



<b>DIRECTIVE NUMBER: 2025-003</b>	<b>EFFECTIVE DATE: November 17, 2025</b>
<b>SUBJECT: Part 1904 Recordkeeping Policies and Procedures Directive</b>	

### ABSTRACT

- Purpose:** This instruction provides enforcement guidance for the Occupational Safety and Health Administration's (OSHA's) Occupational Injury and Illness Recording and Reporting regulation, 29 Code of Federal Regulations (CFR) Part 1904, incorporate by reference under Utah Administrative Code (UAC) R614-1-4.A.1., except 29 CFR 1904.36 and the workplace fatality, injury and illness reporting requirements found in 29 CFR 1904.1, 1904.2, 1904.7 and 1904.39.
- Scope:** UOSH-wide.
- References:** See section III for references.
- Originating Office:** State of Utah, Labor Commission, Occupational Safety and Health Division (UOSH).
- Action Offices:** UOSH Compliance and Consultation and Education Services.
- Contact:** Director, UOSH  
160 E 300 S, 3rd Fl.  
P.O. Box 146650  
Salt Lake City, UT 84114-6650

## **Executive Summary**

This instruction provides guidance to Utah Occupational Safety and Health (UOSH) personnel regarding OSHA's recordkeeping regulation, 29 CFR 1904 - Occupational Injury and Illness Recording and Reporting Requirements. This instruction includes a summary of these requirements, inspection procedures and citation policy.

## Table of Contents

I.	Purpose.....	3
II.	Scope.....	3
III.	References .....	3
IV.	Action Offices .....	5
A.	Responsible Office .....	5
B.	Action Office.....	5
C.	Information Offices .....	5
V.	Notice of Intent and Equivalency Required .....	5
A.	Recordkeeping Regulations .....	5
B.	Recording and Reporting Requirements .....	5
VI.	Background.....	6
VII.	Summary of OSHA’s Recording and Reporting Occupational Injuries and Illnesses Regulation, Part 1904 .....	7
A.	Purpose.....	7
B.	Coverage.....	8
C.	Keeping Records for More Than One Agency .....	8
D.	Forms .....	9
E.	Determining the Recordability of Fatalities, Injuries, or Illnesses .....	9
F.	Deadline for Entering a Case.....	23
G.	Employee Privacy.....	23
H.	Multiple Business Establishments .....	24
I.	Covered Employees.....	25
J.	Certification, Summarization and Posting of OSHA 300 Log Information .....	26
K.	Retention and Updating of Records.....	26
L.	Change in Business Ownership .....	27
M.	Employee Involvement.....	27
N.	UOSH Recordkeeping and Reporting Regulations.....	29
O.	Variances from Recordkeeping Requirements.....	29
P.	Reporting Fatalities, Severe Injuries and Illnesses to UOSH.....	30
Q.	Providing Records to Government Representatives.....	32
R.	Electronic Submission of Injury and Illness Data to OSHA. ....	32
VIII.	Requests from the Bureau of Labor Statistics (BLS) for Data.....	34

IX.	Definitions .....	35
A.	Incident Rate or Days Away, Restricted, or Transferred (DART) Rate .....	35
B.	Establishment. ....	35
C.	Injuries and Illnesses .....	37
D.	Other Potentially Infectious Material (OPIM) .....	38
E.	Physician or Other Licensed Health Care Professional.....	38
X.	Inspection Procedures.....	38
A.	Determining Applicability of Recordkeeping Requirements .....	39
B.	Requesting Injury and Illness Records and Recording OSHA 300 Form data in the OSHA Information System (OIS) .....	39
C.	Timeliness .....	39
D.	Calculating DART Rates .....	39
E.	Reviewing Compliance with ITA requirements.....	40
F.	Reviewing Establishment Injury and Illness Records.....	40
G.	Medical Facilities .....	42
H.	Obtaining Medical Records .....	42
I.	Policies that Discourage Recording and Reporting.....	42
XI.	Citations and Penalties for Violation of Part 1904 Requirements .....	43
A.	General .....	43
B.	Limitation Period for Issuing Recordkeeping Citations.....	43
C.	OSHA 300 Log and 301 Incident Report Forms.....	44
D.	Annual Summary Posting Requirements .....	46
E.	Record Retention Obligation .....	46
F.	Access to Records by Employees and Employee Representatives.....	46
G.	Retaliation. ....	47
H.	Failure to Report a Fatality or Severe Injury. ....	47
I.	Failure to Provide Records to Authorized Government Representatives .....	47
J.	Annual Electronic Submission.....	47
K.	Penalties .....	48
L.	Repeat, Willful, Significant, and Egregious Cases. ....	48
	Appendix A .....	A
	Appendix B .....	B

## I. Purpose

This instruction provides enforcement guidance for the Occupational Safety and Health Administration's (OSHA's) Injury and Illness Recording and Reporting regulation, 29 Code of Federal Regulations (CFR) Part 1904.

## II. Scope

This instruction applies UOSH-wide.

## III. References

- A. 29 CFR Part 1904 – Recording and Reporting Occupational Injuries and Illnesses.
- B. Federal Register, Vol. 66, page 5916, January 19, 2001, Occupational Injury and Illness Recording and Reporting Requirements, Final Rule, available on OSHA's website at <https://www.osha.gov/laws-regs/federalregister/2001-01-19> (PDF).
- C. Federal Register, Vol. 66, page 52031, October 12, 2001, Occupational Injury and Illness Recording and Reporting Requirements, Final Rule, available on OSHA's website at <https://www.osha.gov/laws-regs/federalregister/2001-10-12> (PDF).
- D. Federal Register, Vol. 79, page 56120, September 18, 2014, Occupational Injury and Illness Recording and Reporting Requirements – NAICS Update and Reporting Revisions, Final Rule, available on OSHA's website at <https://www.osha.gov/laws-regs/federalregister/2014-09-18> (PDF).
- E. Federal Register, Vol. 81, page 29623, May 12, 2016, Improve Tracking of Workplace Injuries and Illnesses, Final Rule, available on OSHA's website at <https://www.osha.gov/laws-regs/federalregister/2016-05-12> (PDF).
- F. Federal Register, Vol. 84, page 380, January 25, 2019, Tracking of Workplace Injuries and Illnesses, available on OSHA's website at <https://www.osha.gov/laws-regs/federalregister/2019-01-25> (PDF).
- G. Federal Register, Vol. 88, page 47254, July 21, 2023, Improve Tracking of Workplace Injuries and Illnesses, Final Rule, available on OSHA's website at <https://www.osha.gov/laws-regs/federalregister/2023-07-21> (PDF).
- H. UOSH FOM, May 7, 2025.
- I. OSHA Instruction [CSP 01-01-007](#), State Statistical and Recordkeeping Program under 18(b) Plans, October 30, 1978.
- J. OSHA Instruction [CPL 02-00-080](#), Handling of Cases to be Proposed for Violation-By-Violation Penalties, October 21, 1990.y

- K. OSHA Instruction [CSP 01-01-025](#), State Program Requirements for Statistical Information on the Incidence of Occupational Injuries and Illnesses by Industry; on the injured or Ill Worker; and on the Circumstances of the Injuries or Illnesses, May 4, 1992.
- L. OSHA Instruction [CPL 02-00-111](#), Citation Policy for Paperwork and Written Program Requirement Violations, November 27, 1995.
- M. March 12, 2012, Memorandum to Regional Administrators and Whistleblower Program Managers, [Employer Safety Incentive and Disincentive Policies and Practices](#).
- N. October 19, 2016 Memorandum to Regional Administrators, [Interpretation of 1904.35\(b\)\(1\)\(i\) and \(iv\)](#).
- O. November 10, 2016 Memorandum to Regional Administrators, [Interim Enforcement Procedures for New Recordkeeping Requirements Under 29 CFR 1904.35](#).
- P. October 11, 2018 Memorandum to Regional Administrators, [Clarification of OSHA's Position on Workplace Safety Incentive Programs and Post-Incident Drug Testing Under 29 C.F.R. § 1904.35\(b\)\(1\)\(iv\)](#).
- Q. April 16, 2024 Memorandum to Regional Administrators, [Update to Enforcement Procedures for Failure to Submit Electronic Illness and Injury Records under 29 CFR 1904.41\(a\)\(1\) and \(a\)\(2\)](#).
- R. March 20, 2025 Memorandum to Regional Administrators, [Injury Tracking Application \(ITA\) Non-Responder Enforcement Program](#).
- S. May 2, 2024 Memorandum to Regional Administrators, [Enforcement Guidance Under OSHA's Recordkeeping Regulation When First Aid, Active Release Techniques \(ART\), and Exercise/Stretching Are Used to Treat Musculoskeletal Injuries and Illnesses](#).
- T. OSHA's General Part 1904 Recordkeeping Frequently Asked Questions at <https://www.osha.gov/laws-regs/interlinking/standards/1904/faq>.
- U. OSHA's Injury Tracking Application Frequently Asked Questions at <https://www.osha.gov/injuryreporting/faqs>.

#### **IV. Action Offices**

- A. **Responsible Office.**  
State of Utah, Labor Commission, UOSH.

**B. Action Office.**

UOSH Compliance and Consultation and Education Services.

**C. Information Offices.**

Informational copies of this instruction are provided to the UOSH Consultation and Education Services Manager and the Compliance Assistant Specialist.

**V. Notice of Intent and Equivalency.**

**A. Recordkeeping Regulations.**

UAC R614-1-4.A.1. incorporates 29 CFR 1904 by reference, except 29 CFR 1904.36 and the workplace fatality, injury and illness reporting requirements found in 29 CFR 1904.1, 1904.2, 1904.7 and 1904.39. Workplace fatalities, injuries and illnesses are required to be reported pursuant to the more specific Utah standards in Utah Code Annot. § 34A-6-301(3)(b)(ii) and UAC R614-1-5.B.1. UOSH's reporting requirements are more stringent than OSHA's requirements.

The requirement that States participate in the U.S. Department of Labor, Bureau of Labor Statistics (BLS) survey of work-related injuries and illnesses or provide equivalent data under an alternative system approved by OSHA and BLS is set forth in OSHA Instruction CSP 01-01-007, *State Statistical and Recordkeeping Program Under 18(b) Plans*, and OSHA Instruction CSP 01-01-025, *State Program Requirements for Statistical Information on the Incidence of Occupational Injuries and Illnesses by Industry; on the Injured or Ill Worker; and on the Circumstances of the Injuries or Illnesses*. The Utah Labor Commission's Occupational Safety and Health Bureau of Labor Statistics (UOSH BLS) participates in the Federal BLS survey of work-related illnesses.

**B. Recording and Reporting Requirements.**

To ensure uniform national statistics, UOSH has included OSHA's interpretations in this instruction which relate to the determination of which injuries and illnesses are recordable and how they are recorded. UOSH will adhere to additional formal Federal interpretations regarding the recording of injuries and illnesses issued through formal letter or memorandum and/or posted on OSHA's website. UOSH's reporting requirements are more stringent than OSHA's requirements. Workplace fatalities, injuries and illnesses shall be reported pursuant to the more specific Utah standards in Utah Code Annot. § 34A-6-301(3)(b)(ii) and UAC R614-1-5.B.1.

**VI. Background**

On September 18, 2014, OSHA published a final rule that revised the requirements of 29 CFR 1904 (Occupational Injury and Illness Recording and Reporting Requirements, 79 FR 56130). This rulemaking incorporated two main regulatory changes. First, it updated

the list of partially exempt industries in Appendix A of 29 CFR Part 1904 Subpart B, and it identified these by North American Industry Classification System (NAICS) code rather than by Standard Industrial Classification (SIC) code. Second, it expanded the reporting requirements in 29 CFR 1904.39 to include all work-related in-patient hospitalizations, amputations, and losses of an eye.

**Note:** UOSH's reporting requirements under UAC R614-1-5.B.1. are more stringent than OSHA's reporting requirements. Employers are required to report to UOSH any work-related fatalities, of any disabling, serious, or significant injury and of any occupational disease incident within 8 hours of occurrence.

On May 12, 2016, OSHA amended the recordkeeping regulation at 29 CFR 1904.41 to require certain establishments, on an annual basis, to submit electronically to OSHA injury and illness information that employers are already required to keep under part 1904 (Improve Tracking of Workplace Injuries and Illnesses, 81 FR 29624). The 2016 final rule required establishments with 20 to 249 employees in certain designated industries to electronically submit information from their OSHA annual summary (Form 300A) to OSHA once a year. In addition, under the 2016 final rule, establishments with 250 or more employees that are routinely required to keep records were required to electronically submit information from their OSHA Forms 300, 300A, and 301 to OSHA once a year.

Further, the May 12, 2016, final rule included revisions to 29 CFR 1904.35 to require employers to inform employees of their right to report work-related injuries and illnesses free from retaliation. It also clarified the existing implicit requirement that an employer's procedure for reporting work-related injuries and illnesses must be reasonable and not deter or discourage employees from reporting; and incorporated a prohibition on retaliating against employees for reporting work-related injuries or illnesses.

On January 25, 2019, OSHA published a final rule that amended the recordkeeping regulations to remove the 2016 requirement for establishments with 250 or more employees that are routinely required to keep records to electronically submit information from their OSHA Forms 300 and 301 to OSHA once a year (Tracking Workplace Injuries and Illnesses, 84 FR 380). As a result, those establishments were required to electronically submit only information from their OSHA 300A annual summary. Establishments with 20 to 249 employees in certain designated industries also continued to be required to submit OSHA Form 300A, as required by the 2016 rule. The 2019 final rule also added a requirement for all covered employers to submit their Employer Identification Number (EIN) electronically along with their injury and illness data submission (83 FR 36494, 84 FR 380, 395-97).

