

DOSH DIRECTIVE

Department of Labor and Industries
Division of Occupational Safety and Health
Keeping Washington Safe and Working

2.66

Injury and Illness Recordkeeping NEP

(Updated) Date: August 30, 2010

I. Background and Purpose

The federal Occupational Safety and Health Administration issued Directive Number 10-02 (CPL 02), which became effective February 19, 2010, and canceled Directive 09-08 (CPL-02). Directive 10-02 (CPL 02) describes policies and procedures for implementing a pilot National Emphasis Program (NEP) in an effort to pilot OSHA's ability to effectively target establishments to identify employers who under-record occupational injuries and illness.

II. Scope and Application

This Directive establishes DOSH enforcement procedures to support OSHA's Directive 10-02 (CPL 02), and applies to DOSH operations statewide.

III. Inspection Scheduling

A. The Statewide DOSH Compliance Manager will assign a minimum of 5 inspections to be conducted statewide under the Recordkeeping (RK)NEP by selecting establishments that have:

- At least 40 employees
- A 2007 experience factor <1.00
- A NAICS code listed in Appendix A
- If during the inspection it is discovered that the establishment's true NAICS code is not listed on Appendix A, the inspection will still be conducted as long as the industry is not exempted from the recordkeeping requirements under Chapter 296-27 WAC, or is a part of a complaint or referral.

Experience Factor is an actuarially computed factor based on past claims experience; in that, it is multiplied by the base rate of a class to arrive at the rate for an individual firm. For example, an employer with an experience factor less than 1.0000 pays less than the average employer in that risk class.

DOSH will maintain an establishment inspection list for a period no less than 3 years after completion of all inspections conducted under this NEP. The list shall include NAICS codes, experience factors, and any deletions or modifications.

B. Exemptions or Special Considerations.

1. DOSH Voluntary Protection Plan (VPP) employers are not included in the NEP.
2. Establishments that are only offices are not included in the NEP if the CSHO can verify that the injury and illness data pertains only to the office location and is not associated with production facilities. If the injury and illness data pertains to a production facility, the CSHO must conduct the inspection if the facility is in the office's jurisdiction.

- C.** Replacement inspections. Whenever a CSHO runs into a situation where the originally assigned establishment inspection will not be conducted, the CSHO shall immediately inform his or her supervisor and compliance manager to be assigned a new/replacement inspection from the established list.

IV. Accessing Employee Medical Records

- A.** As stated in WAC 296-802-50010, DOSH staff are not required to present a Written Access Order to review the following types of employee Medical records:
1. Medical records and analyses that don't contain personal identification information
 2. Examination of records to verify compliance with medical surveillance requirements pertaining to another occupational health and safety rule
 3. Medical opinions, biological monitoring results, results of medical examinations, or laboratory tests required by another occupational health and safety rule
- B.** A Written Access Order (see [Appendix C](#)) must be presented to the employer or other medical record holder when requesting employee medical records not described in section **IV. A.** above.

Written Access Order is a request by DOSH for specified staff to examine or copy personally identifiable employee medical information contained in a record held by an employer or other record holder.

- C. CSHOs with questions regarding access to, or evaluation of, employee medical records may contact the DOSH Occupational Nurse Consultant at 360-902-5666.
- D. The CSHO shall review medical records and note findings without including personal identifiers whenever possible. However, personal identifiers included on copies of medical records must be placed in a separate, closed envelop, that is clearly labeled with the inspection number, employer name, region number, and CSHO ID. The envelope must be stamped **“CONFIDENTIAL”**.
- E. If the medical record holder refuses to allow DOSH access to requested medical records, the CSHO shall discuss the need for access with his/her supervisor. If access is deemed necessary to evaluate employer compliance with recordkeeping requirements, the CSHO shall follow the guidance for obtaining an administrative subpoena, as described in the DOSH Compliance Manual.

Administrative Subpoena is a written order issued by DOSH personnel that requires 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 WISH Act.

