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## SAFETY POLICY & PROCEDURE

# OSHA Recordkeeping and Reporting

**SPP# 1904**

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## 1.0 Purpose

The purpose of this safety policy and procedure is to establish guidelines for compliance with OSHA recordkeeping and reporting requirements for NCDOT work-related fatalities, injuries, and illnesses.

## 2.0 Scope and Applicability

OSHA Recordkeeping standard requires NCDOT to record, post, and report all work-related fatalities, injuries, and illnesses.

This safety policy and procedure provides guidelines to assist all Divisions/Units of the North Carolina Department of Transportation (NCDOT) to meet the OSHA Recordkeeping and Reporting requirements. This procedure also details the area of responsibility for managers/unit heads, supervisors, employees, Division Safety Staff and Safety and Risk Management within NCDOT.

This safety policy and procedure affects all NCDOT employees.

## 3.0 Reference

This safety policy and procedure is established in accordance with Occupational Safety and Health Standards for Recordkeeping (29CFR1904).

## 4.0 Policy

It is the policy of NCDOT for all Divisions & Units to maintain OSHA recordkeeping on work-related fatalities, injuries, and illnesses to provide the necessary information which OSHA requires on an annual basis. Divisions and Units shall have this information readily available for OSHA compliance inspections of their sites upon request by the compliance officer. OSHA recordkeeping documents shall be retained for 5 years.

NCDOT shall also report all fatalities, hospitalizations, amputations, or loss of an eye to NC Department of Labor.

## 5.0 General Responsibilities

It is the responsibility of each manager/unit head and supervisor to ensure implementation of NCDOT's policy on OSHA recordkeeping and reporting of work-related fatalities, injuries, and illnesses. It is also the responsibility of each NCDOT employee to report immediately any work-related injury or illness to his or her supervisor as soon as possible. Specific responsibilities are found in Section 6.3.

## 6.0 Procedure

This section provides applicable definitions, establishes general provisions, and identifies specific responsibilities required by NCDOT'S safety policy and procedure on OSHA Recordkeeping and Reporting requirements.

### 6.1 Definitions

#### **Establishment**

An establishment is a single physical location where NCDOT operations are located or work is conducted. For activities where NCDOT employees do not work at a single physical location, such as construction; transportation; communications, and similar operations, the establishment is represented by the NCDOT physical location that either supervise such activities or are the base from which personnel carry out these activities.

#### **OSHA 300 Log**

OSHA Form 300 (spreadsheet log) titled "Work-Related Injuries and Illnesses" is used to record each OSHA recordable injury or illness for each NCDOT establishment or unit during the current calendar year. These documents must be retained for 5 years.

#### **OSHA 300A Summary**

OSHA Form 300A titled "Summary of Work-Related Injuries and Illnesses" is used to compile totals for number of cases, number of days away from work or job transfer or restriction, and total number of injury types or illnesses for the current calendar year. This form also has a section for Establishment and Employment Information which needs to be filled in for the site. The completed form for each calendar year must be signed by the highest site manager and posted for period February 1 thru April 30 of the following year. These documents must be retained for 5 years.

#### **OSHA 301 Injury and Illness Incident Report or Equivalent Form 19**

NCDOT uses the NC Industrial Commission Form 19 to record the injury information for each Work-Related Fatality, Injury or Illness incurred by NCDOT personnel. These documents must be retained for 5 years.

#### **OSHA Recordable**

A work-related injury or illness to meet the general recording criteria, and therefore to be recordable, if it results in any of the following: death, days away from work, restricted work, or transfer to another job, medical treatment beyond first aid, or loss of consciousness while performing their normal job function.

#### **Posting**

The signed copy of OSHA 300A Summary of Work-Related Injuries and Illnesses must be posted for period February 1<sup>st</sup> thru April 30<sup>th</sup> of the following calendar year covered by the form. Post the form in a conspicuous place or places where notices to employees are customarily posted.

## 6.2 General Provisions

This section details the provisions of this safety policy and procedure with each provision discussed in a separate subsection. These provisions are:

- Reporting Fatalities, Hospitalizations, Amputations, and Losses of an Eye as a Result of Work-Related Incidents to OSHA
- OSHA 300 Logs
- WC Form 19
- OSHA 300A Summary
- OSHA Electronic Reporting
- OSHA BLS Surveys

### 6.2.1 Reporting Fatalities, Hospitalizations, Amputations, and Losses of an Eye as a Result of Work-Related Incidents to OSHA

NCDOT shall report the death of any NCDOT employee as a result of a work-related incident within 8 hours after the death of the employee.