On July 21, 2023, OSHA published a final rule further revising and expanding the requirements to electronically submit injury and illness data to OSHA under 29 CFR

1904.41 (Improve Tracking of Workplace Injuries and Illnesses, 88 FR 47254). The 2023 final rule requires establishments with 100 or more employees in designated industries to electronically submit certain information from their OSHA Form 300 and OSHA Form 301 to OSHA once a year. The 2023 final rule also updated the list of designated industries in which establishments with 20-249 employees must annually electronically submit information from their OSHA Form 300A annual summary and continued the requirement that establishments with 250 or more employees in all industries routinely required to keep Part 1904 records must annually electronically submit such OSHA Form 300A information. In addition, the final rule required establishments to include their legal company name when making electronic submissions to OSHA.

## **VII. Summary of OSHA’s Recording and Reporting Occupational Injuries and Illnesses Regulation, Part 1904**

OSHA’s recordkeeping regulation at 29 CFR 1904 requires employers to keep records of occupational deaths, injuries, and illnesses, and to make certain reports to OSHA and BLS. The central requirements in OSHA’s recordkeeping regulation at 29 CFR 1904 are described below. In addition to summarizing central provisions, this section also references some key interpretations and policy documents.

**Note:** The text of OSHA’s Part 1904 regulation, Federal Register Notices, Letters of Interpretation (LOIs), Frequently Asked Questions (FAQs), and other relevant guidance and information are available on OSHA’s public website located at: <https://www.osha.gov/recordkeeping>. The 29 CFR 1904 regulation and above-referenced information should be consulted by UOSH Compliance Safety and Health Officers (CSHOs), as appropriate, in conducting an inspection and in considering citations for violations of this regulation.

### **A. Purpose.**

29 CFR 1904.0 states the purpose of the rule is to require employers to record and report work-related fatalities, injuries, and illnesses.

**Note to 1904.0:** 29 CFR 1904.0 also includes a note which states that recording or reporting of a work-related injury, illness, or fatality does not mean that the employer or employee was at fault, that an OSHA rule has been violated, or that the employee is eligible for workers’ compensation or other benefits.

**B. Coverage.**

The recordkeeping regulation in 29 CFR 1904 applies to all employers with employees covered by the Utah Occupational Safety and Health Act (Utah OSH Act), although some employers are not required to keep injury and illness records if they have ten or fewer employees or have establishments in certain low hazard industries. These partial exemptions are detailed below:

1. **Small Employer Exemption.** 29 CFR 1904.1 provides that companies with ten or fewer employees at all times during the previous calendar year are not required to routinely keep injury and illness records. This partial exemption is based on the total number of employees in the entire company rather than the number of employees at an individual establishment. The count includes all full-time, part-time, temporary, and seasonal employees.
2. **Low-Hazard Industry Exemption.** 29 CFR 1904.2 provides that employers with establishments classified in certain low-hazard industries are not required to routinely keep injury and illness records. Please see the [Non-Mandatory Appendix A to Subpart B](#) of OSHA's recordkeeping regulation for a list of the low-risk industries that are exempt under 29 CFR 1904.2. This current list of partially exempt low hazard industries is based on 2007 NAICS codes. (See also [FAQ 2-3](#) and [2-4](#).) The partial exemption is based on the NAICS code of the individual establishment rather than the entire company, and the employer should rely on the establishment's primary NAICS. (See 1904.2(b)(2)(i).)
3. **Exemptions from electronic reporting requirements.** Electronic reporting requirements in 29 CFR 1904.41 do not apply to all establishments. Employer coverage under these regulations is discussed in detail in paragraph VII.R., *Electronic Submission of Injury and Illness Data to OSHA*, of this instruction.

**Note:** All employers covered by the Utah OSH Act, including those partially exempt from keeping injury and illness records by reason of company size or industry classification, must report to UOSH any work-related fatalities, of any disabling, serious, or significant injury and of any occupational disease incident within 8 hours of occurrence (UAC R614-1-5.B.1.), and must participate in government surveys if they are asked to do so in writing by OSHA (29 CFR 1904.41) or the BLS (29 CFR 1904.42).

**C. Keeping Records for More Than One Agency.**

29 CFR 1904.3 addresses employers who create records to comply with another government agency's injury and illness requirements. UOSH will accept such records as an acceptable substitute if the records include the same information

required by 29 CFR 1904.

**D. Forms.**

29 CFR 1904.29 directs employers who are required to keep OSHA injury and illness records to use three forms for recordable injuries and illnesses: Form 300 (also called the OSHA 300 Log), *Log of Work-Related Injuries and Illnesses*; Form 300A, *Summary of Work-Related Injuries and Illnesses*; and Form 301, *Injury and Illness Incident Report*, or equivalent forms. Employers are required to keep separate OSHA 300 Logs for each establishment that is expected to be in operation for one year or longer. Under 29 CFR 1904.31, the OSHA 300 Log must include injuries and illnesses to employees on the employer's payroll as well as injuries and illnesses of other workers the employer supervises on a day-to-day basis, such as temporary workers or contractor workers who are subject to daily supervision by the employer.

**Note:** An equivalent form is one that has the same information, is as readable and understandable, and is completed using the same instructions as the OSHA form it replaces. Some employers use an insurance form instead of the OSHA Form 301 or supplement an insurance form by adding any additional required information. (See 29 CFR 1904.29(b)(4) and [FAQ 29-4](#)).

**E. Determining the Recordability of Fatalities, Injuries, or Illnesses.**

29 CFR 1904.4(a) mandates that each employer who is required to keep records must record each fatality, injury or illness that meets the following: (1) it is work-related; (2) it is a new case and not a continuation of an old case; and (3) it meets one or more of the general recording criteria in 29 CFR 1904.7 or the additional criteria for specific cases found in 29 CFR 1904.8 through 1904.11. Fatalities, injuries, and illnesses that meet these criteria must be recorded on the employer's OSHA Forms 300, 300A, and 301, or equivalent forms.

1. **Work Relationship.** 29 CFR 1904.5(a) states that "[the employer] must consider an injury or illness to be work-related if an event or exposure in the work environment either caused or contributed to the resulting condition. Work-relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the work environment, unless an exception in 29 CFR 1904.5(b)(2) specifically applies." Under this provision, a case is presumed work-related if, and only if, an event or exposure in the work environment is a discernable cause of the injury or illness, or a significant aggravation of a pre-existing condition. The work event or exposure need only be one of the discernable causes; it need not be the sole or predominant cause.

Under 29 CFR 1904.5(b)(3), if it is not obvious whether the precipitating event or exposure occurred in the work environment or elsewhere, the

employer "must evaluate the employee's work duties and environment to decide whether or not one or more events or exposures in the work environment caused or contributed to the resulting condition or significantly aggravated a pre-existing condition." This means that the employer must determine whether it is more likely than not that work events or exposures were a cause of the injury or illness, or a significant aggravation to a pre-existing condition. (As also discussed under section XI. of this instruction, *Citations and Penalties for Violation of Part 1904 Requirements*, if the employer decides the case is not work-related, but UOSH disagrees and issues a citation for failure to record, UOSH will have the burden of proving that the fatality, injury, or illness case was work-related.)

**Exceptions.** Situations in which the employee's injury or illness meets one or more of the listed exceptions in 29 CFR 1904.5(b)(2) are not considered work-related and are therefore not recordable. Specifically, injury and illness recording requirements do not apply if:

- a. The employee is present as a member of the general public, rather than as an employee at the time of injury or illness;
- b. Symptoms arise in a work environment that are solely due to non-work-related event or exposure; (Regardless of where signs or symptoms surface, a case is work-related only if a work event or exposure is a discernable cause of the injury or illness or of a significant aggravation to a pre-existing condition. See OSHA's January 13, 2004, LOI regarding 29 CFR 1904.5, [Determining work-relatedness when the work event or exposure is only one of the discernable causes; not the sole or predominant cause.](#))
- c. The injury or illness results solely from voluntary participation in wellness program, medical, fitness or recreational activity;
- d. The injury or illness results solely from eating, drinking, or preparing food or drink for personal consumption;
- e. The injury or illness results solely from personal tasks outside assigned working hours;
- f. The injury or illness results solely from personal grooming, self-medication for a non-work-related condition, or is intentionally self-inflicted;
- g. The injury or illness is caused by a motor vehicle accident in the parking lot or company access road during commute;
- h. The illness is the common cold or flu; or
- i. The illness is a mental illness, unless the employee voluntarily provides the employer with an opinion from a physician or licensed health care professional (PLHCP) with appropriate training and experience (i.e. a psychiatrist, psychologist, psychiatric nurse practitioner, etc.) stating that the employee has

a mental illness that is work-related, and that the case meets one or more of the general recordkeeping criteria in 29 CFR 1904.7.

**Note:** Exposures to substances or communicable disease that do not result in signs or symptoms of an injury or illness are not recordable under Part 1904 even if they involve medical treatment beyond first aid, days away from work, restricted work activity or job transfer. (For example, see OSHA's September 14, 2017, LOI, [Determining if the employees experienced an injury or illness due to an exposure.](#))

2. **New Case.** Only new cases are recordable. 29 CFR 1904.6 provides that work-related injuries and illnesses are considered to be new cases when: (1) the employee has not previously experienced a recorded injury or illness of the same type that affected the same part of the body; or (2) the employee previously experienced a recorded injury or illness of the same type that affected the same part of the body but had recovered completely (all signs and symptoms of the previous injury or illness had disappeared) from the previous injury or illness and an event or exposure in the work environment caused the signs or symptoms to reappear.

As with employer determinations of work-relatedness under 29 CFR 1904.5, employers may (but are not required to) seek the advice of a physician or other licensed healthcare professional (PLHCP) to determine whether an injury or illness is a new case or recurrence. (See 29 CFR 1904.6(b)(3).)

3. **General Recording Criteria.** Employers must record work-related injuries and illnesses that meet one or more of the general recording criteria in 29 CFR 1904.7 or the additional criteria for specific cases found in 29 CFR 1904.8 through 1904.11. A work-related injury or illness meets the general recording criteria when it results in one or more of the following:

- a. Death;
- b. Days Away from Work;
- c. Restricted Work;
- d. Transfer to Another Job;
- e. Medical Treatment Beyond First Aid;
- f. Loss of Consciousness; or
- g. Diagnosis of a Significant Injury or Illness.

These recording criteria are described in greater detail below.

4. **Multiple Applicable Recording Criteria.** Although most cases are recorded because they meet one of these criteria, some cases may meet

more than one criterion. The outcomes listed on the OSHA Form 300 include, death, days away, restricted work/job transfer, and "other recordable." Employers must classify each case on the OSHA 300 Log in accordance with the most serious outcome of the injury or illness.

For example, an injured worker may initially be sent home to recuperate (making the case recordable as a "days away" case) and then subsequently return to work on a restricted ("light duty") basis (meeting a second criterion, that for restricted work). For cases that result in both days away from work and days of restricted work activity/job transfer, the case must be classified as days away from work (Column H on the Form 300 Log). For cases resulting in either days away from work or restricted work/job transfer, the employer must track the number of calendar days involved and enter the total on the OSHA 300 Log. The employer may stop counting when the total number of days away from work or restricted work activity/job transfer, or combination of both, reaches 180 calendar days.

5. **Counting Days.** The OSHA 300 Log requires the employer to note the number of days that the employee is unable to work as a result of the injury or illness, or the number of days that a workers is under restricted work, or transferred to another job. 29 CFR 1904.7(b)(3)(i) states that the employer is not to count the day of injury or illness, but is to begin counting days away on the following day. 29 CFR 1904.7(b)(3)(vii) provides a cap of 180 days. Employers must count the number of calendar days the employee was unable to work as a result of the injury or illness regardless of whether the employee was scheduled to work on those days, including weekend days, holidays or other days off. (See 29 CFR 1904.7(b)(3)(iv).) Under 29 CFR 1904.7(b)(3)(vii), the employer may stop counting days away from work if an employee who is away from work because of an injury or illness leaves the company for some reason unrelated to the injury or illness, such as retirement or a plant closing. Cases involving restricted work or transfers are counted in the same way as cases involving days away from work, except that if an employee is permanently assigned to a new or modified job, the employer may stop the day count (although at least one day of restricted work or job transfer must be counted) (See 29 CFR 1904.7(b)(4)(xi).)
6. **Most Authoritative Medical Opinion.** In cases where two or more physicians or other licensed health care professionals (PLHCP) make conflicting or differing recommendations related to recordability of an employee injury or illness, the employer must make a decision as to which recommendation is the most authoritative (best documented, best reasoned, or most persuasive), and record the case based on that

recommendation. This concept applies to cases that involve determinations as to whether an injury or illness is a new case, or whether an injury or illness results in days away from work or restricted work activity.

It is imperative that the PLHCPs involved in the examination of the employee see the exact same condition. If the employee's condition either improves or worsens between the examinations, the concept does not apply.

Several criteria can be considered by the employer in evaluating whether the PLHCPs involved are seeing the same condition:

- a. Whether examination of the patient is in person (i.e. review of documents only cannot be substituted for a physical examination);
- b. Whether the examinations are contemporaneous;
- c. Whether the employee was subject to additional exposures between the examinations; and
- d. Whether medical treatment, restricted work activity, or days away from work occurred between the examinations.