V. Inspection Procedures

A. Opening Conference.

1. At the opening conference the CSHO shall present an explanatory letter (see [Appendix B](#)) to the employer and employee representative (if one is present), explaining the purpose, scope, and process for the inspection.
2. During the opening conference the CSHO shall:
 - (a) Verify the establishment's NAICS code. If the establishment's true NAICS code is not listed on Appendix A, the inspection will still be conducted as long as the industry is not exempted from the recordkeeping requirements under Chapter 296-27 WAC, or is a part of a complaint or referral.
 - (b) Inform the employer of the DOSH citation policy and that violations cited may be assessed a penalty.
 - (c) Document what actions the employer takes 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 nearby that have treated their employees).

- (d) Address complaint/referral inspections that are not related to the recordkeeping inspection while on site. Valid complaint items will be cited as part of the current inspection or be referred to the Regional Office for processing.

B. New Ownership.

1. If the establishment has changed ownership after:
 - (a) December 31, 2006, but before December 31, 2008, the records inspection will only be conducted for the period of new ownership.
 - (b) December 31, 2008, the inspection will not be conducted; *unless* the scope of the inspection involves a complaint or referral.
2. If the name of the company changes, but the ownership essentially remains the same, the CSHO will inspect the establishment.

Note: WAC 296-27-13101(1) states that once a recordkeeping request is made by DOSH personnel, the employer must provide the records within 4 business hours. The CSHO may use this time to begin the walk-around portion of the inspection process and/or conduct required interviews.

C. Calculate DART (Days Away from work, Restricted work activity, and Transfers to another job).

1. During the inspection, CSHOs shall review the OSHA 300 Logs for 2007 and 2008, corresponding OSHA Forms 301 and the OSHA Form 300A, and calculate the DART rate for 2007 using the following formula: $(N/EH) \times (200,000)$
 - (a) N = the number of cases involving days away and/or restricted work activity, and/or job transfers;
 - (b) EH = the total number of hours worked by all workers during the calendar year;
 - (c) 200,000 = the base number of hours worked for 100 full-time equivalent workers.
2. A records inspection will not be conducted if the 2007 DART rate is above 4.2, or is at least twice the national average. However, a limited walk-around inspection must still be conducted for establishments whose DART is at least twice the national average.

D. Records Inspection.

1. If the documents requested below are not maintained at the establishment, then the CSHO must determine the availability and location of the records needed to conduct and complete the inspection.
2. 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 Calendar Year 2007 and 2008.

The records to be reviewed (including records stored offsite) shall include all of the following:

- Medical records
- Workers' compensation records
- Insurance records
- Payroll/absentee records
- Company safety incident reports, company first-aid logs, alternate duty rosters, and disciplinary records pertaining to injuries and illnesses.
- If the employer uses the services of an off-site medical clinic, then the CSHO must visit that clinic to review any medical records pertaining to the sampled employees for the review period.

Note: Although not all documents listed above are required by Chapter 296-27 WAC, they are required for the purpose of the NEP for recordkeeping inspections established by the OSHA CPL.

3. The CSHO must verify that each identified recordable injury or illness is properly entered on the employer's OSHA Form 300 and OSHA Form 301.
4. CSHOs must obtain a copy of all of the following for calendar years 2007 and 2008:
 - (a) The employer's completed OSHA Form 300
 - (b) The total hours worked for all employees and the average number of employees
 - (c) A complete roster of all employees; including full time, part time, and seasonal workers.
 - The roster 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.

E. Determine the random sample size of employees.

1. For establishments with an employee roster that have:
 - One to 100 employees, all employees' records will be reviewed
 - 101 to 250 employees, 50% of employee records will be reviewed by selecting the second employee on the list and choose every other employee from there on.
 - More than 250 employees, 33% of employee records will be reviewed by selecting the third employee on the list and choose every third employee from there on.
2. If in identifying the sample of employees the CSHO determines that an employee's 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's 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.
3. Once the CSHO has compiled a list of the sample employees selected for the records review, he/she must complete the following steps in the order given:
 - Step 1:** Review all pertinent records for each employee selected in the inspection sample
 - Step 2:** Reconstruct log entries using the worksheet in [Appendix D](#) for the recordable cases identified from each of the sample employees' files. Also enter the reasons for recordability using the worksheet.
 - Step 3:** Use the worksheet to compare the recordable case entries with the employer's Form 300 Log, and to document any differences that exist
4. The CSHO shall obtain and include in the case file copies of the OSHA Form 300, as well as all documentation discovered supporting 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 DOSH Compliance Manual.

