

INJURY AND ILLNESS RECORDKEEPING

1.0 Objective

The objective of this surveillance is to evaluate the laboratory's process for identifying and recording data concerning occupational injuries and illnesses. The Facility Representative or Environmental, Safety, and Health Support Specialist will benchmark existing records regarding injuries and illnesses against source data maintained by individual field medical facilities. In addition, the Facility Representative or Environmental, Safety, and Health Support Specialist will evaluate compliance with key DOE requirements.

2.0 References

- 2.1 DOE O 231.1, *Environment, Safety, and Health Reporting*
- 2.2 DOE O 440.1A, *Worker Protection Management for DOE Federal and Contractor Employees*
- 2.3 DOE 5480.4, *Environmental Protection, Safety and Health Protection Standards*
- 2.4 *Recordkeeping Guidelines for Occupational Injuries and Illnesses*, U.S. Department of Labor
- 2.5 29 CFR 1904, *Recording and Reporting Occupational Injuries and Illnesses*

3.0 Surveillance Activities

In completing this surveillance, the Facility Representative or Environmental, Safety, and Health Support Specialist performs the following activities:

- 1. Compare records of accidents, injuries and treatment from the facility's first aid station with OSHA 200 form reports.
- 2. Compare records of personnel absence due to injuries or illnesses with OSHA 200 form reports.
- 3. Examine facility recordable injury and illness log.

Surveillance Activities Guideline
INJURY AND ILLNESS RECORDKEEPING

Surveillance No.: _____

Facility: _____

Date Completed: _____

Activity 1 - Compare Records of Treatment from First Aid Facility to OSHA 200 Report Forms

If the facility does not have a first aid station, the Facility Representative or Environmental, Safety, and Health Support Specialist should complete this activity at the nearest laboratory first aid facility.

The Facility Representative or Environmental, Safety, and Health Support Specialist selects a sample of first aid incident reports. Each report is evaluated to identify recordable injuries that should be reflected in the OSHA recordable injury and illness log. If the incident meets any of the following conditions, it should be included in the recordable injury and illness log.

- a. Did the incident involve a fatality?
- b. Did the incident involve an illness associated with the workplace?
- c. Did the incident involve loss of consciousness?
- d. Did the incident result in any restriction of work or motion?
- e. Was the employee transferred to another position due to the incident?
- f. Did the employee have to receive additional medical treatment beyond first aid?

YES NO N/A

- | | | | | |
|----|--|-------|-------|-------|
| 1. | For any incidents that meet any of the criteria identified above, is the incident recorded in the log of recordable injuries and illnesses? (OSHA 200 log) | _____ | _____ | _____ |
| 2. | Was information on the incident entered into the log within six working days after the incident occurred, or within six working days of when it was determined to be recordable? | _____ | _____ | _____ |

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	<u>YES</u>	<u>NO</u>	<u>N/A</u>
3. Is additional information regarding how the injury or illness occurred, objects or substances involved, the nature of the injury or illness, and the parts of the body affected documented on a supplemental form, OSHA 101?	_____	_____	_____

NOTE

the required information.
acceptable in lieu of OSHA Form 101 if they contain

Activity 2 - Compare Records of Personnel Absence Due to Injuries or Illnesses with OSHA 200 Logs.

The Facility Representative or Environmental, Safety, and Health Support Specialist examines records of laboratory personnel absences due to injuries or illnesses. If an absence is associated with what appears to be a work-related injury or illness, the Facility Representative or Environmental, Safety, and Health Support Specialist again uses items a-f above to determine if the injury or illness should be recorded in the log.

4. For any absences that resulted from injuries or illnesses that met any one of the criteria in a-f above, is the incident identified in the log of recordable injuries and illnesses.	_____	_____	_____
5. Was information on the incident entered on the log within six working days after the incident occurred or within six working days of when it was determined to be recordable?	_____	_____	_____

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	<u>YES</u>	<u>NO</u>	<u>N/A</u>
6. Is additional information regarding how the injury or illness occurred, objects or substances involved, the nature of the injury or illness, and the parts of the body affected documented on a supplemental form, OSHA 101?	_____	_____	_____

NOTE

the required information.
acceptable in lieu of OSHA Form 101 if they contain

Activity 3 - Examine Facility Recordable Injury and Illness Log

7. Does the laboratory maintain a log at the facility recording injuries and illnesses for workers?	_____	_____	_____
8. Does the log contain the following information for each injury/illness:			
• Case or file number?	_____	_____	_____
• Date of injury or onset of illness?	_____	_____	_____
• Employee name?	_____	_____	_____
• Occupation?	_____	_____	_____
• Department?	_____	_____	_____
• Description of injury or illness?	_____	_____	_____
• Date of death (for fatalities or fatal illnesses)?	_____	_____	_____
• Indication if injury or illness involved days away from work or reduced work activity?	_____	_____	_____
• Number of days absent from work?	_____	_____	_____
• Number of days with reduced work activity?	_____	_____	_____
• Nature of illness?	_____	_____	_____
9. If the laboratory is using a log different than the OSHA 200 log, does it contain the same detail as the OSHA 200 log, and is it as readable and comprehensible as the OSHA 200 log?	_____	_____	_____

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YES

NO

N/A

OTHER:

NOTES/COMMENTS:

PERSONNEL CONTACTED: _____

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**IF MORE SPACE IS NEEDED FOR FINDINGS, OBSERVATIONS, AND FOLLOWUP
ITEMS - USE ADDITIONAL SHEETS**

FINDINGS:

Finding No.: _____

Description: _____

Finding No.: _____

Description: _____

Finding No.: _____

Description: _____

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OBSERVATIONS:

Observation No.: _____

Description: _____

Observation No.: _____

Description: _____

Observation No.: _____

Description: _____

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FOLLOWUP ITEMS:

Followup Item No.: _____

Description: _____

Followup Item No.: _____

Description: _____

Followup Item No.: _____

Description: _____

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LABORATORY MANAGEMENT DEBRIEFED AND RESULTS: _____

Signature: _____ Date: _____

Facility Representative or
Environmental, Safety, and Health Support Specialist