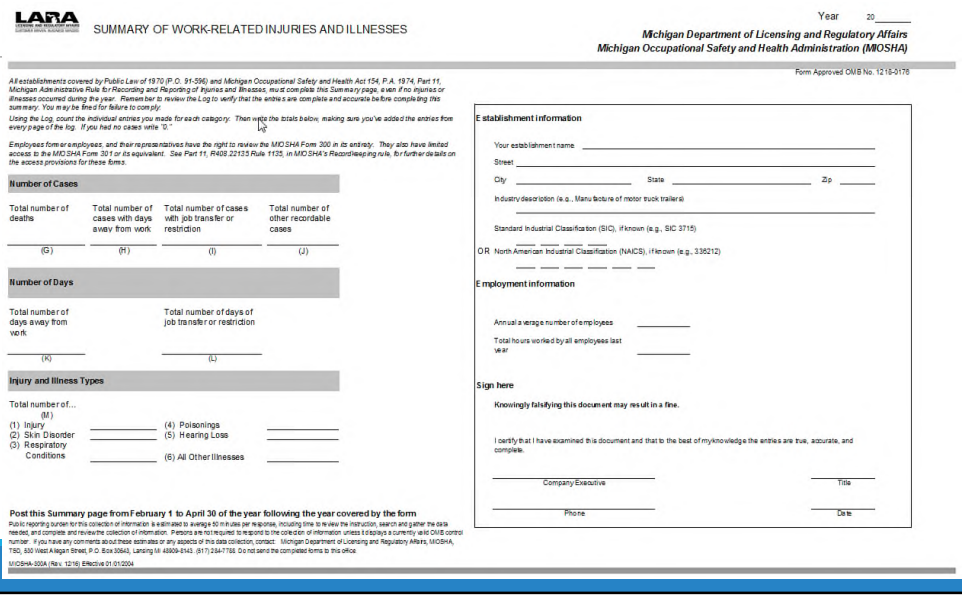
Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing uirden for this col information. Persons are 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 estimate or any other aspects of this data collection, including suggestions for are not required to re- contact: Michigan Department of Licensing and Regulatory Affairs, MIOSHA, TSD, 530 West Allegan Street, P.O. Box 30643, Lansing MI 48909-8143. (517) 284-7788. Do not send the completed forms to this office.

MIOSHA-301 (Rev. 12/16) Effective 01/01/2004

19

19

MIOSHA Log 300A



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SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES

Year 20____

Michigan Department of Licensing and Regulatory Affairs
Michigan Occupational Safety and Health Administration (MIOSHA)

Form Approved OMB No. 1218-0176

All establishments covered by Public Law of 1970 (P.O. 91-596) and Michigan Occupational Safety and Health Act 154, P.A. 1974, Part 11, Michigan Administrative Rule for Recording and Reporting of Injuries and Illnesses, must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary. You may be fined for failure to comply.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

Employees, former employees, and their representatives have the right to review the MIOSHA Form 300 in its entirety. They also have limited access to the MIOSHA Form 301 or its equivalent. See Part 11, R408.22135 Rule 1135, in MIOSHA's Recordkeeping rule, for further details on the access provisions for these forms.

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
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

Total number of...

	(M)		
(1) Injury		(4) Poisonings	
(2) Skin Disorder		(5) Hearing Loss	
(3) Respiratory Conditions		(6) All Other Illnesses	

Establishment information

Your establishment name _____
Street _____
City _____ State _____ Zip _____
Industry description (e.g., Manufacture of motor truck trailers) _____
Standard Industrial Classification (SIC), if known (e.g., SIC 3715) ____ ____ ____ ____
OR North American Industrial Classification (NAICS), if known (e.g., 336212) ____ ____ ____ ____ ____ ____

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 _____

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

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: Michigan Department of Licensing and Regulatory Affairs, MIOSHA, TSD, 530 West Allegan Street, P.O. Box 30643, Lansing MI 48909-8143. (517) 284-7788. Do not send the completed forms to this office.

MIOSHA-300A (Rev. 12/16) Effective 01/01/2004

20

20

Forms

- You must enter each recordable injury or illness on the MIOSHA 300 and 301 (or equivalent) incident report within **seven** calendar days.
- Forms can be kept on a computer or at another location as long as they can be produced when they are requested.
- The Form 300A must be posted from February 1st to April 30th each year in a place where all employees can review the information.

Please note:

Recordable ≠ Compensable

Some injuries may be covered by worker's compensation but are not recordable.

Keep the Forms on File

- File and update for 5 years
- Do not send copies to MIOSHA unless asked to do so
- Allow access to the records

REPORTING REQUIREMENTS

All employers must report to MIOSHA as described below.

Fatalities within 8 hours

And the following within 24 hours:

In-patient hospitalizations of one or more employees	Amputations	Loss of an eye

ELECTRONIC SUBMISSIONS

- Certain employers must electronically submit injury and illness data to OSHA that they are already required to keep under MIOSHA regulations.
- The content of these establishment-specific submissions depends on the size and industry of the employer.
- www.osha.gov/injuryreporting

ELECTRONIC SUBMISSION OF INJURY AND ILLNESS RECORDS TO OSHA

Information must be submitted once a year by March 2nd for the previous year.

Data will be submitted electronically into a Federal database.

Slide 25

ZD(1 Pilot wanted link to the OSHA reporting site
Ziel, Deborah (LEO), 2022-10-13T13:20:59.700

Summary

Policy to report injuries

300/300A/301

300A – Signed by the Highest-Ranking Executive

Post summary from February 1-April 30.

27

Recordkeeping Questions?

General Assistance / Forms / Posters / Information

Michigan Occupational Safety and Health Administration (MIOSHA)
Technical Services Division (TSD)
Management Information Systems Section (MISS)
530 W. Allegan Street, P.O. Box 30643
Lansing, Michigan 48909-8143

www.michigan.gov/recordkeeping

517-284-7788

28

Thank you!

Questions?

Sign up today to get started!

www.michigan.gov/mioshaupdates