Note: If the records review indicates under-reporting is occurring, the CSHO may, upon consultation with the Regional Office, expand the records inspection beyond the sample inspection.

If the CSHO determines, after reviewing the OSHA forms and the injury and illness records, that a significant portion of the injuries or illnesses are ergonomically related, the CSHO will calculate a Days Away from Work case rate for musculoskeletal disorders.

If the calculated rate is greater than or equal to twice the industry rate listed in Appendix F, the CSHO will include the questions contained in the Supplemental Questionnaires for the employee, management, and health care professional interviews. The CSHO will discuss the findings with the Compliance Manager to determine if a referral is necessary.

F. Over-Recording.

1. After reviewing the sampled employees' files and the employer's CY 2007 and 2008 Logs for any recorded cases for the sample 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 by interviewing the employer, record-keeper or employee.
2. If the CSHO identifies cases recorded for the sampled employees that don't meet OSHA recordability criteria, then the CSHO must document over-recorded cases on the worksheet provided in [Appendix D](#).

G. Interview the Designated Record-keeper.

1. The CSHO shall interview the designated record-keeper using the Recordkeeping Procedures Questionnaire in [Appendix D](#) in order to determine:
 - (a) The manner in which injuries and illnesses are recorded at the establishment, and
 - (b) The record-keepers' knowledge of the OSHA injury/illness recordkeeping requirements and to determine whether recordkeeping problems exist.
2. If the CSHO learns of any company policies that may discourage recording on the injury/illness logs, 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.

H. Employee Interviews.

1. CSHOs shall interview a sub-sample of employees using the Employee Questionnaire contained in [Appendix D](#). A sub-sample of employees to be interviewed must be selected from the sample employees selected for the records inspection. For establishments with:
 - (a) 100 or fewer employees, conduct at least 10 interviews
 - (b) 101 to 250 employees, conduct at least 15 interviews
 - (c) More than 250 employees, conduct at least 20 interviews
2. The selection of employees to interview is not random. The CSHO will focus interviews on employees likely to be injured or become ill. When conducting employee interviews, CSHOs shall also do all of the following:
 - (a) Inform employees that they may request confidentiality. Use Form *F416-016-000, Statement*, to document confidentiality and non-disclosure requests. CSHOs must make no promises of confidentiality beyond the protection of employee identity to the extent described on Form F416-016-000. (See the DOSH Compliance Manual).
 - (b) Investigate any specified injury or illness not identified in the records review
 - (c) Document how employees were selected for interview, and indicate which selected individuals were not available for interview and why.
 - (d) Select employees from those working in high hazard areas. If the CSHO discovers unexplained absences during the review of absentee records, then the CSHO must interview that employee to determine if the absence was due to a work-related injury or illness.

I. Management Interviews.

The CSHO shall use the questionnaire in [Appendix D](#) to interview management representatives regarding the manner in which injuries and illnesses are recorded at the establishment. During these interviews, the CSHO must determine:

- (a) The existence of incentive or disciplinary programs that may influence recordkeeping, and
- (b) The extent to which Management may influence medical treatment of injured or ill employees and to determine whether recordkeeping problems exist.

J. Interviews with First-Aid Providers and Health Care Professionals.

The CSHO shall use the questionnaire in [Appendix D](#) to interview staff who participated in first-aid or medical treatment of employees with occupational injuries or illnesses to determine all of the following:

- (a) The consistency of information regarding the manner in which injuries and illnesses are recorded at the establishment.
- (b) The existence of incentive or disciplinary programs that may influence recordkeeping.
- (c) The extent to which Management may influence medical treatment of ill or injured employees for the purposes of modifying DOSH recordability.
- (d) Whether recordkeeping problems exist.

K. Limited Walk-around Inspection.

1. The CSHO will conduct a limited walk-around inspection of the main plant operations areas to look for consistency with the recorded injuries and illnesses. The CSHO shall address all violations observed in plain view while conducting the limited walk-around inspection.
2. The CSHO may, upon consultation with their Regional 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.
3. 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 the DOSH Compliance Manual.