NCDOT shall also report the following work-related incidents involving NCDOT employees within 24 hours:

1. Any in-patient hospitalization of one or more NCDOT employees
2. Any work-related amputation of a limb or external body part with or without bone loss
3. Any work-related loss of an eye

Since NCDOT Division Safety Staff will have or can obtain all relevant information, they shall be responsible for reporting to NC Department of Labor.

**NCDOT Division Safety Staff shall report the fatalities, hospitalizations, amputations, and loss of an eye for any NCDOT employee in their Division directly to NC Department of Labor. Use contact information below to report.**

1. Call the NC Department of Labor during working hours (8 a.m. to 5 p.m.) at 919-779-8560 or 1-800-625-2267. After working hours, (5 p.m. to 8 a.m.), weekends or holidays, call State Capitol Police at (919) 733-3333.
2. Division Safety Staff shall also provide information to Safety & Risk Management Deputy Director for dissemination of the incident to OSHR Safety Director or safety staff and NCDOT management staff and Communications Office.

### 6.2.2 OSHA 300 Logs

OSHA Form 300 (Spreadsheet Log) titled “Work-Related Injuries and Illnesses” (Appendix A) is used to record each OSHA recordable injury or illness for all NCDOT physical establishments or Units during the current calendar year. Each NCDOT physical location or Unit will determine how to group employees for the OSHA 300 log. The electronic copy available from OSHA website dated (Rev. 1/2004) should be used for Form 300 recordkeeping. Printed hard copies may also be used for manually filling out the 300 Log.

