



MIOsha Recordkeeping and Cost of Injuries

**Student Materials
Level Two MTI Course
Consultation Education and Training Division
Michigan Occupational Safety and Health Administration
Michigan Department of Labor and Economic Opportunity
www.michigan.gov/miosha
517-284-7720**



MIOSHA Recordkeeping

Part 11. Recording and Reporting Occupational Injuries and Illnesses

Presented By:
Consultation Education and Training (CET) Division
Michigan Occupational Safety and Health Administration
Michigan Department of Labor and Economic Opportunity
www.michigan.gov/miosha
517-284-7720



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Objectives



Distinguish between recordable and non-recordable workplace injuries.



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



Identify the North American Industry Classification System (NAICS) workplace injury reference data to compare individual incident rates to industry average.

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Objectives



Calculate incident and lost workday case rates based on the information contained within the Form 300A.



Calculate the impact of accident costs on an organization's profitability potential.

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Scope

These rules provide for recordkeeping and reporting by public and private employers covered under the act as necessary or appropriate:

- for developing information regarding the causes and prevention of occupational injuries and illnesses
- for maintaining a program of collection, compilation, and analysis of occupational safety and health statistics

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Who Must Keep MIOSHA Records?

All employers with more than ten employees at any given time during the previous calendar year.

- Exception – if your establishment is classified as a partially exempt industry under this rule in [Appendix A](#).

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Who Must Keep MIOSHA Records?

Any employer who has been informed in writing by MIOSHA, BLS, or OSHA that you must keep records.

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All Employers

All employers must report to MIOSHA any workplace incident that results in an employee:

- Fatality
- Inpatient hospitalization
- Amputation
- Loss of an eye



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Definitions

“Amputation” means the traumatic loss of a limb or other external body part.

- (a) A part, such as a limb or appendage, that has been severed, cut off, or amputated, either completely or partially.
- (b) Fingertip amputations with or without bone loss.
- (c) Medical amputations resulting from irreparable damage.
- (d) Amputations of body parts that have since been reattached. Amputations **do not include** avulsions, enucleations, de-glovings, scalpings, severed ears, or broken or chipped teeth.

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Definitions



“Employer” means an individual or organization, including the state or a political subdivision, which employs one or more person.



“Establishment” means a single physical location where business is conducted or where services or industrial operations are performed.

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Definitions



“First-aid” and **“Medical treatment”** both will be discussed in detail later.



“Inpatient hospitalization” means the formal admission to the inpatient service of a hospital or clinic for care or treatment.

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Definitions

"Other potentially infectious material" means other potentially infectious material as defined in Occupational Health Standard Part 554 "Bloodborne Infectious Diseases," as referenced in R 408.22102a. These materials include the following:

- (a) Human bodily fluids, tissues, and organs.
- (b) Other materials infected with the HIV or hepatitis B (HBV) virus, such as laboratory cultures or tissues from experimental animals.

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Definitions

"Occupational injury or illness" means an abnormal condition or disorder.

Occupational injury is a result of a work accident or from an exposure involving a single incident in the work environment and includes, but is not limited to, a cut, fracture, sprain, or amputation.

Occupational illnesses include both acute and chronic illnesses, including, but not limited to, a skin disease, respiratory disorder, or poisoning.

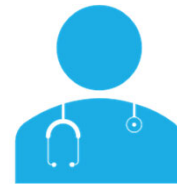
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Definitions

"Physician or other licensed health care professional"

means a physician or other licensed health care professional who is an individual and whose legally permitted scope of practice, that is, license, registration, or certification, allows him or her to independently perform, or be delegated the responsibility to perform, the activities described by these rules.



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Definitions

"Recordable injuries and illness" means an injury or illness that meets the general recording criteria, and therefore is recordable, if it results in any of the following:

- (a) Death.
- (b) Days away from work.
- (c) Restricted work or transfer to another job.
- (d) Medical treatment beyond first-aid.
- (e) Loss of consciousness.