If all of the above criteria are met, the employer may rely on the most authoritative medical opinion. If these criteria are not met, this may indicate the PLHCPs are not seeing the same condition. UOSH would consider the medical treatment and days away from work directed by the second physician as necessary unless the employer can document that the first opinion was based on the exact same condition and is most authoritative. (See [FAQ 7-10a](#) and OSHA's February 25, 2011, LOI, [Clarification of the terms most authoritative and pre-existing conditions as used for recording purposes.](#))

7. **Days Away from Work.** 29 CFR 1904.7(b)(3) addresses how to record a work-related injury or illness when it involves one or more days away from work. If a physician or licensed health care professional recommends days away, an employer should encourage the employee to follow that recommendation and count those days as days away from work. 29 CFR 1904.7(b)(3)(ii) provides that the employer must count those days as days away whether the injured or ill employee follows the recommendation or not.
8. **Restricted Work.** Under 29 CFR 1904.7(b)(4)(i), an employee's work is considered restricted when, as a result of a work-related injury or illness: (1) the employer keeps the employee from performing one or more of

the routine functions of their job (job functions that the employee regularly performs at least once per week), or from working the full workday that they would otherwise have been scheduled to work; or (2) a physician or other licensed health care professional recommends that the employee not perform one or more of the routine functions of their job, or not work the full workday that they would otherwise have been scheduled to work. Note that several OSHA LOIs provide clarifications on whether to record days as restricted work or days away from work.

- a. **Employer-restricted work** - If an employee has a work-related injury or illness, and that employee's work is restricted by the employer to prevent exacerbation of, or to allow recuperation from, that injury or illness, the case is recordable as a restricted work case. For example, an employee who sustains burns to their arm while working in a radiological area is treated on-site with over-the-counter medication and a bandage and released with no restrictions in performing their routine job functions. The company, in accordance with its policy, restricts the employee from working in the radiological area for two days until his burn scabs over. This would be considered a restricted work case. (See OSHA's February 12, 2015, LOI regarding 29 CFR 1904.7, [Clarification regarding the applicability of the recording criteria involving restricted work.](#))

However, a case is not recordable under 29 CFR 1904.7(b)(4) as a restricted work case if the employee experiences minor injury or illness – for example musculoskeletal discomfort, and a health care professional determines that the employee is fully able to perform all their routine job functions, but the employer assigns a work restriction to that employee for the purpose of preventing a more serious condition from developing. (See [FAQ 7-19.](#))

- b. **Recommendations from physician or other licensed health care professional** - If a physician or licensed health care professional determines an employee may work with restricted work duties, the employer must evaluate the restriction in light of the routine job functions to determine whether the restriction keeps the employee from performing any job functions. (See 29 CFR 1904.7(b)(4)(iv).)

As with days away, if a physician or other licensed healthcare professional recommends a job restriction that affects an employee's routine job functions, but the employee does all of their routine work, the employer must still record the injury or illness as a restricted work case. (See 29 CFR 1904.7(b)(4)(viii).)

Conversely, if the physician or licensed health care professional recommends restricted work but the employee decides to stay home, such time should be counted as restricted work rather than days away if the employer determines the employee was able to come to work and perform restricted work. However, if an employer has no restricted work available to an employee placed on restricted work and sends the employee home, that time should be counted as days away from work. (See, for example, OSHA's August 3, 2006, LOI regarding 29 CFR 1904.7, [Recording an injury when physician recommends restrictions but no restricted work is available.](#))

9. **Transfer to Another Job.** Under 29 CFR 1904.7(b)(4)(ix), if an employer assigns an injured or ill employee to a job other than their regular job for part of the day, the case involves transfer to another job. This does not include the day on which the injury or illness occurred. For example, if an employer assigns, or a physician or other licensed health care professional recommends an employer to assign an injured or ill worker to their routine job duties for part of the day and to another job for the rest of the day, the injury or illness involves a job transfer. Under 29 CFR 1904.7(b)(4)(x), both job transfer and restricted work cases are recorded in the same box on the OSHA 300 Log.
  
10. **Medical Treatment Beyond First Aid.** Work-related injuries and illnesses that result in medical treatment beyond first aid meet the general recording criteria. 29 CFR 1904.7(b)(5)(i) provides that medical treatment means the management and care of a patient to combat disease or disorder. However, for purposes of Part 1904, medical treatment does not include: (1) visits to a physician or licensed healthcare professional solely for observation or counseling; (2) the conduct of diagnostic procedures, such as x-rays and blood tests, including the administration of prescription medications used solely for diagnostic purposes (e.g., eye drops to dilate pupils); and (3) "first aid," as defined in 29 CFR 1904.7(b)(5)(ii).

For purposes of Part 1904, 29 CFR 1904.7(b)(5)(ii) provides that first aid includes:

- a. Using a nonprescription medication at nonprescription strength; (For medications available in both prescription and non-prescription form, a recommendation by a physician or other licensed health care professional to use a non-prescription medication at prescription strength is considered medical treatment for recordkeeping purposes. See 29 CFR 1904.7(b)(5)(iv) and see [FAQ 7-8.](#))

- b. Administering tetanus immunizations;  
(Other immunizations, such as hepatitis B vaccine or rabies vaccine, are considered medical treatment.)
- c. Cleaning, flushing or soaking wounds on the surface of the skin;
- d. Using wound coverings, such as bandages, Band-Aids®, gauze pads, etc.; or using butterfly bandages or Steri-Strips® (other wound closing devices, such as sutures, staples, etc. are considered medical treatment);
- e. Using hot or cold therapy;
- f. Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc.;  
(Devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for recordkeeping purposes.)
- g. Using temporary immobilization devices while transporting an accident victim (e.g., splints, slings, neck collars, back boards, etc.);
- h. Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister;
- i. Using eye patches;
- j. Removing foreign bodies from the eye using only irrigation or a cotton swab;
- k. Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means;
- l. Using finger guards;
- m. Using massages (physical therapy or chiropractic treatment are considered medical treatment for recordkeeping purposes); and
- n. Drinking fluids for relief of heat stress.  
(However, note that intravenous administration of fluids to treat heat stress is medical treatment. See Recordkeeping [FAQ 7-6.](#))

Any treatment not included on this list is considered medical treatment beyond first aid for injury and illness recordkeeping purposes and would be recordable.

**Note:** UOSH considers the above treatments to be first aid regardless of the professional status of the person providing the treatment. Consequently, even when the treatments are provided by a physician or other licensed healthcare professional, they are still considered first aid for purposes of Part 1904.

The application of a first aid treatment detailed in 29 CFR 1904.7(b)(5)(ii) to treat a work-related injury or illness is considered first aid for purposes of OSHA recordkeeping, regardless of the number of times the treatment is applied. In other words, if an injured or ill employee is given first aid treatment, such as hot or cold therapy, massage, or some other treatment on the first aid list, that treatment should not be considered medical treatment beyond first aid for OSHA recordkeeping purposes, even when such treatment is provided over a long period of time or involves multiple applications. For example, if a work-related injury or illness is treated only with multiple doses of a nonprescription medication (e.g., ibuprofen or acetaminophen) at nonprescription strength, and the employee continues to work a full day and perform all routine job functions, the injury or illness does not result in medical treatment and is not recordable.

However, repeated application of treatments included on the Part 1904 first aid list might be an indication that further necessary medical care is not being provided to an injured or ill employee. In such a case, the employer might be using repeated applications of first aid as a way to avoid the use of “medical treatment beyond first aid.” (See additional guidance in OSHA’s May 2, 2024, Memorandum, [Enforcement Guidance Under OSHA’s Recordkeeping Regulation When First Aid, Active Release Techniques \(ART\), and Exercise/Stretching Are Used to Treat Musculoskeletal Injuries and Illnesses.](#))

11. **Diagnosis of a Significant Injury or Illness.** 29 CFR 1904.7 requires employers to record a significant work-related injury or illness diagnosed by a physician or other licensed health care professional, even if it does not result in death, days away from work, restricted work or job transfer, medical treatment beyond first aid, or loss of consciousness.

29 CFR 1904.7(b)(7) specifies which significant, diagnosed work-related injuries and illnesses require recording. They include work-related cancer, chronic irreversible disease such as silicosis or byssinosis,

punctured eardrum or fractured/cracked bone, including fractured teeth. (See OSHA's 2001 *Federal Register* Notice, Vol. 66, page 5995). This list is exhaustive; no other conditions are considered a significant injury or illness for recordkeeping purposes under this provision.

12. **Needlestick and Sharps Injuries.** 29 CFR 1904.8 addresses the recording of work-related injuries and illnesses involving punctures, cuts and lacerations caused by needles or other sharp objects contaminated or reasonably anticipated to be contaminated with blood or other potentially infectious materials that may lead to bloodborne disease such as acquired immune deficiency syndrome (AIDS), hepatitis B or hepatitis C. The recordkeeping regulation uses the terms "contaminated," "other potentially infectious materials," and "occupational exposure" as these terms are defined in OSHA's Bloodborne Pathogens standard at 29 CFR 1910.1030.

Additional compliance guidance is outlined in 29 CFR 1904.8 of the recordkeeping regulation and section X. of [OSHA Instruction CPL 02-02-069, Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens](#).

- a. **Using the OSHA Forms 300 and 301 to record needlestick and sharp injuries** – 29 CFR 1904.8(a) requires employers to record on the OSHA 300 Log all work-related needlestick and sharps injuries involving objects contaminated (or reasonably anticipated to be contaminated) with another person's blood or other potentially infectious material. Employers may use the OSHA Forms 300 and 301 to meet the sharps injury log requirement in OSHA's Bloodborne Pathogens standard at 29 CFR 1910.1030(h)(5), if the employer enters the type and brand of the device causing the sharps injury on the OSHA 300 Log and maintains the records in a way that segregates sharps injuries from other types of work-related injuries and illnesses or allows sharps injuries to be easily separated.

When recording such cases under 29 CFR 1904.8, paragraph (a) prohibits the employer from entering the affected employee's name on the OSHA 300 Log. Instead, the employer must enter "privacy concern case" in the space reserved for the employee's name. The employer must then keep a separate, confidential list of privacy concern cases with the case number from the OSHA 300 Log and the corresponding employee name. (See the requirements for privacy concern cases in CFR 1904.29(b)(6) through(b)(9).)

- b. **Cuts caused by non-contaminated sharp instruments** - Although the regulation requires the recording of all work-related cut and puncture injuries resulting from an event involving contaminated sharps, it does not require the recording of all cuts and punctures. For example, a cut made by a knife or other sharp instrument that was not contaminated (or reasonably anticipated to be contaminated) by blood or other potentially infectious material would not generally be recordable, and a laceration made by a dirty tin can or greasy tool would also generally not be recordable, providing that the injury did not result from a contaminated sharp and did not meet one of the general recording criteria. 29 CFR 1904.8(b)(2) includes provisions indicating which cuts and punctures must be recorded because they involve contaminated sharps, and which must be recorded only if they meet the general recording criteria in 29 CFR 1904.7.
  - c. **Updating OSHA Form 300 where injury leads to bloodborne illness** – 29 CFR 1904.8(b)(3) contains requirements for updating the OSHA 300 Log when a worker experiences a wound caused by a contaminated needle or sharp and is later diagnosed as having a bloodborne illness, such as AIDS, hepatitis B or hepatitis C. The regulation requires the employer to update the classification of such a privacy concern case on the OSHA 300 Log if the outcome of the case changes, i.e., if it subsequently results in death, days away from work, restricted work, or job transfer. The employer must also update the case description on the Log to indicate the name of the bloodborne illness and to change the classification of the case from an injury (i.e., the needlestick) to an illness (i.e., the illness that resulted from the needlestick).
  - d. **Contact with blood or infectious materials not involving needlesticks or sharps** – 29 CFR 1904.8(b)(4) addresses the recording of cases involving workplace contact with blood or other potentially infectious materials that do not involve needlesticks or sharps, such as splashes to the eye, mucous membranes, or non-intact skin. The recordkeeping regulation does not require employers to record these incidents unless they result in the diagnosis of a bloodborne illness or meet one or more of the general recording criteria in 29 CFR 1904.7.
13. **Cases Involving Medical Removal.** 29 CFR 1904.9 requires an employer to record a case on the OSHA 300 Log if an employee is medically removed from the workplace under the medical surveillance requirements of an OSHA standard. The employer must enter each

medical removal case on the OSHA 300 Log as a case involving either days away from work (if the employee does not work during the medical removal) or as restricted work activity (if the employee continues to work, but in an area where exposures are not present). If the medical removal is the result of a chemical exposure, the employer must enter the case on the Form 300 Log by checking the “poisoning” column.

The following standards have medical surveillance requirements which include medical removal requirements:

- a. Benzene.  
General industry Standard (29 CFR 1910.1028(i)) and Construction Standard (29 CFR 1926.1128);
- b. Cadmium.  
General Industry Standard (29 CFR 1910.1027(l)) and Construction Standard (29 CFR 1926.1127);
- c. Formaldehyde.  
General Industry Standard (29 CFR 1910.1048(l)) and Construction Standard (29 CFR 1926.1148);
- d. Lead.  
General Industry Standard (29 CFR 1910.1025) and Construction Standard (29 CFR 1926.62);
- e. Methylenedianiline.  
General Industry Standard (29 CFR 1910.1050(m)) and Construction Standard (29 CFR 1926.60(n));
- f. Methylene Chloride.  
General Industry Standard (29 CFR 1910.1052(j)) and Construction standard (29 CFR 1926.1152)
- g. Vinyl Chloride.  
General industry Standard (29 CFR 1910.1017(k)) and Construction Standard (29 CFR 1926.1117); and
- h. Beryllium.  
General Industry Standard (29 CFR 1910.1024(l)) and Construction Standard (29 CFR 1926.1124(l)).