#### 6.2.2.1 Recordkeeping Criteria (OSHA Recordability)

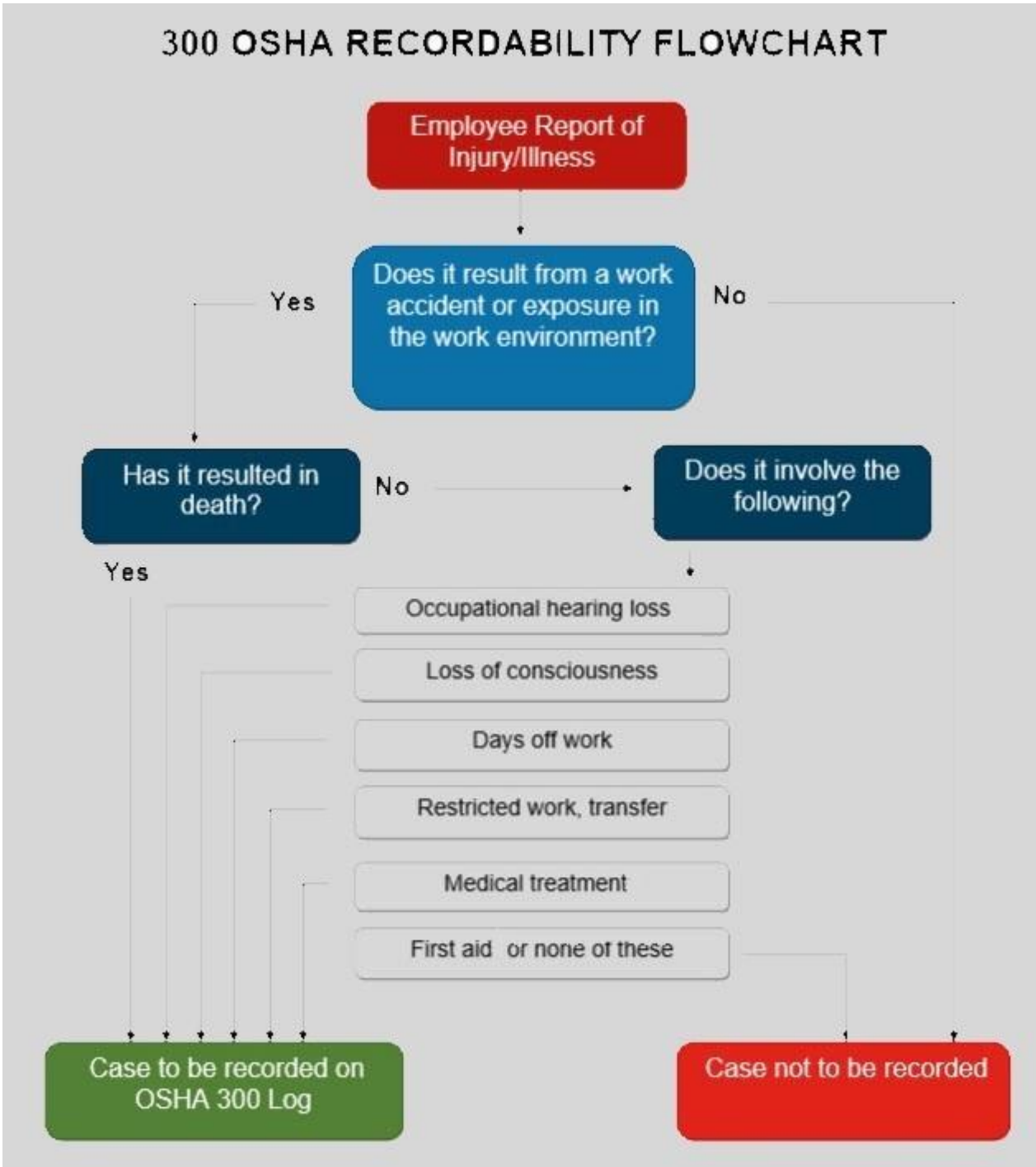
- 1. Work-related Recordable Injury or Illness to be recorded on OSHA 300 log include Fatality, Injury, or Illness caused by, contributed to or aggravated by events or exposures in the work environment which includes: (OSHA Recordability Flowchart found in the next Section should be used as a reference for determining recordability)**
  - a. Death
  - b. Days away from work after day of injury
  - c. Restricted work or transfer to another job after day of injury
  - d. Medical treatment beyond first aid
  - e. Loss of consciousness
  - f. Diagnosed as a significant injury or illness
  - g. Needlesticks and sharps injuries or exposure to blood or other potential infectious materials
  - h. Cases involving medical removal under medical surveillance under OSHA standard for lead, silica, or other hazardous material.
  - i. Hearing loss based on STS (Standard Threshold Shift) of 10dB or more in one or both ears relative to most current baseline audiogram averaged at 2,000, 3,000 and 4,000 Hz and overall hearing level at 25dB or more above audiometric zero, and hearing loss is work-related
  - j. Work-related tuberculosis
- 2. Non-worked related injury and illness not to be recorded**
  - a. Voluntary participation in wellness, medical, fitness, or recreation program
  - b. Eating, drinking, or preparing food
  - c. Personal tasks outside of working hours
  - d. Personal grooming, self-medication, or self-inflicted
  - e. Motor vehicle accident in parking lot or company access road while commuting
  - f. Common cold or flu
  - g. Injury or illness occurs while an employee is on premises as a member of general public
- 3. First Aid treatments not to be recorded listed below:**

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- a. Use of non-prescription medication at non-prescription strength (licensed health care professional use of non-prescription at prescription strength is considered medical treatment and recordable)
  - b. Administration of tetanus immunizations (other immunizations, such as Hepatitis B or rabies vaccine are considered medical treatment and recordable)
  - c. Cleaning, flushing, or soaking wounds on the surface of skin
  - d. Using wound coverings such as bandages or Steri-Strips (other wound closing devices such as sutures, staples, or surgical glue are considered medical treatment and recordable)
  - e. Use of hot or cold therapy
  - f. Use of any non-rigid support such as elastic bandages, wraps, or back belts, etc. (rigid or other means to immobilize parts of the body are considered medical treatment and recordable)
  - g. Use of temporary immobilization devices for transporting accident victims such as splints, slings, neck collars, back boards, etc.)
  - h. Drilling fingernail or toenail to relieve pressure, or drain fluid from a blister
  - i. Use of eye patches
  - j. Removing foreign bodies from the eye using only irrigation or a cotton swab
  - k. Use of finger guards
  - l. Use of massages (physical therapy or chiropractic treatment are considered medical treatment and recordable)
  - m. Drinking fluids for relief of heat stress
4. **Determination if New Case for previous injury as follows:**
- a. The employee's previous recorded injury or illness of the same type that affected the same part of the body had recovered completely (all signs and symptoms had disappeared) from the previous injury or illness and an event or exposure in the work environment caused the signs or symptoms to reappear would be a new case.
  - b. If an employee experiences the signs or symptoms of a previous recorded illness as a result of an event or exposure in the workplace that triggers an episode of asthma or rash, it would be a new case.