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Recording Criteria

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

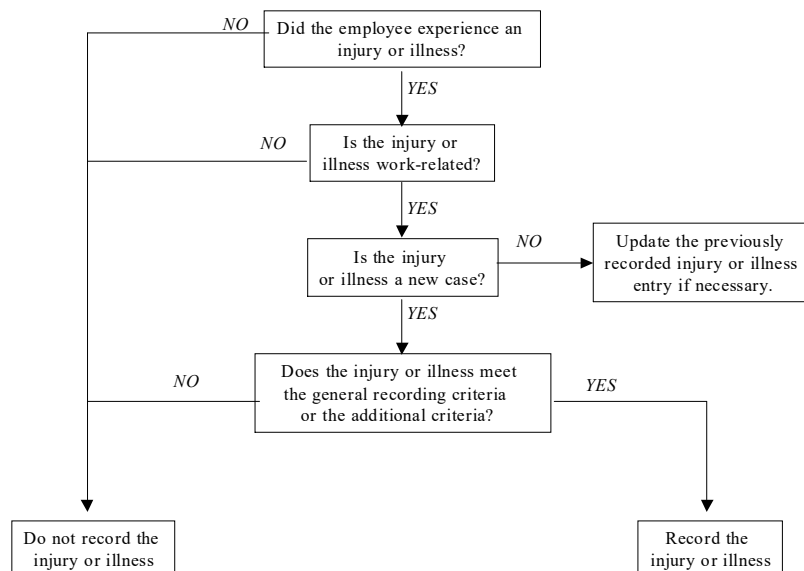
- Is work-related and
- Is a new case and
- Meets one or more of the general recording criteria contained in rules 1112 to 1119



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MIOSHA-Recording Criteria



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Determination of Work-Relatedness

Rule 1110. 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 or significantly aggravated a preexisting injury or illness. Work-relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the work environment, unless an exception in R 408.22110a(5) specifically applies.

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Work Environment

“The establishment and other locations where one or more employees are working or are present as a condition of their employment. The work environment includes not only physical locations, but also the equipment or materials used by the employee during the course of his or her work.”

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What is an Establishment?



What is an establishment?



May one business location include two or more establishments?



May an establishment include more than one physical location?

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Telecommuting

If an employee telecommutes from home, the employee's home is not a business establishment, and a separate 300 log is not required. An employee who telecommutes must be linked to one of your establishments.

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EXCEPTIONS of Work- Relatedness

In the work environment as a member of the general public rather than as an employee.

Signs or symptoms surface at work but results from an event or exposure that occurs outside the work environment.

Voluntary participation.

Result of an employee eating, drinking, or preparing food or drink for personal consumption.

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EXCEPTIONS of Work- Relatedness

Personal tasks

Personal grooming, self-medication

Motor vehicle accident while commuting

Common cold or flu

Mental Illness

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Parking Lots and Access Roads

ARE

Considered part of the employer's premises.

Therefore, injuries and illnesses occurring in the parking lots and access roads are considered work related once outside of the motor vehicle must be recorded on the establishment's log if they meet the recording criteria.

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Significant Aggravation

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

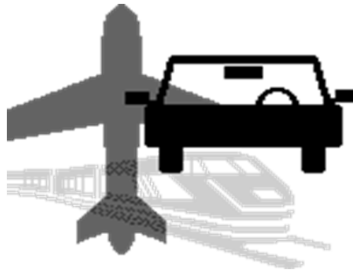
- Death
- Loss of consciousness
- Days away from work
- Days of restricted or job transfer
- Medical treatment

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Travel Status

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



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Working at Home

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

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

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New Case

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

- The employee has not previously experienced a recordable injury or illness of the *same type* that affects the *same part of body*;
- or
- The employee previously experienced a recordable injury or illness of the same type that affects the same part of body *but* had recovered completely *and* an event or exposure in the work environment caused the signs and symptoms to *reappear*.