**Note:** In some cases, employers voluntarily rotate employees from one job to another to reduce exposure to hazardous substances. 29 CFR 1904.9(b)(3) provides that an employer is not required to record a case of

medical removal on the OSHA 300 Log when the case involves voluntary medical removal before the medical removal levels required by an OSHA standard are reached.

14. **Cases Involving Occupational Hearing Loss.** 29 CFR 1904.10(a) requires employers to record work-related hearing loss cases when: (1) the employee's audiogram reveals a work-related Standard Threshold Shift (STS) in hearing in one or both ears; and (2) the employee's total hearing level is 25 decibels (dB) or more above audiometric zero (averaged at 2000, 3000, and 4000 hertz (Hz)) in the same ear(s) as the STS. An STS is defined in OSHA's Occupational Noise Exposure Standard at 29 CFR 1910.95(g)(i) as "a change in hearing threshold, relative to the baseline audiogram for that employee, of an average of 10 dB or more at 2000, 3000, and 4000 (Hz)" in one or both ears.

29 CFR 1904.10(b)(5) provides that there are no special rules for determining the work-relatedness of hearing loss. Employers must use the rules in 29 CFR 1904.5 to determine if the hearing loss is work-related. A case is work-related if an event or exposure in the work environment either caused or contributed to the hearing loss, or significantly aggravated a pre-existing hearing loss. It is not necessary for the work environment to be the sole cause, or even the predominant cause, of the hearing loss in order for the case to be work-related. Any contribution from work to the hearing loss makes a hearing loss case work-related.

When evaluating the work-relatedness of a given hearing loss case, employers should take several factors into consideration, including:

- a. The employee's prior occupational and non-occupational noise exposure.
- b. Calibration records and the audiometric testing environment.
- c. The employee's records, including medical records.
- d. The employee's workplace activities, age correction, and personal medical conditions.
- e. If an employee is working in a high-noise environment, whether the employee is consistently and properly using hearing protection devices (e.g., is the employee using the protection, does it fit properly, and is it appropriate for the type of noise to which the employee is being exposed). (See OSHA's April 29,

2016, LOI, [Recording criteria for cases involving occupational hearing loss when employees use hearing protection.](#))

**Note:** Many employers may be conducting audiometric testing pursuant to OSHA's Noise Standard at 29 CFR 1910.95. However, employers not covered by 29 CFR 1910.95 (e.g., construction, agriculture, oil and gas servicing and drilling), but who voluntarily conduct audiometric testing of employees, are also required to record a work-related hearing loss case if the hearing loss meets the two-step criteria in 29 CFR 1904.10(a).

15. **Work-Related Tuberculosis Cases.** 29 CFR 1904.11 requires employers to record a case on the OSHA 300 Log when an employee has been occupationally exposed to anyone with a known case of active tuberculosis (TB), and that employee subsequently develops a TB infection, as evidenced by a positive skin test or diagnosis by a physician or other licensed healthcare professional. For these cases, employers must check the "respiratory condition" column.

Employers may line-out or erase recorded TB cases from the OSHA 300 Log if the case is not occupational. 29 CFR 1904.11(b)(2) lists the following circumstances to assist employers to rule out cases where occupational exposure is not the cause of the infection in the employee:

- a. The employee is living in a household with a person who has been diagnosed with active TB;
- b. The Public Health Department identified the employee as a contact of an individual with a case of active TB unrelated to the workplace; or
- c. A medical investigation shows that the employee's infection was caused by exposure to TB away from work or proves that the case was not related to the workplace TB exposure.

Additional information regarding the requirement to record work-related TB cases is provided in 29 CFR 1904.11 and OSHA Instruction [CPL 02-02-078](#), Enforcement Procedures and Scheduling for Occupational Exposure to Tuberculosis.

16. **Musculoskeletal Disorders (MSDs).** Work-related injuries and illnesses involving muscles, nerves, tendons, ligaments, joints, cartilage and spinal discs are recordable under the same requirements applicable to any other type of injury or illness. These injuries are also referred to as musculoskeletal disorders, or MSDs.

There are no special rules for recording these cases. It is recordable if the case is work-related; a new case; and involves medical treatment, days away, job transfer or restricted work under the criteria in 29 CFR 1904 described above in this section. As is the case with other injuries or illnesses, to avoid a potential repetitive stress injury, an employer may choose to reassign an employee with a work-related MSD condition before it becomes severe enough to result in medical treatment beyond first aid, days away, restricted work, or job transfer. (See also, 29 CFR 1904.7(b)(4), the discussion above addressing restricted work under paragraph VI.E.8. of this instruction, and additional guidance in OSHA's May 2, 2024 Memorandum, [\*Enforcement Guidance Under OSHA's Recordkeeping Regulation When First Aid, Active Release Techniques \(ART\), and Exercise/Stretching Are Used to Treat Musculoskeletal Injuries and Illnesses.\*](#))

**F. Deadline for Entering a Case.**

29 CFR 1904.29(b)(3) states that the employer must enter each case on the OSHA 300 Log and OSHA 301 Form within 7 calendar days of receiving information that a recordable injury or illness has occurred. In most cases, employers know immediately or within a short time that a recordable case has occurred. In a few cases, however, it may be several days before the employer is informed that an employee's injury or illness meets one or more of the recording criteria. If the employer receives more information after entering a case, 29 CFR 1904.33(b)(1) allows an employer to revise an entry on the OSHA 300 Log simply by lining it out or amending it if further information justifying the revision becomes available.

**Note:** There is an exception to the 7-day recording period if an employee experiences a recordable hearing loss, and the employer elects to retest the employee's hearing within 30 days. In that case, under 29 CFR 1904.10(b)(4), the employer can wait for the results of the retest before recording the case on the OSHA 300 Log and Form 301 Incident Report.

**G. Employee Privacy.**

29 CFR 1904.29(b)(6) and (b)(7) include requirements for employers to protect the privacy of injured or ill employees when recording cases in certain types of cases. In these cases, the employer may not enter the injured or ill employee's name on the OSHA 300 Log. Instead, the employer must enter "privacy case," and keep a separate, confidential list containing the identifying information for those individuals. If the work-related injury involves any of the following, it must be recorded as a privacy case:

1. An injury or illness to an intimate body part or the reproductive system;

2. An injury or illness resulting from a sexual assault;
3. A mental illness;
4. HIV infection, Hepatitis, or Tuberculosis;
5. Needlestick and sharps injuries that are contaminated with another person's blood or other potentially infectious material as defined by 29 CFR 1910.1030 (see additional discussion in paragraph VII.E.12. of this instruction); or
6. Other illnesses, if the employee independently and voluntarily requests that their name not be entered on the OSHA 300 Log.

This is a complete list.

**Note:** The employer may be required to provide the OSHA Forms 300 and 301 records to government representatives, employees, former employees or authorized representatives, who are entitled to disclosure under 29 CFR 1904.35 and 1904.40 (see additional discussion in paragraphs VI.M. and VI.Q. of this instruction). In addition, under 29 CFR 1904.29(b)(10), the employer may disclose unredacted versions of these forms to an auditor or consultant hired by the employer to audit safety and health, where necessary for workers' compensation or insurance purposes, or to a public health authority, health oversight agency, or law enforcement agency as permitted by the HIPAA privacy regulation at 64 CFR 512. In all other circumstances, the employer must remove or redact the names and any other personally identifying information of all injured and ill employees before the records are provided.

#### H. **Multiple Business Establishments.**

Under 29 CFR 1904.30(a), employers are required to keep separate OSHA 300 Logs for each establishment that is expected to be in business for one year or longer.

1. **Short-term Establishments.** 29 CFR 1904.30(b)(1) requires that for short-term establishments, i.e., those that will exist for less than a year, employers are required to keep injury and illness records but are not required to keep separate OSHA 300 Logs. Instead, employers may keep one OSHA 300 Log covering all short-term establishments or may include the short-term establishment records in logs that cover individual company divisions or geographic regions. For example, a construction company with multi-state operations might have separate OSHA 300 Logs for each state to show the injuries and illnesses of its employees engaged in short-term projects, as well as a separate OSHA 300 Log for each construction project expected to last for more than one year.
2. **Storing Records for Multiple Establishments.** 29 CFR 1904.30(b)(2) allows employer to keep records for separate establishments at the

business headquarters or another central location, provided that information can be transmitted from the establishment to headquarters or the central location within 7 days of the occurrence of the injury or illness, and provided that the employer is able to produce and send the OSHA records to each establishment when the access provisions of 29 CFR 1904.35 or 1904.40 requires such transmission. Under 29 CFR 1904.30(b)(3), each employee must be linked, for recordkeeping purposes, with one of the employer's establishments. Any injuries or illnesses sustained by the employee must be recorded on that employee's home establishment's OSHA 300 Log, or on a general OSHA 300 Log for short-term establishments.

3. **Recording an Injury or Illness that Occurs at an Establishment Other than the Employee's Home Establishment.** Under 29 CFR 1904.30(b)(4), if an employee suffers a work-related injury or illness while visiting or working at another of their employer's establishments, then the injury or illness must be recorded on the OSHA 300 Log of the establishment at which the injury or illness occurred. On the other hand, if an employee is injured or becomes ill while visiting or working at another employer's workplace, or while the employee is in travel status, the injury or illness must be recorded on the OSHA 300 Log of the employee's home establishment. (See 29 CFR 1904.30(b)(4).)

I. **Covered Employees.**

29 CFR 1904.31(a) requires employers to record the recordable injuries and illnesses of all employees on their payroll, whether they are labor, executive, hourly, salary, part-time, seasonal, or migrant workers. Employers must also record the recordable injuries and illnesses that occur to employees who are not on their payroll if they supervise these employees on a day-to-day basis.

1. **Self-employed Individuals.** 29 CFR 1904.31(b)(1) states that a self-employed individual is not an employee under the OSH Act; therefore, injuries and illnesses sustained by self-employed individuals are not recordable under Part 1904. Other individuals who are usually not considered to be employees under the OSH Act, and whose injuries and illnesses would therefore not usually need to be recorded, include unpaid volunteers, sole proprietors, partners, family members of farm employers.
2. **Multi-employer Circumstances.** 29 CFR 1904.31(b)(3) states that if a contractor's employee is working at another employer's establishment, and that individual is under the day-to-day supervision of the contractor, the contractor is responsible for recording the injury or illness. If another employer (e.g., the host employer or prime contractor) supervises the

work of the contract employee or temporary employee on a day-to-day basis, that employer must record the injury or illness.

Day-to-day supervision occurs when "in addition to specifying the output, product or result to be accomplished by the person's work, the employer supervises the details, means, methods and processes by which the work is to be accomplished." (See [FAQ 31-1](#).)

The determination as to which entity must record injuries and illnesses of contract employees must be based on the actual facts concerning day-to-day supervision at the workplace. This means the entity actually providing day-to-day supervision must record the case on their OSHA 300 Log regardless of the language included in any contractual agreement between parties addressing supervisory responsibilities. (See OSHA's June 23, 2003, LOI, [Recording criteria for cases involving workers from a temporary help service, employee leasing service, or personnel supply service](#).)

**Note:** 29 CFR 1904.31(b)(4) provides that the employers in such multi-employer circumstances should coordinate their efforts to ensure that each injury and illness is recorded only once, and that it is recorded by the employer who provides day-to-day supervision.

**J. Certification, Summarization and Posting of OSHA 300 Log Information.**

At the end of each calendar year, 29 CFR 1904.32 requires the employer to review their OSHA 300 Log for completeness and accuracy and to prepare an annual summary of the OSHA 300 Log using the OSHA Form 300A, Summary of Work-Related Injuries and Illnesses, or an equivalent form. The Form 300A must be reviewed and certified for accuracy by a company executive and physically posted in the workplace for three months from February 1 through April 30. The company executive must be one of the following persons: (1) an owner of the company; (2) an officer of the corporation; (3) the highest-ranking official working at the establishment; or (4) the immediate supervisor of the highest-ranking official working at the establishment. The annual summary must be completed, certified, and physically posted in the workplace even if no recordable injuries or illnesses occurred during the calendar year.

**Note:** Although 29 CFR 1904.32(a) uses the phrase "at the end of the calendar year," employers have until February 1 to create and post the annual summary for the recorded information from the previous calendar year.

**K. Retention and Updating of Records.**

29 CFR 1904.33(a) requires the employer to save the OSHA Form 300, the privacy case list (if one exists), the annual summary Form 300A and the OSHA Form 301 Incident Reports for five years following the end of the calendar year

covered by the records. 29 CFR 1904.33(b)(1) also requires the employer to update the entries on the OSHA 300 Log on a continuing basis (including during the five-year retention period) to include newly discovered cases and show changes that have occurred to the classification, description or outcome of previously recorded injuries and illnesses. For example, if the description or outcome of an injury or illness changes (a case requiring medical treatment becomes worse and the employee must take days away from work to recuperate), the employer must remove or line out the original entry and enter the new information on the OSHA 300 Log.