6.2.2.2 OSHA FORM 300 Recordability Flowchart



### 6.2.2.3 OSHA FORM 300 (OSHA 300 Log) INSTRUCTIONS

1. At Start of Each Year Create a New Blank Electronic Version of OSHA 300 Log (1/2004 version) or use a blank hard copy if recording manually.
  - a. Enter year.
  - b. Enter your unit under Establishment name
  - c. Enter City your unit is located
  - d. Enter NC as your State
2. Enter each OSHA Recordable Injury on the OSHA 300 Log within (7) calendar days. Start each year by using case no. 1 in Column “A” and continuing in sequential order for each additional case.
3. Enter the employee’s name in Column “B”. For a Privacy Case involving injuries or illnesses to an intimate body part or the reproductive system, do not enter the employee’s name, but enter “Privacy Case”.
4. Enter the employee’s job title in Column “C”.
5. Enter the exact location where incident occurred in Column “D”.
6. Enter a description of the injury or illness, parts of body affected, and object/substance that directly caused injury or illness in Column “E”.
7. Classify the case by checking only one box (using “x”):
  - a. **Death** – Column “G”,
  - b. Injury or Illness that resulted in **Days Away from Work** – Column “H”
  - c. **Remained at Work with either Job Transfer or Work Restriction** – Column “I”
  - d. **Remained at Work as Other Recordable Case** in Column “J”. The day of injury or illness does not count as day away from work.
8. Enter the number of **calendar days the injured or ill employee was Away from Work** in Column “K”. **When calendar day count reaches 180, stop counting and enter 180 in Column “K”**
9. Enter the number of days **the injured or ill employee was on Work Restriction** in Column “L”.
10. For cases involving both Days Away from Work and Days Restriction only check the Days Away from Work Column “K” and record the number of days for in respective columns.
11. In Colum “M” check only one box (using “x”) under the injury column or check one type of illness. Only one column should be checked; either an injury or illness.
  - a. Injury in Column “M1”.
  - b. Skin Disorder in Column “M2”.
  - c. Respiratory Condition in Column “M3”.
  - d. Poisoning in Column “M4”.
  - e. Hearing Loss in Column “M5”.
  - f. All other illnesses in Column “M6”.
12. Repeat this procedure for each additional OSHA recordable injury or illness throughout the calendar year.



### 6.2.2 Form 19 (Employer's Report of Employee's Injury or Occupational Disease to the NC Industrial Commission)

North Carolina Industrial Commission Form 19 is the equivalent of OSHA Form 301 for Injury and Illness Incident Report and shall be used by all NCDOT Units. The NCDOT current version of the Form 19 (Appendix B) is available electronically from Inside NCDOT Workers' Compensation Unit web page or can be obtained by contacting Workers' Compensation Unit directly.

The Form 19 must be filled out as completely as possible, signed by supervisor and submitted to the Safety and Risk Management Workers' Comp Unit.

1. To be filled out '**completely**' and signed by Supervisor when the employee files a W.C. claim for an **Injury** or **Reported Injury with Refusal of Treatment**. The employees full name should be stated (no initials) and the employee(s) physical home address should be stated on the form 19. *If the employee receives their mail at an alternate location (example: PO Box), put that information on a separate sheet of paper with the employees' signature and send it in along with the form 19.*
2. Make sure to enter Employee's Cost Center number, home phone number, date of birth, and date of hire. Enter the facility name, address, and phone number under OSHA 301 Box.
3. Do NOT write the "full" social security number; only last 4 digits.
4. **First notice of accident/injury and loss work time due to accident/injury please Fax to the WCA's on the "same day" of the employee injury, along with any other supporting documents.**
5. Supervisors should mail the original copies to Workers Comp. section within 5 days.

### 6.2.3 OSHA Form 300A (Summary of Work-Related Injuries and Illnesses)

OSHA Form 300A titled "Summary of Work-Related Injuries and Illnesses" (Appendix C) is used to record total of Work-Related Injuries and Illness for each NCDOT physical establishment (location) or Unit. The electronic version available from OSHA website dated (Rev. 1/2004) should be used for Form 300A annual summary. Manual hard copies may also be used for completing the 300A summary from manual hard copy OSHA 300 Log for summary year.

The completed and signed Form 300A summary shall be posted **in a visible location** for period Feb. 1<sup>st</sup> thru April 30<sup>th</sup> of the following year where it can be viewed by NCDOT employees working at that location.