L. Closing Conference.

1. In accordance with the DOSH Compliance Manual, the CSHO shall conduct a closing conference with the employer and the employee representatives to discuss the strengths and weaknesses of the employer's recordkeeping program as well as describe any recordkeeping deficiencies and violations found during the data check, records inspection, and walk-around inspection.
2. If the CSHO has determined the employer's recordkeeping is accurate, the CSHO shall encourage the employer to participate in one of OSHA's cooperative compliance programs.

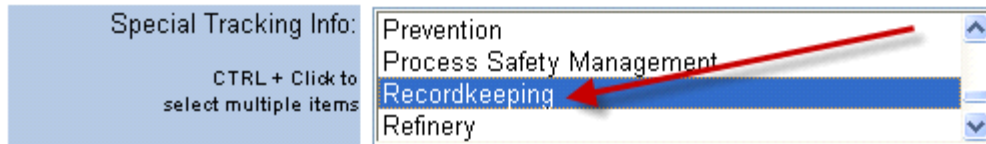
VI. Issuance of Citations

Citations and penalties may be assessed for OSHA recordkeeping violations identified during the course of the NEP inspection. The CSHO must include supporting documentation for each violation cited as required by the DOSH Compliance Manual.

1. Citations for recordkeeping violations shall be classified as other-than serious with proposed penalties appropriate to the circumstances of each violation cited. If violations are characterized as “willful,” “repeat,” or “failure to abate,” the CSHO shall contact their supervisor, Regional Compliance Manager, or Statewide Compliance Manager 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.
2. Each violation and associated penalty shall be considered independently/separately of others.
3. CSHOs shall not cite employers for over-reporting. CSHOs shall inform employers of the need to eliminate the over reported cases identified on the OSHA Form 300 Log.
4. Other violations discovered during the course of the inspection shall be cited in accordance with the DOSH Compliance Manual.

VII. Recording and Tracking

- A. CSHOs shall document the summary line of the employer's Form 300 Logs and the hours worked for three prior calendar years into the WIN System. The code to use in the OSHA-1 item for:
 1. “Inspection Type” is “Planned.”
 2. “Scope” is “Partial”
- B. To facilitate tracking of these inspections for evaluation of the program, select Recordkeeping in the Special Tracking Info section.



XIII. References

- OSHA CPL 02-09-08, Injury and Illness Recordkeeping National Emphasis Program (RK NEP), September 30, 2009
- WAC 296-27, Recordkeeping
- WAC 296-802, Employee Medical and Exposure Records
- WRD 2.12, Coordinating DOSH Enforcement and Consultation
- WRD 2.10, Targeting WISHA Activities (General)
- DOSH Compliance Manual
- 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.

XI. Expiration Date

This directive expires two years from the effective date, unless replaced earlier by a new directive.

Approved:

A handwritten signature in blue ink, appearing to read "Michael Silverstein", is written over a solid black horizontal line.

Michael Silverstein, MD, Assistant Director
Department of Labor and Industries
Division of Occupational Safety and Health

For further information about this or other DOSH Directives, you may contact the Division of Occupational Safety & Health at P.O. Box 44600, Olympia, WA 98504-4600; or by telephone at (360) 902-5495. You may also review policy information on the DOSH website (<http://www.lni.wa.gov/Safety>).

Appendix A
List of In-Scope Industries

Industry	NAICS	2007 DART
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	6.0
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
 <u>Additional Covered Industries</u>		
Poultry Processing	311615	
Support Activities for Animal Processing	115210	

Appendix B **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 establishments with low industrial insurance experience factors in high rate industries. This inspection will consist of three main parts: a records review for Calendar Years (CY) 2007 and 2008, interviews, and a walk-around 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 DOSH 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. Copies of your OSHA Form 300, Form 300A, and corresponding Form 301s for calendar years 2006, 2007, 2008, 2009, and current year.
3. Workers' Compensation First Reports of Injury for employees.
4. Medical records for employees to assess compliance with Chapter 296-27 WAC, Recordkeeping and Reporting. 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 record-keepers, and medical staff. We will make reasonable efforts to avoid disruption of your workplace activities during the interview process.

Appendix B (Continued)
Letter to Employers

A walk-around safety and health inspection of the workplace will take place on the first day of the inspection. This component is necessary to observe the consistency of the recorded injuries and illnesses with the workplace conditions. In addition, any other Emphasis Programs that apply to your workplace will be addressed during the inspection.