29 CFR 1904.33(b)(2) and (b)(3) provide that the employer is not required to update the OSHA 300A annual summary or the OSHA 301 Incident Report Forms, although the employer may update such forms if they wish to do so.

**L. Change in Business Ownership.**

Under, 29 CFR 1904.34, if an employer ceases operations at an establishment during a calendar year, and the establishment is then operated by a new employer for the remainder of the year, each employer is responsible for recording and reporting work-related injuries and illnesses only for that period of the year during which each employer owned the establishment. The selling employer is required to transfer their Part 1904 records to the new owner, and the new owner must save all records of the establishment kept by the prior owner. However, the new owner is not required to update or correct the records of the prior owner, even if new information about old cases becomes available.

**M. Employee Involvement.**

Under 29 CFR 1904.35, employees and their representatives must be involved in the recordkeeping system in specific ways. Each employer must: (1) inform employees on how to report work-related injuries and illnesses; (2) inform employees that they have the right to report injuries and illnesses and that employers are prohibited from discharging or in any manner retaliating against employees for reporting work-related injuries and illnesses; and (3) provide employees and their representatives with access to the injury and illness records. More information about each of these requirements is provided below.

**Note:** OSHA's March 12, 2012, Memorandum, [Employer Safety Incentive and Disincentive Policies and Practices](#), October 19, 2015, Memorandum, [Interpretation of 1904.35\(b\)\(1\)\(i\) and \(iv\)](#), November 10, 2016, Memorandum, [Interim Enforcement Procedures for New Recordkeeping Requirements under 29 CFR 1904.35](#), and October 11, 2018, Memorandum, [Clarification of OSHA's Position on Workplace Safety Incentive Programs and Post-Incident Drug Testing Under 29 C.F.R. § 1904.35\(b\)\(1\)\(iv\)](#), provide some further guidance on what may constitute reasonable reporting procedures and retaliatory conduct. OSHA's

October 11, 2018, Memorandum supersedes the 2016 Memorandum to the extent there is inconsistency and provides a clarification of the Department's position that OSHA's recordkeeping requirements do not prohibit workplace safety incentive programs or post-incident drug testing and relevant enforcement instruction.

1. **Reporting Work-related Injuries and Illnesses.** Under 29 CFR 1904.35(b)(1)(i) employers must set up a reasonable way for employees to report work-related injuries and illnesses promptly and accurately. A procedure is not reasonable if it would deter or discourage employees from accurately reporting a work-related injury or illness.
  
2. **Employee Access to Records.** 29 CFR 1904.35(b)(2) requires employers to provide access to recordkeeping forms to current and former employees, as well as to their personal representatives, and to authorized employee representatives. Under 29 CFR 1904.35(b)(2)(i), an authorized employee representative is an authorized collective bargaining agent of one or more of the employees who work at the employer's establishment. Under 29 CFR 1904.35(b)(2)(ii), a personal representative of an employee or former employee is a person that the employee or former employee designates, in writing, as their personal representative, or the legal representative of a deceased or legally incapacitated employee or former employee. (For additional information, see OSHA's September 9, 2005, LOI, [Employer obligation to provide access to entire OSHA 300 Logs, including names of both union and non-union employees.](#))

29 CFR 1904.35(b)(2) gives employees and their representatives the access rights described below:

- a. **OSHA 300 Log** - Any employee, former employee, personal representative, or authorized employee representative has the right to obtain a copy of the current OSHA 300 Log, and to any other retained OSHA 300 Log(s), for any establishment in which the employee or former employee has worked. The employer must provide one copy, free of charge, of the requested OSHA 300 Log(s) by the end of the next business day.

**Note:** The employee, former employee, personal representative, or authorized employee representative is not entitled to see, or to obtain a copy of, the confidential list of names and case numbers for privacy concern cases.

- b. **OSHA Form 301 Incident Reports** - Any employee, former employee, or their personal representative is entitled to a copy of

any OSHA 301 Incident Report Forms describing an injury or illness to that employee, free of charge, by the end of the next business day.

An authorized employee representative is entitled to copies of information from the right-hand portion of all OSHA Form 301 Incident Reports for the establishment(s) where the representative represents one or more employees under a collective bargaining agreement. The right-hand portion of the OSHA 301 Incident Report Form contains the heading "Information about the case," and includes information about how the injury or illness occurred, but it does not contain the employee's name or other specific information, such as the employee's address, date of birth, and location information for medical treatment. The employer must remove all other information from the OSHA 301 Incident Report Form before it is disclosed to an authorized employee representative. The employer must provide the authorized employee representative with one copy of all requested OSHA Form 301 Incident Reports for the establishment, free of charge, within seven calendar days.

3. **Prohibition Against Retaliation.** OSHA recordkeeping requirements prohibit employers from retaliating against employees for reporting work-related injuries and illnesses. 29 CFR 1904.35(b)(1)(iv) specifically prohibits employers from discharging or in any way retaliating against employees for reporting work-related injuries or illnesses.

Utah Code Annot. § 34A-6-203 of the Utah OSH Act prohibits employers from retaliating against an employee for reporting a work-related fatality, injury, or illness, and also protects an employee who files a safety and health complaint, asks for access to the Part 1904 records, or otherwise exercises any rights afforded by the Utah OSH Act.

**N. UOSH Recordkeeping and Reporting Regulations.**

UAC R614-1-4.A.1. incorporates 29 CFR 1904 by reference, except 29 CFR 1904.36 and the workplace fatality, injury and illness reporting requirements found in 29 CFR 1904.1, 1904.2, 1904.7 and 1904.39. Workplace fatalities, injuries and illnesses shall be reported pursuant to the more specific Utah standards in Utah Code Annot. § 34A-6-301(3)(b)(ii) and UAC R614-1-5.B.1. UOSH's reporting requirements are more stringent than OSHA's requirements.

**O. Variances from Recordkeeping Requirements.**

29 CFR 1904.38 explains the procedures employers must follow when requesting a variance from the recordkeeping requirements in Part 1904. The

regulation allows employers to petition UOSH if they want to maintain records in a manner that is different from the approach required in 29 CFR 1904, rather than following the procedures in UAC R614-1-8, *Rules of Practice for Temporary or Permanent Variance from the Utah Occupational Safety and Health Standards*. 29 CFR 1904.38 requires that employers show that their alternative recordkeeping system: (1) collects the same information as required by the Part 1904 regulation; (2) meets the purposes of the Utah OSH Act; and (3) does not interfere with the administration of the Utah OSH Act. (See 29 CFR 1904.38 for specific requirements and variance application and approval procedures.)

**P. Reporting Fatalities, Severe Injuries and Illnesses to UOSH.**

UAC R614-1-5.B.1. requires each employer to report to UOSH, within 8 hours of occurrence, of any work-related fatalities, of any disabling, serious, or significant injury and of any occupational disease incident. The reporting requirements apply to all employers covered by the Utah OSH Act, including those that are partially exempt from keeping OSHA injury and illness records because of size or industry classification.

**Note:** "Disabling, serious or significant injury" means any injury resulting in admittance to the hospital or permanent or temporary impairment, where function of any part of the body is substantially reduced or made useless and which would require treatment by a physician or other licensed health care professional. Examples of a disabling, serious or significant injury include, amputation, fracture, deep laceration, severe burn including thermal, chemical, etc., electrical burn, sight impairment, loss of consciousness and concussion.

1. **Methods For Reporting.** Employers may use one of the following methods to report a work-related fatality; disabling, serious, or significant injury; or occupational disease incident to UOSH.
  - a. By calling the UOSH Office at 1-801-530-6901;
  - b. By electronic submission using UOSH's online [Accident Reporting Form](#); or
  - c. In person at the UOSH Office, located at 160 E 300 S, Salt Lake City, UT, 84111. UOSH's business hours are from 8:00 AM – 5:00 PM, Mountain Standard Time, Monday through Friday, excluding state holidays.

**Note:** If the UOSH office is closed, the employer must still report the fatality; disabling, serious, or significant injury; or occupational disease incident to UOSH in a timely manner, by using either the UOSH

telephone number or the online Accident Reporting Form. (See UAC R614-1-5.B.1.)

**Note:** If an employer reports to UOSH a disabling, serious, or significant injury; or occupational disease incident, and the employee subsequently dies within 30 days of the incident, the employer is not required to make a second report regarding the fatality. (See OSHA's January 8, 2021, LOI, [Reporting two related reportable events.](#))

2. **Information Required in Reporting.** Information that needs to be provided to UOSH when reporting a fatality; disabling, serious, or significant injury; or occupational disease incident includes the following:
  - a. The establishment name;
  - b. The location of the work-related incident;
  - c. The time of the work-related incident;
  - d. The type of reportable event (i.e., fatality; disabling, serious, or significant injury; or occupational disease incident);
  - e. The number of employees who suffered a fatality; disabling, serious, or significant injury; or occupational disease incident;
  - f. The names of employees who suffered a fatality; disabling, serious, or significant injury; or occupational disease incident;
  - g. The employer's contact person and phone number; and
  - h. A brief description of the work-related incident.
  
3. **Circumstances in which Reporting is Not Required.** Employers do not have to report an event to UOSH if it:
  - a. Is not work-related;
  - b. Resulted from a motor vehicle accident on a public street or highway, except in a construction work zone. (Employers must report events occurring in construction work zones.); or
  - c. Occurred on a commercial or public transportation system (e.g. airplane, subway, bus, ferry, streetcar, light rail, or train).

**Note:** Events that are not required to be reported to UOSH may still be recordable if the employer is required to keep Part 1904 Injury and Illness Records and the event meets the recording criteria in the regulation. (See 29 CFR 1904.4 through 1904.11, and prior discussion of these provisions in this instruction for recordability requirements.)

4. **Heart Attacks.** Employers are required to report work-related fatalities

and disabling, serious, or significant injuries caused by a heart attack. However, the UOSH Office Director, or designee, will decide whether to investigate the event, depending on the circumstances of the heart attack.

**Delays in Reporting.** If an employer is not immediately aware of a reportable incident (fatality; disabling, serious, or significant injury; or occupational disease incident), a report to UOSH must be made within 8 hours after the incident is reported to the employer or any of its agents. If an employer is not immediately aware that a reportable incident is the result of a work-related incident, the employer must similarly report to UOSH within 8 hours after the employer or any of its agents learns the incident is work-related.

**Q. Providing Records to Government Representatives.**

29 CFR 1904.40(a) states that employers must provide a complete copy of any records required by Part 1904 to an authorized government representative when requested. Copies of the requested records must be provided within 4 business hours. Records under Part 1904 include the OSHA Form 300 (Log), the OSHA Form 300A (Summary), the confidential listing of privacy concern cases along with the names of the injured or ill privacy case workers, and the OSHA Form 301 (Incident Report). 29 CFR 1904.40(b)(1) specifies that authorized government representatives include (1) a representative of the Secretary of Labor conducting an inspection or investigation under the OSH Act, (2) a representative of the Secretary of Health and Human Services (including the National Institute for Occupational Safety and Health (NIOSH)) conducting an investigation under Section 20(b) of the OSH Act, or (3) a representative of a State agency responsible for administering an OSHA-approved State Plan.

**Note:** Under 29 CFR 1904.40(b)(2), if the employer maintains the records at an establishment in a different time zone, the employer may use the business hours at the location where the records are being retained when calculating the deadline.

**R. Electronic Submission of Injury and Illness Data to OSHA.**

29 CFR 1904.41 requires certain employers to electronically submit to OSHA, on an annual basis, injury and illness data that they are already required to keep under Part 1904. These data are submitted through OSHA's Injury Tracking Application (ITA).

1. **Establishments Required to Electronically Submit Data.** The electronic submission requirement is based on establishment size and industry classification.

- a. **OSHA Form 300A** – 29 CFR 1904.41(a)(1)(i) requires establishments with 20-249 employees at any time during the previous calendar year, that are classified in an industry listed in [Appendix A to Subpart E of Part 1904](#), to electronically submit to OSHA information from their OSHA Form 300A Summary of Work- Related Injuries and Illnesses. 29 CFR 1904.41(a)(1)(ii) requires establishments with 250 or more employees at any time during the previous calendar year to electronically submit to OSHA information from their OSHA Form 300A. This provision applies to establishments in all industries covered by Part 1904.
  - b. **OSHA Forms 300 and 301** – 29 CFR 1904.41(a)(2) requires establishments with 100 or more employees at any time during the previous calendar year, that are classified in [Appendix B to Subpart E of Part 1904](#), to electronically submit to OSHA certain information from their OSHA Form 300 Log of Work-Related Injuries and Illnesses and their Form 301 Injury and Illness Incident Report.
  - c. **Electronic Submission of Part 1904 Records Upon Notification** – 29 CFR 1904.41(a)(3) requires employers to electronically submit requested information upon notification by OSHA or OSHA’s designee. 29 CFR 1904.41(b)(3) provides that OSHA will notify an employer by mail if they are required to submit such information, and that OSHA will also announce individual data collections through publication in the Federal Register and the OSHA newsletter, and announcements on the OSHA website.
2. **Determining Establishment Size.** The size criterion in 29 CFR 1904.41 is based on the number of employees at the establishment and not the number of employees at the company. Each individual employed in the establishment at any time during the calendar year counts as one employee, including full-time, part-time, seasonal, and temporary workers. The size threshold for electronic submission is based on the peak number of employees at a given establishment during the previous calendar year.
  3. **Determining Establishment Industry.** The covered industries listed in both Appendix A and Appendix B to Subpart E are based on 2017 NAICS codes. The industry criterion is based on the NAICS code at the establishment rather than the entire company.
  4. **Requisite Information for Submission.** For each establishment subject to the electronic reporting requirements, the employer must provide the

Employer Identification Number (EIN) by establishment. For establishments required to submit OSHA Form 300A data, all fields are required. For establishments required to submit OSHA Forms 300 and 301 data, under 29 CFR 1904.41(b)(9), establishments are required to submit all of the information from the forms except the following: employee name (column B) of the Form 300 Log; and employee name (field 1), employee address (field 2), name of physician or other healthcare professional (field 6), and facility name and address if treatment was given away from the worksite (field 7) of the Form 301 Incident Report. (For additional information, see OSHA's Injury Tracking Application Frequently Asked Questions (ITA FAQ) at <https://www.osha.gov/injuryreporting/faqs>.)