**OSHA requires that the Form 300A be completed and posted after each calendar year, regardless of whether or not a work-related injury or illness has occurred.**

### 6.2.4.1 OSHA FORM 300A INSTRUCTIONS

1. At End of Each Calendar Year, Complete the Blank Electronic Version of OSHA Form 300A (1/2004 version) or a blank hard copy if recording manually. If electronic version of OSHA 300 Log is used the totals will be transferred automatically to OSHA 300A worksheet. For Units doing manually, transfer total numbers from OSHA 300 to OSHA 300A summary.
2. Enter total number of cases from OSHA 300 Log.
  - a. Enter total number of **Deaths** from page total at bottom of Column “G” on OSHA 300 Log.
  - b. Enter total number of cases with **Days Away from Work** from page total at bottom of Column “H” on OSHA 300 Log.
  - c. Enter total number of cases with **Job Transfer or Work Restriction** from page total at bottom of Column “I” on OSHA 300 Log.
  - d. Enter total number of **Other Recordable Cases** from page total at bottom of Column “J” on OSHA 300 Log.
3. Enter total number of days from OSHA 300 Log.
  - a. Enter total number of **Days Away from Work** from Column “K” on OSHA 300 Log.
  - b. Enter total number of **Days of Job Transfer or Work Restriction** from page total at bottom of Column “L” on OSHA 300 Log.
4. Enter Injury and Illness totals from Column “M” on OSHA 300 Log for each of the following categories.
  - a. Enter total number of **Injury** cases from page total at bottom of Column “M1”.
  - b. Enter total number of **Skin Disorder** cases from page total at bottom of Column “M2”.
  - c. Enter total number of **Respiratory Condition** cases from page total at bottom of Column “M3”.
  - d. Enter total number of **Poisoning** cases from page total at bottom of Column “M4”.
  - e. Enter number of **Hearing Loss** cases from page total at bottom of Column “M5”.
  - f. Enter **All Other Illnesses** cases from page total at bottom of Column “M6”.

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5. Enter Establishment Information for your Unit.
  - a. Enter year.
  - b. Enter your unit under Establishment name.
  - c. Enter street address for your unit is located.
  - d. Enter City your unit is located.
  - e. Enter NC as your State.
  - f. Enter Zip Code for unit address.
  - g. Enter your Unit under Industry Description; include NCDOT followed by your Unit.
  - h. Enter North American Industrial Classification (NAICS) for your Unit from the one of the classifications in Table below:

237310 – Highway, Street, and Bridge Construction	DOH & Asset Management Bridge Inspections and Bridge Maintenance	Road and bridge construction including bridge approaches and decking, curbs and gutters, and guardrails. Includes maintenance, repair (incl. potholes), and painting
926120 – Regulation and Administration of Transportation Programs	DMV, Fiscal, HR, IT, Traffic Safety, Transportation & Mobility, Preconstruction, Technical Services, Inspector General’s office  General: Business & Admin, Communications, Governance, DOH Construction Units  All other NCDOT units.	Licensing of transportation equipment, facilities, and services  Motor carrier licensing and inspection offices  Motor vehicle licensing offices, government  Public transportation commissions, non-operating  Transit systems and authorities, non-operating  Transportation departments, non-operating  Transportation safety programs, government  Public administration  General services departments, government
483114 Ferry passenger transportation, coastal or Great Lakes (including St. Lawrence Seaway)	NCDOT Ferry Operations	Ferry transportation operations primarily engaged in providing water transportation of passengers in coastal waters
336611 Shipyard (i.e., facility capable of building ships)	NCDOT Ferry Shipyard	Activities of shipyards include the construction of ships, their repair, conversion and alteration, the production of prefabricated ship and barge sections, and specialized services, such as ship scaling.

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6. Enter Employment Information for your Unit.
  - a. Enter average number of employees in your Unit for the calendar year being reported.
  - b. Enter total hours worked by all employees in your Unit last year. This number is available from NCDOT IT database which can be accessed by your Safety support staff. You can also estimate the total number of hours worked by multiplying total number of employees in your Unit by 2,000 hours/ employee/year.
7. Upon completion of the Form 300A, have the highest ranking authority in your Unit sign and date the form.
8. Copies of the signed and dated 300A shall be posted in your Unit on bulletin boards so it may be viewed by all employees working at the location for period February 1<sup>st</sup> thru April 30<sup>th</sup>. Do not post the actual OSHA 300 log; only the OSHA 300A summary sheet.