Lastly, a closing conference will be held and the compliance officer will address any violations that were observed in plain view during the walk-around inspection.

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

Sincerely,

Michael Silverstein, MD, Assistant Director
Department of Labor and Industries
Division of Occupational Safety and Health

Appendix C
Request for Access to Medical Records

[ADD MEDICAL PROVIDER’S INFORMATION HERE]

RE: **XYZ Company, Inspection No.**

Dear Records Custodian:

The Department of Labor and Industries Division of Occupational Safety and Health (DOSH), is in the process of conducting a Safety and Health Recordkeeping Inspection regarding the above captioned employer.

The Department believes the medical records of the individual(s) identified in the accompanying MEDICAL INFORMATION RELEASE REQUEST are relevant to this inspection. To assist the Department in completing this inspection, please arrange for _____ (inspector name & title)_____ to review the following records:

- _____ (specific medical information)
- _____ (specific medical information)
- _____ (specific medical information)

Review of the requested records is necessary to: (list issues to explain relevance of the medical records request):

Because there are deadlines in the completion of our inspection, a response to this request within ten days is appreciated. If you have any questions, please do not hesitate to contact me.

Thank you for your cooperation in responding to this request.

Sincerely,

CSHO Name, title
Address
Telephone

If you are an employer and receive this letter in regards to your employees, you must post this letter for 15 working days where employees can easily view it.

Appendix C (Continued)

MEDICAL INFORMATION RELEASE REQUEST

(Date)

[ADD MEDICAL PROVIDER'S INFORMATION HERE]

RE: **XYZ Company, Inspection No.**

Medical Records for: (List all individuals or job positions/classes whose records are requested)

DOB:

SSN:

The Department of Labor & Industries Division of Occupational Safety and Health (DOSH) is in the process of conducting a Safety and Health Recordkeeping Inspection regarding the above captioned employer.

Pursuant to the provisions of RCW 49.17.070 (cited below), please furnish for Department review any and all medical information in your possession and control for the individual(s) identified above, as specified in the enclosed REQUEST FOR MEDICAL RECORDS COVER LETTER. This information shall include all requested records of treatment, physical examinations, diagnostic tests, x-ray reports (excluding the x-rays themselves), laboratory studies, history obtained, diagnoses, opinions, and conclusions.

It is the Department's opinion that this information and/or records are relevant and necessary to the completion of the Department's inspection.

**WASHINGTON INDUSTRIAL SAFETY AND HEALTH ACT
CHAPTER 49.17 RCW (REVISED CODE OF WASHINGTON
RCW 49.17.070**

**HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT OF 1996
(HIPAA)**

RCW 49.17.070. The director, or his authorized representative, in carrying out his duties under this chapter...is authorized to...require the attendance and testimony of witnesses and the production of evidence under oath...In the case of contumacy, failure, or refusal of any person to obey such an order, any superior court within the jurisdiction of which such person is found, or resides, or transacts business, upon the application of the director, shall have jurisdiction to issue to such person an order requiring such person to appear to produce evidence if, as, and when so ordered, and to give testimony relating to the matter under investigation or in question, and any failure to obey such order of the court may be punished by said court as a contempt thereof. [1973 c 80 § 7.]

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Appendix C (Continued)

HIPAA permits this disclosure without authorization, consent, or opportunity to agree or object. 45 CFR 164.512 (d) Standard: uses and disclosures for health oversight activities: “(1) A covered entity may disclose protected health information to a health oversight agency for oversight activities authorized by law, including audits; civil, **administrative**, or criminal **investigations; inspections;**...civil, administrative, or criminal proceedings or actions; **or other activities necessary for the appropriate oversight of...**(iii) Entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards...” (emphasis added) A “health oversight agency” is defined as “an agency or authority of the United States, **a State...**or a person or entity acting under grant of authority from...such public agency...that is authorized by law to oversee the health care system...**or government programs in which health information is necessary to determine eligibility or compliance...**” (emphasis added)

Pursuant to WAC 296-802-50010, DOSH Services review of medical records is conducted in accordance with the following protocols:

1. On-site review of the requested records will be the responsibility of the Compliance Safety and Health Officer (CSHO) designated in the REQUEST FOR MEDICAL RECORDS letter.
2. If additional persons will review the medical records the designated CSHO will provide the records custodian with the names and titles of these persons.
3. The location of on-site review of medical records will be determined by the records custodian.
4. If necessary, the CSHO may request copies of relevant records (except X-rays).
5. Copies requested by department personnel for the off-site records review become a part of the Department’s inspection file.
6. The DOSH Public Disclosure Office will review all inspection information prior to releasing it outside of the Department. All potential personal identifiers contained therein are removed.