5. **Information that Should Not be Submitted by Employers through the ITA.** When electronically submitting OSHA Forms 300 and 301 data, establishments should review and remove non-mandatory information that could reasonably be expected to identify individuals from the narrative fields. Establishments should not include the following information: names, social security numbers, telephone numbers, home addresses, email addresses, healthcare provider information. (See OSHA's ITA FAQ, <https://www.osha.gov/injuryreporting/faqs>, and [OSHA's Fact Sheet on Protecting Personally Identifiable Information \(PII\) in ITA submissions](#) for further information.)
6. **Deadline for Submitting Information Electronically.** Under 29 CFR 1904.41(c), establishments required to electronically submit data from their OSHA Forms must do so by March 2 of the year after the calendar year covered by the form(s) (for example, by March 2, 2024, for the forms covering 2023).
7. **Additional Resources on Electronic Reporting Requirements.** OSHA has provided additional information, including an [ITA Coverage Application](#) to help establishments determine coverage by these requirements, and answers to many frequently asked questions, on its website for the new electronic reporting requirements at <https://www.osha.gov/injuryreporting>.

#### **VIII. Requests from the Bureau of Labor Statistics (BLS) for Data.**

29 CFR 1904.42(a) requires employers that receive a Survey of Occupational Injuries and Illnesses Form from BLS or a BLS designee to promptly complete and return the form to BLS. Each year, BLS collects data from a statistical sample of employers in all industries and across all size classes and uses the data to compile occupational injury and illness statistics. 29 CFR 1904.42(b)(1) states that some employers will receive a BLS survey form and others will not, and that an employer is not required to send data

to BLS unless requested to do so. 29 CFR 1904.42(b)(2) directs the employer to follow the instructions on the survey form when completing the information and return it promptly.

29 CFR 1904.42(b)(3) notes that BLS is authorized to collect data from all employers, even those who are exempt from keeping injury and illness records under 29 CFR 1904.1 to 1904.3, from keeping OSHA injury and illness records. In such cases, BLS may inform such employers in writing that it will be collecting injury and illness information from them in the coming year, and if an employer receives such a letter, they are required to keep the injury and illness records required by 29 CFR 1904.5 to 1904.15 and to make a survey report to BLS for the year covered by the survey.

**Note:** Establishment-specific injury and illness data collected by BLS are not shared with the public, other government agencies, or OSHA.

## **IX. Definitions**

Included below are definitions for select terms used in Part 1904, including select definitions from 29 CFR 1904.46.

### **A. Incident Rate or Days Away, Restricted, or Transferred (DART) Rate.**

These terms are not defined in 1904.46, but they are terms used that refer to the number of recordable injuries and illnesses occurring among a given number of full-time workers (usually 100 full-time workers) over a given period of time (usually one year). In calculating the Incidence Rate or DART Rate, the total number of injuries and illnesses includes cases involving days away from work, restricted work activity, and transfers to another job. The rate is calculated based on  $(N/EH) \times (200,000)$  where N is the number of cases involving days away and/or job transfer or restriction, EH is the total number of hours worked by all employees during the calendar year, and 200,000 is the base for 100 full-time equivalent employees. For example:

Employees of an establishment (XYZ Company), including temporary and leased workers, worked 645,089 hours at XYZ Company. There were 22 injury and illness cases involving days away and/or restricted work activity and/or job transfer from the OSHA 300 Log (total of column H plus column I). The DART rate would be  $(22/645,089) \times (200,000) = 6.8$ . (See additional guidance in Chapter 3, *Inspection Procedures*, of the UFOM.)

### **B. Establishment.**

An establishment is defined in 29 CFR 1904.46 as a single physical location where business is conducted or where services or industrial operations are performed. For activities where employees do not work at a single physical location, such as construction, transportation, communications, electric, gas and sanitary services, and similar operations, the establishment is represented by

main or branch offices, terminals, stations, etc. that either supervise such activities or are the base from which personnel carry out these activities.

1. **Multiple Establishments at One Business Location.** Under 29 CFR 1904.46(1), normally, one business location has only one establishment, but under limited conditions, the employer may consider two or more separate businesses that share a single location to be separate establishments. 29 CFR 1904.46(1) provides that an employer may divide one location into two or more establishments only when:
  - a. Each of the establishments represents a distinctly separate business;
  - b. Each business is engaged in a different economic activity;
  - c. No one industry description in the North American Industry Classification - System (NAICS) applies to the joint activities of the establishments; and
  - d. Separate reports are routinely prepared for each establishment on the number of employees, their wages and salaries, sales or receipts, and other business information. For example, if an employer operates a construction company at the same location as a lumber yard, the employer may consider each business to be a separate establishment.
  
2. **Establishments With More Than One Physical Location.** Under 29 CFR 1904.46(2), an establishment can include more than one physical location, but only under certain conditions. An employer may combine two or more physical locations into a single establishment only when:
  - a. The employer operates the locations as a single business operation under common management;
  - b. The locations are all located in close proximity to each other; and
  - c. The employer keeps one set of business records for the locations, such as records on the number of employees, their wages and salaries, sales or receipts, and other kinds of business information. For example, one manufacturing establishment might include the main plant, a warehouse a few blocks away, and an administrative service building across the street.

3. **Telecommuting.** Under 29 CFR 1904.46(3), for employees who telecommute from home, the employee's home is not a business establishment, and a separate 300 Log is not required. Employees who telecommute must be linked to one of the employer's establishments under 29 CFR 1904.30(b)(3).
4. **Temporary worksites.** Whether a temporary worksite, such as a construction site, should be treated as a separate establishment depends on the length of the project.
  - a. **Temporary worksites that are scheduled to continue for a year or more** - A separate OSHA 300 Form must be maintained for each establishment under 29 CFR 1904.30(a). In accordance with 29 CFR 1904.35 and 1904.40, the log may be maintained either at the construction site, or at an established central location provided the employer can: (1) Transmit information about the injuries and illnesses from the establishment to the central location within seven (7) calendar days of receiving information that a recordable injury or illness has occurred; and (2) Produce and send records from the central location to the establishment within four business hours when the employer is required to provide such to a government representative, or by the end of the next business day when providing records to an employee, former employee or employee representative.
  - b. **Temporary worksites that are scheduled to continue for less than a year** - A separate OSHA 300 Log Form need not be maintained for each worksite. Instead, one OSHA 300 Log may be maintained to cover all such short-term establishments, or all such short-term establishments within company divisions or geographic regions, if applicable. In accordance with 29 CFR 1904.35 and 1904.40, the OSHA 300 Log may be maintained at the establishment or at a central location provided the employer can satisfy the same criteria described in the previous paragraph.

C. **Injuries and Illnesses.**

An injury or illness is defined in 29 CFR 1904.46 as an abnormal condition or disorder. 29 CFR 1904.46 further provides that injuries include cases such as, but not limited to, a cut, fracture, sprain, or amputation, and that illnesses include both acute and chronic illnesses, such as, but not limited to, a skin disease, respiratory disorder, or poisoning. 29 CFR 1904.46 notes that injuries and illnesses are recordable only if they are new, work-related cases that meet one or more of the Part 1904 recording criteria.

Although injury and illness are broadly defined, they capture only those changes that reflect an adverse change in the employee's condition that is of some significance, i.e. that reach the level of an abnormal condition or disorder. For example, a mere change in mood or experiencing normal end-of-the-day tiredness would not be considered an abnormal condition or disorder. Similarly, a cut or obvious wound, breathing problems, skin rashes, blood tests with abnormal results, and the like are clearly abnormal conditions and disorders. Pain and other symptoms that are wholly subjective are also considered an abnormal condition or disorder. There is no need for the abnormal condition to include objective signs to be considered an injury or illness. (See the preamble of the 2001 recordkeeping final rule *Federal Register* Notice, Vol. 66, page 6080 for further discussion of these terms. See 29 CFR 1904.4 through 1904.11 and corresponding sections of this instruction for injury and illness recordability requirements.)

**Note:** The distinction between injury and illness is not a factor for determining which cases are recordable.

**D. Other Potentially Infectious Material (OPIM).**

29 CFR 1904.46 provides that, for purposes of 29 CFR Part 1904, OPIM has the same meaning as in OSHA's Bloodborne Pathogens standard at 29 CFR 1910.1030. Under both OSHA regulations, OPIM is defined to mean: (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV-containing culture medium or other solutions; and blood, organ, or other tissues from experimental animals infected with HIV or HBV.

**E. Physician or Other Licensed Health Care Professional.**

A physician or other licensed health care professional is defined in 29 CFR 1904.46 as an individual whose legally permitted scope of practice (i.e., license registration, or certification) allows them to independently perform, or be delegated the responsibility to perform, the activities described by Part 1904.

**X. Inspection Procedures**

This section includes general guidance for CSHOs in conducting review and evaluation of an employer's records and compliance with OSHA recordkeeping requirements in Part 1904, in the course of a UOSH inspection. This section supplements compliance inspection guidance in the UFOM. In addition, Appendix B of this instruction provides a Compliance Officer Checklist which is meant to serve as a resource to CSHOs for

conducting records evaluations.

**A. Determining Applicability of Recordkeeping Requirements.**

In conducting a UOSH inspection or investigation, the CSHO must verify the establishment's NAICS code and the number of employees in the entire company to determine whether the establishment must comply with all Part 1904 recordkeeping requirements, or whether the establishment may be partially exempt. If the company has 10 or fewer employees at all times during the previous year, or the establishment is classified as a partially exempt industry listed under 29 CFR 1904.2 and [Appendix A, Subpart B of Part 1904](#), they are not required to maintain the OSHA injury or illness forms, although they are still required to report fatalities, disabling, serious, or significant injuries and occupational disease incidents to UOSH. For additional information regarding coverage requirements, see 29 CFR 1904.2 and paragraph VII.B. of this instruction.

**B. Requesting Injury and Illness Records and Recording OSHA 300 Form data in the OSHA Information System (OIS).**

For inspections and investigations of establishments required to maintain the injury and illness records, the CSHO must request copies of the establishment's injury and illness records for the current and three prior calendar years. In accordance with the UFOM, the CSHO must review these records and enter the employer's OSHA 300 Log data into OIS, for all general industry and construction inspections and investigations. For construction inspections and investigations, it will be left to the discretion of the CSHO as to whether such information should also be recorded by the CSHO in OIS for any of the subcontractors.

**C. Timeliness.**

29 CFR 1904.40(a) states that once a request is made, an employer must provide the required recordkeeping records within four (4) business hours.

**Note:** Although the employer has four hours to provide recordkeeping records, there is no requirement that compliance officers must wait until the records are provided before beginning the inspection.

**D. Calculating DART Rates.**

The CSHO must use the data on the employer's OSHA Forms 300, 300A, and 301 to calculate the establishment's Days Away from Work, Restricted/Job Transfer (DART) rate. CSHOs will not normally need to manually calculate the DART rate since it is automatically calculated when the OSHA Form 300 data are entered into the OIS. However, if it is necessary to calculate rates manually, the CSHO should do so in accordance with the formula included in the Definitions section of this instruction and additional guidance in Chapter 3, *Inspection Procedures*, of the UFOM. The establishment's DART rate must be included in the entry in

OIS for each inspection or investigation.

**E. Reviewing Compliance with ITA requirements.**

In addition, CSHOs should refer to the ITA database in the course of inspections to identify employers who were required to submit data, to verify whether they have complied with the requirement, and to obtain submitted data for review, where appropriate. (See OSHA’s April 16, 2024, Memorandum, [Update to Enforcement Procedures for Failure to Submit Electronic Illness and Injury Records under 29 CFR 1904.41\(a\)\(1\) and \(a\)\(2\)](#). Refer to OSHA’s Recordkeeping website for further enforcement memoranda at <https://www.osha.gov/recordkeeping>.)

**F. Reviewing Establishment Injury and Illness Records.**

The CSHO should review the records provided by the employer (including the employer’s OSHA 300 logs, 300A summaries, and 301 incident reports for the prior three calendar years) to identify any trends, potential hazards, types of operations and work-related injuries or illnesses, and to determine whether the employer properly recorded and reported information. The CSHO may also review information provided to OSHA through the ITA if available. If recordkeeping deficiencies are suspected, the CSHO may be able to obtain further information through the inspection, including through information obtained in employee interviews and medical records review, where appropriate.