### 6.2.4 OSHA Electronic Recordkeeping

OSHA requires NCDOT Units with 250 or more employees to electronically submit information from (3) recordkeeping forms once each year by a designated date which will be March 2 of the year after calendar year covered starting in 2019. OSHA will provide a secure website for electronic submissions of the following

1. OSHA 300 Log of Work-Related Injuries and Illnesses.
2. OSHA 300A Summary of Work-Related Injuries and Illnesses.
3. Form 19 NC Industrial Commission Employers' Report of Employee's Injury or Occupational Disease to the Industrial Commission.

### 6.2.5 OSHA BLS Surveys (Bureau of Labor Statistics Survey of Occupational Injuries and Illnesses)

Each year the Bureau of Labor Statistics sends NCDOT BLS Surveys of Occupational Injuries and Illnesses for NCDOT establishments in certain counties. These surveys are sent to NCDOT Safety & Risk Management and are required to be **completed within** 30 days for counties designated for reporting each calendar year. Safety and Risk Management requests safety staff for NCDOT establishments in respective counties to provide specific information from OSHA 300 Logs to complete the survey. The following information is required to complete the BLS Survey:

1. OSHA 300 Log summary sheet of all injuries and illness for County or Unit in respective County for each survey.
2. The average number of employees in the County or Unit.
  - a. Total number of hours worked is used to determine number of employees by dividing by 2,000 hours/year for each employee.
  - b. Hours worked can be obtained from an IT Database.
  - c. Total number of employees and hours worked can also be estimated.

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3. The total number of hours worked in the County or Unit.
4. The total number OSHA recordable injuries for reporting year in the County or Unit.
5. The total number of “LWDC” cases that resulted in days away from work.
6. Specific information required from Form 19’s for each LWDC. The Form 19’s can be access from CareMC.
7. Provide this information in spreadsheet provided by Safety & Risk Management by the required date.
8. Safety & Risk Management will review and verify data prior to providing Survey information to NCDOL OSH who will enter data into BLS data base completing the BLS Survey for each calendar year.

### **6.2.6 NCDOL PSNC Surveys (NCDOL Public Sector Survey of Occupational Injuries and Illnesses)**

Each year the NC Department of Labor (NCDOL) sends Public Sector Surveys of Occupational Injuries and Illnesses to NCDOT establishments throughout the state. The NCDOL survey is similar to the BLS Survey required by Federal OSHA, but is used by NCDOL to calculate DART (Days Away, Restrictions and Transfers) rate for each NCDOT establishment. The DART rates are compared to NCDOL annual target rate which determines priority for annual Compliance Inspections.

These Public Sector Surveys are sent to NCDOT Safety Staff assigned to each establishment throughout the state and are required to be completed within 30 days even if they had no work-related injuries or illnesses recorded on their OSHA 300 Logs. The Survey should be completed Online using NCDOL website access for establishment ID # and Password assigned. The hard copy survey may also be completed manually and mailed to NCDOL address provided.

The following information is required to complete the Public Sector Survey which must be submitted electronically using NCDOL website:

1. The average number of employees assigned to the establishment listed on the Public Sector Survey and number of hours worked for that calendar year. This information may be obtained from OSHA 300A Summary for the establishment.
2. OSHA 300 Log summary sheet of all injuries and illness for the establishment for that calendar year.

## 6.3 Specific Responsibilities

### 6.3.1 Managers/Unit Heads

Managers/Unit Heads are responsible for ensuring OSHA recordkeeping of Work-related Injuries & Illnesses are being maintained for their respective units or sites. Managers/Unit Heads shall assign an administrative person in their unit to maintain OSHA 300 Logs, OSHA 300A Summary, and submitting Form 19's and other Workers Compensation documents required for work-related injuries or illnesses where medical treatment is required.

Managers/Unit Heads will also certify and sign the OSHA 300A Summary as the highest ranking NCDOT representative for site and ensure it is posted February 1 thru April 30 of the following calendar year on bulletin boards accessible for viewing by employees working or reporting to the site.

### 6.3.2 Supervisors

Supervisors shall ensure all work-related injuries or illness for employees under their supervision are reported using NCDOT Incident Reporting forms and forwarded to the designated personnel responsible for handling OSHA recordkeeping and initiating Workers Compensation claims for their location.