If you have any questions, please contact the DOSH Occupational Health Nurse at 360-902-5666.

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Appendix D 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.)

Appendix D
Worksheet and Questionnaires (Continued)

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) [] _____

Appendix D
Worksheet and Questionnaires (Continued)

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?

Appendix D
Worksheet and Questionnaires(Continued)

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

Appendix D
Worksheet and Questionnaires (Continued)

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:

Appendix D
Worksheet and Questionnaires (Continued)

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.

Appendix D
Worksheet and Questionnaires (Continued)

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

Appendix D
Worksheet and Questionnaires (Continued)

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

Appendix D
Worksheet and Questionnaires (Continued)

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.

Appendix D
Worksheet and Questionnaires (Continued)

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?

Appendix D
Worksheet and Questionnaires (Continued)

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:

Appendix D
Worksheet and Questionnaires (Continued)

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

Appendix D
Worksheet and Questionnaires (Continued)

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 Brought by EMS
 Referred by employer/supervisor Other (explain):
 Referred by on-site designated first responder
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

Appendix D
Worksheet and Questionnaires (Continued)

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?

Appendix D
Worksheet and Questionnaires (Continued)

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

Appendix D
Worksheet and Questionnaires (Continued)

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?

Appendix D
Worksheet and Questionnaires (Continued)

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

Appendix D
Worksheet and Questionnaires (Continued)

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: _____

Appendix D
Worksheet and Questionnaires (Continued)

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 E

Sample Recordkeeping Citations

Guidance on Issuing Recordkeeping Citations

A. Compliance staff must cite all applicable violations when employer's:

1. Fail to record an injury or illness case on the OSHA 300 log or equivalent form.

(a) WAC 296-27-01101(1): 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:

- On (date of inspection), (Company Name) located at _____, the employer did not record the following workplace injuries and illnesses on the OSHA 300 Log for calendar year 0000.
- 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.

2. Fail to correctly record an injury or illness case 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.

(a) WAC 296-27-01107(2)(c): 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.

- On (date of inspection), (Company Name) located at _____, the employer did not record the following workplace injuries and illnesses correctly on the OSHA 300 Log for calendar year 0000.
- 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.

3. Fail to record an injury or illness resulting in restricted work or job transfer case on the OSHA 300 log or equivalent form.

(a) WAC 296-27-01107(2)(d): 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.

- On or about (date of injury or illness), (Job Title), an employee broke his/her hand while _____; which resulted in two weeks of restricted work activity. The employer incorrectly recorded a day(s) of restricted work activity case as a medical treatment case on the OSHA 300 log.

Appendix E (Continued)
Sample Recordkeeping Citations

4. Fail to (fill out) or (do 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.*)

- (a) WAC 296-27-01119(2)(b): Employer must complete an OSHA 301 Incident Report form or an equivalent form for each recordable injury or illness entered on the OSHA 300 log.
- On (date of inspection), (Company Name) located at _____, an incident Report (OSHA 301 or equivalent) for each injury or illness was not (filled out) or (accurately completed) as required by the regulation.
 - On or about (date of injury or illness), (Job Title), an OSHA 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**
 - On or about (date), (Job Title), an OSHA 301 or equivalent was not accurately completed. SPECIFY WHAT WAS INCOMPLETE on the OSHA Form 301.

5. Fail to create, certify or post an OSHA form 300A

WAC 296-27-02105: The Summary of Work-Related Injuries and Illnesses (OSHA Form 300A or equivalent), was not created, certified or posted. SPECIFY WHAT WAS FOUND INCOMPLETE UNDER SPECIFIC PARAGRAPHS OF CHAPTER 296-27 WAC.

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

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 F
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
* 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 G
CSHO CHECKLIST

Prior to inspection of establishment obtained 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