1. **Identifying Deficiencies in OSHA Recordkeeping Forms.** Certain information that may appear on – or have been omitted from - an establishment’s OSHA Form 300 may be an indication that injuries or illnesses are inaccurately recorded. If the CSHO has questions regarding a specific case on the employer’s OSHA Form 300, the CSHO must review the employer’s corresponding OSHA Form 301 or equivalent to verify the recordable injury or illness is properly entered on the employer’s OSHA 300 Log. For example, if location, body part, or other information seems to be missing from the OSHA Form 300, the CSHO should review the corresponding OSHA Form 301.

Some examples of factors that may indicate a likelihood of inaccurate recording, and that may warrant closer review of the establishment’s records, include, but are not limited to:

- a. Cases classified as “other recordable”: For such cases, the CSHO should check to see whether the recorded outcome is consistent with the type of injury or illness entered on the form.
- b. Circumstances where a large number of temporary workers are

present.

- c. Circumstances where the establishment has a very low DART rate but is in an industry with a very high DART rate.
- d. Circumstances where there are very high numbers of reportable incidents.
- e. Circumstances where the requested logs from previous calendar years have no recorded injuries or illnesses.

2. **Identifying Potential Safety and Health Trends.** Where the records review indicates potential trends in types of incidents or hazards, in such situations it may be appropriate for the CSHO to conduct further evaluation of the potential hazards in the course of the inspection, including through the walkaround, employee interviews, and medical records review where appropriate. If the deficiencies or inaccuracies in the employer's records impair the CSHO's ability to assess hazards, injuries and/or illnesses at the workplace, a more thorough records review may be warranted.

**Note:** UOSH can expand the scope of the inspection when there is reasonable belief, based on specific evidence (e.g., injuries or illnesses recorded in both OSHA forms 300 and 301, employee statements, or "plain view" observations), that violative conditions may be found in other areas of the workplace. During a partial inspection, ordinarily, injury and illness data from the OSHA 300 logs *alone* will not be sufficient to support a broader inspection. However, OSHA 300 data in conjunction with other specific evidence, including incident report information from OSHA 301 forms, employee statements, or plain view observations, can be used to support an expanded inspection when the particular injuries or illnesses found in the OSHA 300 logs can be tied to a specific violative condition in the workplace.

3. **Obtaining Further Assistance.** If recordkeeping deficiencies are suspected or determined to exist during an inspection or an investigation, the CSHO should consult with the UOSH Director or Designee to help the CSHO determine whether the inspection or investigation should be expanded, and what citations may be appropriately considered. (As noted above, the Compliance Officer Checklist in Appendix B of this instruction may also be useful to CSHOs in conducting a recordkeeping evaluation during a UOSH inspection.)

**G. Medical Facilities.**

In evaluating employers' compliance with recordkeeping requirements, CSHOs should check if the establishment has an on-site medical, nursing, health, or first aid facility. If so, it may be useful to obtain first aid logs for the medical facilities in evaluating potential recordkeeping deficiencies, as well as indications of hazards that may be prevalent at the workplace. In addition, the CSHO may wish to inquire regarding the location of the nearest emergency room where employees may be treated. For example, such information may be useful in cases where the records' review indicates employees have received medical treatment off-site, or where the records review and/or employee interviews may indicate deficiencies in recordkeeping.

**H. Obtaining Medical Records.**

In addition to information from the employer's recordkeeping forms, employee medical records can provide critical information needed to determine whether an employee's safety and health has been adversely affected by conditions in the workplace. For example, UOSH access to employee medical records may be necessary during inspections to determine whether an employer is complying with OSHA standards, or to verify whether an employer has taken steps to abate existing violations.

Due to the substantial personal privacy interests involved, where OSHA standards (incorporated by UOSH) or UOSH rules do not include provisions for UOSH access to employee medical records, UOSH's authority to gain access to personally identifiable employee medical information will be exercised only after the UOSH Director or Designee has made a careful determination of its need for this information and only with appropriate safeguards to protect individual privacy. Once this information is obtained, UOSH examination and use of it will be limited to only that information needed to accomplish the purpose for access. Refer to [UAC R614-1-10, Rules of Agency Practice and Procedure Concerning UOSH Access to Employee Medical Records](#).

**I. Policies that Discourage Recording and Reporting.**

The CSHO must document in the case file any evidence of company policies that may have an effect of discouraging recording and reporting of injuries and illnesses. An example of this might be an award or incentive program tied to the number of injuries or illnesses recorded on the OSHA 300 Log. If the CSHO learns through employee interviews or other means of any company policies that may have influenced or restricted the treatment that employees receive for occupational injuries and illnesses, the CSHO shall obtain a copy of the employer's written policy and ask questions of management personnel to help verify whether such policies exist. See OSHA's November 10, 2016, Memorandum, [Interim Enforcement Procedures for New Recordkeeping Requirements under 29 CFR 1904.35](#), OSHA's October 11, 2018, Memorandum,

[Clarification of OSHA's Position on Workplace Safety Incentives Programs and Post-Incident Drug Testing Under 29 CFR 1904.35\(b\)\(1\)\(iv\)](#), and other above-referenced memoranda in paragraph VI.M. of this instruction, for further discussion.

## **XI. Citations and Penalties for Violation of Part 1904 Requirements**

This section provides a discussion of citation policies for Part 1904 requirements.

### **A. General.**

Violations of Part 1904 are generally cited as Other-Than-Serious citations. Violations of Part 1904 may be cited as Repeat, Willful, or Failure to Abate citations (see additional discussion in paragraph X.L. of this instruction below). Violations of Part 1904 may not be cited as serious citations. See Chapter 6, Section IX.C., *Injury and Illness Records and Reporting under UAC R614-1-5.B.*, of the UFOM, and 29 CFR 1904.

### **B. Limitation Period for Issuing Recordkeeping Citations.**

Utah Code Annot. § 34A-6-302(3) of the Utah OSH Act provides that, no citation may be issued after the expiration of six months following the occurrence of any violation.

As previously discussed, 29 CFR 1904.29(b)(3) states that the employer must enter each case on the OSHA 300 Log and 301 Incident Report within seven (7) calendar days of receiving information that a recordable injury or illness has occurred. In most cases, employers know immediately or within a short time that a recordable case has occurred. In a few cases, however, it may be several days before the employer receives information that an employee's injury or illness meets one or more of the recording criteria.

For purposes of entering cases on the OSHA Form 300 Log and OSHA Form 301 Incident Report, a violation "occurs" when the employer fails to enter the case within seven (7) calendar days of receiving information that an injury or illness results in the recording criteria. For example, if an injury or illness takes place on April 1, and the case meets all of the recording criteria on that date, the employer would need to enter the injury or illness on the OSHA Form 300 Log and OSHA Form 301 Incident Report within seven (7) calendar days by April 8. In this example, the six-month limitation date for UOSH to issue a citation for failure to record the case would be October 8 (six months from April 8).

In another example, an employee sustains a work-related injury on April 1, but only receives first aid treatment through April 14. On April 15, the employee starts receiving medical treatment beyond first aid to treat the injury. Since the injury meets the recording criteria on April 15, the employer would have until April 22 to enter the case on the OSHA 300 Log and OSHA 301 Incident Report. In this example, the violation for failure to record the case would occur on April

22 (seven days after the employer received information that the case resulted in the general recording criteria) and not April 1 when the injury took place. The six-month limitation date for failure to record the injury in this example would be October 22.

Finally, for purposes of the records retention requirement in 29 CFR 1904.33, which requires employers to retain recordkeeping forms for five years following the end of the calendar year that the record covers, a violation occurs when the employer loses or destroys a form before the end of the five-year retention period. Accordingly, once an employer creates a Part 1904 record, UOSH can cite that employer for failure to save the record for five calendar years plus six months.

C. **OSHA 300 Log and 301 Incident Report Forms.**

The employer must record cases on the OSHA Form 300 Log of Work-Related Injuries and Illnesses (or equivalent form) and on the OSHA Form 301 Incident Report (or equivalent form), as required in Subpart C of Part 1904. Below are citation policies for several potential shortcomings with employers' OSHA recordkeeping forms.

1. **Failure to Maintain Forms.** Where the employer has failed to maintain these records and the CSHO determines that there have been injuries or illnesses which meet the requirements for recordability, but were not recorded, an Other-Than-Serious citation of 29 CFR 1904.4(a) for failure to keep records should normally be considered.

**Note:** Where no records are kept, but the CSHO determines there have been no injuries or illnesses, a 29 CFR 1904.4(a) citation should normally not be considered. UOSH also has the burden of proving that each fatality, injury, or illness case was work-related and met one or more of the general recording criteria. Thus, if the employer did not record any injuries or illnesses because they did not determine that a fatality, injury or illness case was work-related, a citation should not be considered unless UOSH can satisfy that burden.

2. **Unrecorded Cases.** When the required records are kept but no entry is made for a specific injury or illness which meets the requirements for recordability, an Other-Than-Serious citation of 29 CFR 1904.4(a) for failure to record the case should normally be considered.
3. **Failure to use OSHA 300 Log, OSHA 300A Annual Summary, or OSHA 301 Incident Report, or Equivalent Forms.** When the required records are kept but have not been completed using the OSHA 300, 300A, or 301 forms, or their equivalent (i.e. the employer uses a different form or system, and it

does not have comparable fields or information), then an Other-Than-Serious citation of 29 CFR 1904.29(a) should normally be considered.

4. **Misclassified or Incomplete Cases on the OSHA 300 Log, OSHA 300A Summary Form, or OSHA 301 Incident Report.** When required records are kept but have not been completed with the detail required by the regulation, when the OSHA 300 or equivalent form does not correctly classify certain work-related injuries or illnesses (e.g. days away, restricted work, job transfer, etc.), or when the employer failed to enter the number of days away, days of restricted work, or days of job transfer, or the records otherwise contain inaccuracies, the records must be reviewed to determine if there are deficiencies that materially impair the understandability of the nature of hazards, injuries and illnesses in the workplace.

If the defects in the records materially impair the understandability of the nature of the hazards, injuries and/or illnesses at the workplace, then an Other-Than-Serious citation of 29 CFR 1904.7(b)(3) or 1904.7(b)(4) (for failure to correctly classify the case on the OSHA Form 300), or 29 CFR 1904.29(b)(1) (for OSHA Form 300 and 300A deficiencies), or 29 CFR 1904.29(b)(2) (for OSHA Form 301 deficiencies) should normally be considered. The CSHO should specify in the Alleged Violation Detail (AVD) what was missing from the OSHA Form 300, 300A, or 301, or equivalent form.

If the deficiencies do not materially impair the understandability of the information, normally a citation should not be considered. For example, a citation should normally not be considered solely for misclassifying an injury as an illness. In such circumstances, the CSHO should provide instruction to the employer on how to correct the deficiency and reference the employer to relevant materials on the OSHA recordkeeping webpage (<http://www.osha.gov/recordkeeping>). The CSHO should also document that such instruction was provided in the case file, along with the employer's promised actions to correct the deficiencies.

5. **Failure to Timely Record.** If the employer has recorded an incident on their OSHA forms, but the CSHO can establish through employee interviews, records review, or other means that the employer did not record a case on their OSHA form within seven (7) calendar days of receiving information that a recordable injury or illness has occurred, an Other-Than-Serious citation of 29 CFR 1904.29(b)(3) may be considered.
6. **Privacy Cases.** If the employer has failed to indicate a privacy case where required to do so in the space normally used for the

employee's name on the OSHA Form 300 or equivalent form, then an Other-Than-Serious citation of 29 CFR 1904.29(b)(6) should normally be considered.

7. **Over-recorded cases.** A citation should not normally be considered if an employer enters cases on the OSHA Form 300 Log that should not have been recorded. The CSHO should instruct the employer to line-out or delete the over-recorded case(s).

**D. Annual Summary Posting Requirements.**

Other-Than-Serious citations under 29 CFR 1904.32 may be considered if there are shortcomings in the employer's compliance with the requirement to complete and post the OSHA 300A Summary. For example, an Other-Than-Serious citation of 29 CFR 1904.32(a)(2) should normally be considered if the employer fails to create an annual summary of injuries and illnesses using the OSHA 300A or equivalent form. An Other-Than-Serious citation of 29 CFR 1904.32(a)(4) should normally be considered if an employer fails to physically post the OSHA Form 300A Summary by February 1. An Other-Than-Serious citation of 29 CFR 1904.32(a)(3) should normally be considered if an employer fails to certify the Summary. An Other-Than-Serious citation of 29 CFR 1904.32(b)(2)(iii) should be considered if the employer uses an equivalent form, but it does not include the employee access or employee penalty statements from the OSHA 300A Summary form. An Other-Than-Serious citation of 29 CFR 1904.32(b)(6) should normally be considered if the employer fails to keep the Summary posted for three (3) months, until May 1.

**Note:** Citations under 29 CFR 1904.32 should normally be considered even if no injuries or illnesses occurred. As previously discussed, employers are still required to post the OSHA Form 300A Summary, with zeroes entered, even if no recordable cases occurred. (See [FAQ 32-2](#).)

**E. Record Retention Obligation.**

Employers must save and retain the OSHA forms, including the privacy case list if one exists, for five (5) years following the end of the calendar year that these records cover under 29 CFR 1904.33(a). If the employer is required to keep the records and did not have any recordable fatalities, injuries or illnesses, the employer must retain a 300A or equivalent form with zeros during the five-year retention period. An Other-Than-Serious citation of 29 CFR 1904.33(a) for failure to retain records should normally be considered if an employer has not maintained requisite records for five (5) years.