Supervisors are responsible for ensuring their employees know to report all work-related injuries and illnesses as soon as possible when the event occurs.

### 6.3.3 Employees

Employees shall report all work-related injuries or illnesses as soon as possible to their supervisors after an incident occurs.

### 6.3.4 Division Safety Staff

Division Safety Staff shall submit reporting to NC Department of Labor for all NCDOT work-related fatalities, hospitalizations, amputations, and loss of eye for their respective Divisions.

Division Safety Staff personnel will support their respective Managers, Supervisors, and Individuals assigned to maintain OSHA 300 logs and related recordkeeping and reporting requirements.

### 6.3.5 Safety and Risk Management

Safety and Risk Management will provide prompt assistance to manager/unit heads, supervisors, or others as necessary on any matter concerning work-related injuries

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and illnesses. Safety and Risk Management will assist in developing or securing the required training for OSHA recordkeeping of Work-related Injuries and Illnesses.

Workers Compensation Unit shall process all workers compensation claims resulting from work-related injuries and illnesses.

Safety Engineers will provide consultative and audit assistance to ensure OSHA recordkeeping and reporting requirements throughout NCDOT.

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## Appendix A: OSHA 300 Log

<b>OSHA's Form 300 (Rev. 01/2004)</b> <b>Log of Work-Related Injuries and Illnesses</b>					<b>Attention:</b> This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.		Year <input style="width: 50px;" type="text"/>  <b>U.S. Department of Labor</b> Occupational Safety and Health Administration												
You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.					Establishment name <input style="width: 100%;" type="text"/> City <input style="width: 50%;" type="text"/> State <input style="width: 50%;" type="text"/>		Form approved OMB no. 1218-0176												
Identify the person		Describe the case			Classify the case														
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)		<b>CHECK ONLY ONE</b> box for each case based on the most serious outcome for that case: Enter the number of days the injured or ill worker was:			Check the "injury" column or choose one type of illness:									
							Death <input type="checkbox"/>	Days away from work <input type="checkbox"/>	Remained at work <input type="checkbox"/>		Away From Work (days) <input type="checkbox"/>	On job transfer or restriction (days) <input type="checkbox"/>	(M) <input type="checkbox"/>	Injury <input type="checkbox"/>	Skin Disorder <input type="checkbox"/>	Respiratory Condition <input type="checkbox"/>	Poisoning <input type="checkbox"/>	Hearing Loss <input type="checkbox"/>	All other illnesses <input type="checkbox"/>
							(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)	
<b>Page totals</b>							0	0	0	0	0	0	0	0	0	0	0	0	0
Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.						Be sure to transfer these totals to the Summary page (Form 300A) before you post it.					Injury (1)	Skin Disorder (2)	Respiratory Condition (3)	Poisoning (4)	Hearing Loss (5)	All other illnesses (6)			
						Page		1 of 1			(1)	(2)	(3)	(4)	(5)	(6)			



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## Appendix B: Form 19

North Carolina Industrial Commission

### **EMPLOYER'S REPORT OF EMPLOYEE'S INJURY OR OCCUPATIONAL DISEASE TO THE INDUSTRIAL COMMISSION**

To the Employer:

A copy of this Form 19 accompanied by a blank Form 18 must be given to the employee. It does not satisfy the employee's obligation to file a claim. The filing of this report is required by law. This form MUST be transmitted to the Industrial Commission through your Insurance Carrier.

**Cost Center #:** \_\_\_\_\_ **Date of Hire #:** \_\_\_\_\_

This Form 19 is not your claim for workers' compensation benefits. To make a claim, you must complete and sign the enclosed Form 18 and mail it to Claims Administration, N.C. Industrial Commission, 4335 Mail Service Center Raleigh, NC 27699-4335 within two years of the date of your injury or last payment of medical compensation. For occupational diseases, the claim must be filed within two years of the date of disability or the date your doctor told you that you have a work-related disease, whichever is later.

IC File # \_\_\_\_\_  
\*Emp. Code #0004210 \_\_\_\_\_  
\*Carrier Code # 555 154 \_\_\_\_\_  
Employer FEIN \_\_\_\_\_  
Carrier File # \_\_\_\_\_

The IC File # is the unique identifier for the injury. It will be provided by return letter and is to be referenced in all future correspondence.