**F. Access to Records by Employees and Employee Representatives.**

If the employer fails upon request to provide copies of records required under 29 CFR 1904.29(a) to any employee, former employee, personal representative,

or authorized employee representative by the end of the next business day, an Other-Than-Serious citation for violation of 29 CFR 1904.35(a)(3) should normally be considered. However, if a citation is issued under 29 CFR 1904.4(a) for the employer's failure to keep records, then normally an additional citation should not be considered for failure to give access under 29 CFR 1904.35(a)(3).

**G. Retaliation.**

If the employer discharged or retaliated (in any manner) against the employee for reporting a work-related injury or illness, an Other-Than-Serious citation of 29 CFR 1904.35(b)(1)(iv) should normally be considered. (See OSHA's November 10, 2016, Memorandum, [Interim Enforcement Procedures for New Recordkeeping Requirements Under 29 CFR 1904.35](#), and October 11, 2018, Memorandum, [Clarification of OSHA's Position on Workplace Safety Incentive Programs and Post-Incident Drug Testing Under 29 C.F.R. § 1904.35\(b\)\(1\)\(iv\)](#), for further guidance.)

**H. Failure to Report a Fatality or Severe Injury.**

As previously discussed, in accordance with UAC R614-1-5.B.1., an employer is required to report to UOSH, within 8 hours of occurrence, of any work-related fatalities, of any disabling, serious, or significant injury and of any occupational disease incident. This includes heart attacks when a work-relationship is established. The employer must report the event by calling the UOSH Office at 1-801-530-6901, by electronic submission using UOSH's online [Accident Reporting Form](#), or in person at the UOSH Office. See further guidance in paragraph VII.P. of this instruction.

If an employer fails to timely report a fatality or severe injury or illness to UOSH if required to do so, an Other-Than-Serious citation for failure to report should normally be considered. If the employer attempts to make a report to UOSH but fails to do so, for instance, calls the UOSH Office within 8 hours of occurrence of the incident but does not leave a voicemail, an Other-Than-Serious citation of UAC R614-1-5.B.1. may normally be considered.

If the UOSH Director or Designee becomes aware of an incident required to be reported under UAC R614-1-5.B.1. through some means other than an employer report, but prior to the elapse of the 8-hour reporting period, and an inspection or investigation of the incident is made, a citation for failure to report should normally not be issued.

**I. Failure to Provide Records to Authorized Government Representatives.**

If the employer fails to provide a CSHO or other authorized government representative requested records pursuant to 29 CFR 1904.40(a), an Other-Than-Serious citation of that provision should normally be considered.

J. **Annual Electronic Submission.**

An Other-Than-Serious citation for violation of OSHA's electronic reporting requirements under 29 CFR 1904.41(a)(1)(i), (a)(1)(ii), or (a)(2) may be considered where establishments fail to electronically submit illness and injury records as required. OSHA has provided further enforcement and citation guidance through memoranda. (See OSHA's April 16, 2024, Memorandum, [Update to Enforcement Procedures for Failure to Submit Electronic Illness and Injury Records under 29 CFR 1904.41\(a\)\(1\) and \(a\)\(2\)](#). Refer to OSHA's Recordkeeping website for further enforcement memoranda.)

K. **Penalties.**

Penalties for recordkeeping violations under Part 1904 must be calculated in accordance with Chapter 6, *Penalties & Debt Collection*, of the UFOM. See Chapter 6, Section IX, *Penalty and Citation Policy for UAC R614-1-5.B., UAC R614-1-6 and 29 CFR 1904 Regulatory Requirements*, for specific guidance concerning penalties under Part 1904.

L. **Repeat, Willful, Significant, and Egregious Cases.**

When a CSHO determines, during an inspection, that there may be significant recordkeeping deficiencies, it may be appropriate for the CSHO to conduct a more comprehensive recordkeeping inspection, or to make a referral for a comprehensive recordkeeping inspection to be conducted.

CSHOs are encouraged to consult with the UOSH Director or Designee for guidance and assistance in such cases. Proposed willful recordkeeping citations, significant cases with major recordkeeping violations, and egregious cases should normally be reviewed by the UOSH Director or Designee.

1. **Repeat Cases.** For repeated instances of recordkeeping violations, a repeat citation may be considered, consistent with Chapter 4, *Violations*, and Chapter 6, *Penalties & Debt Collection*, of the UFOM. To calculate penalties for repeat recordkeeping citations, the initial penalty (for the current inspection) should normally be multiplied by 2 for the first repeated violation and multiplied by 5 for the second repeated violation. If the UOSH Director or Designee determines that it is necessary to achieve the proper deterrent effect, the initial penalty may be multiplied by 10. Penalties proposed for repeated recordkeeping violations should normally be reduced only for size.
2. **Willful and Significant Cases.** A willful recordkeeping violation may exist where an employer has demonstrated either an intentional disregard or a plain indifference for the recordkeeping requirements in Part 1904. The CSHO must document in the case file evidence of the employer's

deliberate decision to deviate from the recordkeeping requirements, or the employer's plain indifference to the requirements. (See Chapter 4, *Violations*, and Chapter 6, *Penalties & Debt Collection*, of the UFOM for further information).

3. **Egregious Cases.** In egregious cases, violation-by-violation penalties may be considered. For guidance in handling such cases, see CPL 02-00-080, *Handling of Cases to be proposed for Violation-By-Violation Penalties*, dated October 21, 1990. Penalties calculated under this policy shall not be proposed without the concurrence of the UOSH Director and Assistant Attorney General.

## Appendix A (Optional)

### RECORDKEEPING VIOLATION DOCUMENTATION WORKSHEET

(This Form Effective – November 17, 2025)

1. UNIQUE CASE NUMBER: \_\_\_\_\_  
(Designate a number that will always stay the same. Example: UOSH-98-1, where UOSH means it was discovered by us, 98 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**)

<b>Table 1.</b> If yes, copy information from columns <b>G</b> through <b>M</b> of the employer's 300 log entry.						
G	H	I	J	K	L	M

<b>Table 2.</b> If recorded incorrectly in Table 1, or not recorded at all, correctly record here.						
G	H	I	J	K	L	M

4. INJURY/ILLNESS INFORMATION: (From 300 Log, Items 1-6 of Column M)

**If Injury, Check Here:**

1) Injury ----- [  ]

**If Illness, Check Type:**

2) Skin Disorder ----- [  ]

3) Respiratory Condition --- [  ]

4) Poisoning ----- [  ]

5) Hearing Loss ----- [  ]

6) All Other Illnesses ----- [  ]

**WORK RELATIONSHIP:** 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.

5. 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**) ----- [  ]

➤ A significant injury or illness diagnosed by a physician or other healthcare professional (**SI**) ----- [  ]

[SI -- 1904.7(b)(7) - Work related cases involving cancer, chronic irreversible disease, a fractured or cracked bone, or a punctured eardrum ONLY.]

6. COMMENTS: (Be specific and show all relevant information) Examples: MT-Naprosyn 440 mg BID (twice a day); DA-RT - give dates (9/14/02-9/21/02); S1 - Aplastic Anemia from Benzene exposure.

7. 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 Records ----- [ ]
- 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 B

### Compliance Officer Checklist

This checklist is a resource that provides recommended steps for CSHOs to take in conducting a recordkeeping evaluation during a UOSH inspection.

#### PRE-INSPECTION PREPARATION:

##### ***Review Inspection History.***

- Before initiating an inspection, review the employer's inspection history and take other preparatory steps as contemplated in Chapter 3, *Inspection Procedures*, of the UFOM.
- If possible, check for the establishment NAICS code and the number of employees in the entire company to determine recordkeeping coverage.

**NOTE:** Companies with 10 or fewer employees at all times during the previous calendar year, or with an establishment industry classified in one of the 2007 NAICS codes listed in Appendix A to Subpart B of 29 CFR 1904, are exempt from maintaining OSHA injury and illness records.

##### ***Check ITA data for the establishment.***

- Obtain any Injury Tracking Application (ITA) information available. UOSH has access to the ITA database. ITA information is available on OSHA's [ITA data webpage](#).

##### ***Obtaining Administrative Subpoenas and Medical Access Orders.***

- In some circumstances, it may be necessary to issue an administrative subpoena to obtain evidence related to a UOSH inspection or investigation. Issuance of an administrative subpoena is at the discretion of the UOSH Director or Designee. Refer to Chapter 3, *Inspection Procedures*, of the UFOM.
- In some circumstances, a medical access order will be needed for UOSH personnel to examine and copy personally identifiable employee medical information. UOSH's authority to gain access to personally identifiable employee medical information will be exercised only after the UOSH Director or Designee has made careful determination of its need for this information and only with appropriate safeguards to protect individual privacy. Once this information is obtained, UOSH examination and use of it will be limited to only that information needed to accomplish the purpose for access. Refer to UAC R614-1-10, Rules of Agency Practice and Procedure Concerning UOSH Access to Employee Medical Records.

## **ON-SITE RECORDS REVIEW:**

### ***Ask the employer for the following Information.***

- Ask for the OSHA 300 logs, 300A summary, and 301 incident reports for current and three prior calendar years.
- Ask for a roster of current employees.
- Check if the establishment has an on-site medical facility, nursing, health, or first aid facility. If so, it may be appropriate to request the company's first aid log.
- Ask where the nearest emergency department is located at where employees may be treated for workplace injuries and illnesses.
- Additional records to review may include the employer's written policies related to recordkeeping and reporting, any medical records maintained by the employer, workers compensation records, insurance records, first report of injury, company first-aid logs, and/or nurse/physician logs.

### ***Verify NAICS Code and Entire Company Size.***

- Verify the accuracy of the establishment's NAICS code and the number of employees in the entire company and enter this information in OIS. (See above note about partial recordkeeping exemption.)

### ***Enter OSHA 300 data into OIS to calculate DART Rate.***

- CSHOs will not normally need to calculate the Days Away, Restricted, or Transferred (DART) rate since it is automatically calculated when OSHA 300 data are entered into the OIS. However, if it is necessary to manually calculate the DART rate, consult Chapter 3, *Inspection Procedures*, of the UFOM for further information.

### ***Conduct Records Review.***

- Review and compare information on the employers' OSHA 300, 300A, and 301 forms and other information received to identify any trends, potential hazards, types of operations and work-related injuries or illnesses, and to determine whether the employer properly recorded and reported information to OSHA in compliance with 29 CFR 1904.

In addition, compare the establishment's ITA data with the OSHA 300A, 300 and 301 forms (or equivalent forms) for the previous calendar year.

Some factors that may indicate a potential for inaccurate recording, or that may warrant

closer review of the establishment's records, are included in the Reviewing Establishment Injury and Illness Records section of the Part 1904 Recordkeeping Policies and Procedures Directive.

Where the records' review indicates potential trends in types of incidents or hazards, it may be appropriate for the CSHO to conduct further evaluation of the potential hazards during the inspection, including through the walkaround, employee interviews, and medical records review where appropriate.

**NOTE:** In some cases, the need for an administrative subpoena, or to obtain medical information through a Medical Access Order, may become apparent in the course of the records review or the inspection. See above section on Obtaining Administrative Subpoenas and Medical Access Orders.

**NOTE:** UOSH can expand the scope of the inspection when there is reasonable belief, based on specific evidence (e.g., injuries or illnesses recorded in both OSHA forms 300 and 301, employee statements, or "plain view" observations), that violative conditions may be found in other areas of the workplace. During a partial inspection, ordinarily, injury and illness data from the OSHA 300 logs *alone* will not be sufficient to support a broader inspection. However, OSHA 300 data in conjunction with other specific evidence—including incident report information from OSHA 301 forms, employee statements, or plain view observations—can be used to support an expanded inspection when the particular injuries or illnesses found in the OSHA 300 logs can be tied to a specific violative condition in the workplace.

#### **EMPLOYEE INTERVIEWS:**

- Conduct employee interviews in a manner consistent with Chapter 3, *Inspection Procedures*, of the UFOM. In conducting a recordkeeping evaluation, the following may be helpful:
  - Ask questions related to the employer's recordkeeping policies and practices in interviews with the Management Representative and employees.
  - Interview employees with reported and/or recorded injuries and illnesses, and inquire about injuries and illnesses in the context of all employee interviews.
  - Where applicable, interview the Designated Recordkeeper, first-aid providers, and on-site healthcare professionals.
  - In interviews, ask what procedures have been established at the location for employees to report work-related incidents.

- Ask if the company uses temporary or contract employees. If so, does the company supervise them on a daily basis? If yes, are their injuries and illnesses recorded on the OSHA 300 log?
- Ask questions to determine whether there may be company policies that have the effect of discouraging recording and reporting of injuries and illnesses. See OSHA's November 10, 2016, Memorandum, [Interim Enforcement Procedures for New Recordkeeping Requirements under 29 CFR 1904.35](#), and October 11, 2018, Memorandum, [Clarification of OSHA's Position on Workplace Safety Incentives Programs and Post-Incident Drug Testing Under 29 CFR 1904.35\(b\)\(1\)\(iv\)](#), for further guidance.

#### **FURTHER ACTION:**

##### ***Consider citations where appropriate.***

- If recordkeeping deficiencies are identified, it may be appropriate to consider citations under 29 CFR 1904. See section XI. of this instruction, *Citations and Penalties for Violation of Part 1904 Requirements*.

##### ***Consult with the UOSH Director or Designee if needed.***

- If significant recordkeeping deficiencies are suspected, you and your Supervisor may consult with the UOSH Director or Designee.