The use of this form is required under the provisions of the Workers' Compensation Act

Employee's Name (NO initials)	Employee's Name	Telephone Number
Address (NO PO Box)	Employer's Address	City State Zip
City State Zip	CorVel Corporation Insurance Carrier	Policy Number
Home Telephone	PD Box 98057	Raleigh NC 27624
xxx-xx- Social Security Number	Work Telephone Carrier's Address (800) 365-5998	City State Zip Carrier's Telephone Number (866) -460-5137
<input type="checkbox"/> M <input type="checkbox"/> F Sex	Date of Birth	Fax Number

Employer	1. Give nature of employer's business _____
Time And Place	2. Location of plant where injury occurred County _____ Department _____ State if employer's premises <input type="checkbox"/> Y <input type="checkbox"/> N
	3. Date of injury / / 4. Day of week _____ Hour of day : <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
	5. Was employee paid for entire day <input type="checkbox"/> 6. Date disability began / / <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
	7. Date you or the supervisor first knew of injury / / 8. Name of supervisor _____
Person Injured	9. (a) Occupation when injured _____ (b) Employment: Full Time, Part Time, Temp, Other... _____
	10. (a) Time employed by you _____ (b) Wages per hour \$ _____
	11. (a) No. hours worked per day _____ (b) Wages per day \$ _____ (c) No. of days worked per week _____
	(d) Avg. weekly wages w/ overtime \$ _____ (e) If board, lodging, fuel or other advantages were furnished in addition to wages, estimated value per day, week or month. \$ _____ per _____
Cause And Nature Of Injury	12. Describe fully how injury occurred and what employee was doing when injured:  (Statement made without prejudice and without touching for correctness of information)
	13. List all injuries and specify body part involved (e.g. right hand or left hand): _____
	14. Date & hour returned to work / / at : .M. 15. If so, at what wages \$ _____ per _____
	16. At what occupation _____ 17. Employee's salary continued in full? <input type="checkbox"/> Yes <input type="checkbox"/> No
	18. Was employee treated by a physician <input type="checkbox"/> Yes <input type="checkbox"/> No
Fatal Cases	19. Has injured employee died <input type="checkbox"/> 20. If so, give date of death (Submit Form 29) / /
Employer name Signed by _____	Official Title _____ Date Completed / /

**OSHA 301 Information:**

Case Number from Log: _____	Date Hired: / /	Time Employee began work on date of incident: _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	If office medical treatment provided, answer the next line. ER used? <input type="checkbox"/> Yes <input type="checkbox"/> No Overnight stay? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of facility: _____	Address: Street City/Zip/Telephone _____		

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

  
FORM 19  
REVISED - DOT 6/18/2016  
FROM IC REV 8/13/12  
PAGE 1 OF 2

<b>FOR IC USE ONLY</b>
RESEARCHER: _____
CC: _____
EO: _____
DATA ENTRY: _____

## FORM 19

SELF-INJURED EMPLOYER OR CARRIER MAIL TO:  
NCC - CLAIMS ADMINISTRATION  
4335 MAIL SERVICE CENTER  
RALEIGH, NORTH CAROLINA 27699-4335  
MAIL TELEPHONE: (919) 807-2500  
HELPLINE: (800) 688-6349  
WEBSITE: HTTP://WWW.COM.P.STATE.NC.US/

# SAFETY POLICY & PROCEDURE

## Appendix C: OSHA 300A Summary of Work-Related Injuries and Illnesses

OSHA's Form 300A (Rev. 01/2004)

### Summary of Work-Related Injuries and Illnesses

Year 20     
**U.S. Department of Labor**  
 Occupational Safety and Health Administration  
Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

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

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

#### Number of Cases

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

#### Number of Days

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

#### Injury and Illness Types

Total number of . . .	
(M)	
(1) Injuries _____	(4) Poisonings _____
(2) Skin disorders _____	(5) Hearing loss _____
(3) Respiratory conditions _____	(6) All other illnesses _____

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

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

#### Establishment information

Your establishment name \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Industry description (e.g., *Manufacture of motor truck trailers*) \_\_\_\_\_  
 Standard Industrial Classification (SIC), if known (e.g., 3715) \_\_\_\_\_

OR  
 North American Industrial Classification (NAICS), if known (e.g., 336212) \_\_\_\_\_

#### Employment information (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

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

#### Sign here

**Knowingly falsifying this document may result in a fine.**

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

Company executive \_\_\_\_\_ Title \_\_\_\_\_  
 ( ) / / \_\_\_\_\_  
 Phone \_\_\_\_\_ Date \_\_\_\_\_