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General Recording Criteria

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

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

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Days Away From Work



Begin Counting
Day After Injury



Calculated on
Calendar Days



180 Day Cap

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Restricted Work Activity



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



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



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

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Transfer to Another Job

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

Employee permanently assigned to a job that has been modified or permanently eliminates the routine functions.

At least one day must be reported on the Log 300.

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Transfer to Another Job



Begin Counting
Day After Injury



Calculated on
Calendar Days



180 Day Cap

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Days Away From Work & Transfer to Another Job Combined



Begin Counting
Day After Injury



Calculated on
Calendar Days



180 Day Cap

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Medical Treatment

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

Observation
or counseling

Diagnostic
purposes

First-aid

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First Aid Treatment

- Nonprescription medication at nonprescription strength
- Administering tetanus immunizations
- Cleaning, flushing, or soaking wounds
- Bandages, Band-Aids, gauze pads, butterfly bandages or steri-strips
- Using hot or cold therapy
- Nonrigid means of support
- Temporary immobilization devices
- Drilling of a fingernail or toenail to relieve pressure, or to drain fluid from a blister.

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First Aid Treatment

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

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Loss of Consciousness

MUST BE RECORDED REGARDLESS OF
TREATMENT OR LACK OF TREATMENT.

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Significant Diagnosed Injury/Illness

Cancer

Chronic irreversible disease

Fractured or cracked bone

Punctured ear drum

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

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Needle Stick and Sharps Injuries

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



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Sharps Injury Log

Amendment to Bloodborne Infectious Diseases Standard Part 554:

Establish and maintain
a sharps injury log for
recording of
percutaneous injuries
from contaminated
sharps.

Information must
protect confidentiality.

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Medical Removal



If removed under the medical surveillance requirements of a MIOSHA standard, you must record the case on the MIOSHA Form 300.



Recorded as either one involving days away from work or days of restricted work activity.



Voluntary removal below the removal levels required by the standard need not be recorded.

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Recording Criteria for Hearing Loss (M)(5)

If an employee's hearing test reveals:

- employee has experienced a work-related standard threshold shift (STS) in hearing in one or both ears.
- and the employee's total hearing level is 25 decibels (dB) or more above audiometric zero (averaged at 2000, 3000, and 4000 Hz) in the same ear or ears as the STS.
- you must record the case on the MIOSHA 300 Log, column 5.

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Standard Threshold Shift

A standard threshold shift, or STS, as a change in hearing threshold, relative to the baseline audiogram for that employee, of an average of ten decibels (dB) or more at 2000, 3000, and 4000 hertz (Hz) in one or both ears.

Defined in Occupational Health Standard Part 380 "Occupational Noise Exposure in General Industry" as referenced in R 408.22102a.

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Recordable Standard Threshold Shift

First, there must be an **STS**

Additional criterion to meet recordability:

25 dB shift from zero (averaged at 2000, 3000, and 4000 Hz) requires the STS to be recorded

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Example of Recordable NIHL

	2000 Hz	3000 Hz	4000 Hz	Averages
Baseline	20	20	20	
Current	25	35	35	
<i>Difference/ Baseline</i>	5	15	15	35/3=12
Difference from audiometric Zero	25	35	35	95/3=32

STS Average = 12 dB, is ≥ 10 dB, therefore is an STS

32 dB diff from aud zero, is ≥ 25 dB, therefore is Recordable

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Example of Non-recordable NIHL Loss

	2000 Hz	3000 Hz	4000 Hz	Averages
Baseline	20	20	20	
Current	25	30	30	
<i>Difference/ Baseline</i>	5	10	10	25/3=8
Difference/ From audiometric Zero	25	30	30	85/3=28

STS Average = 8dB, which is $<$ required 10dB, therefore not an STS

Hearing loss is significant, but technically not *STS*, therefore not record

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Tuberculosis



Record a case where an employee is exposed to someone with a known case of active tuberculosis, and that employee subsequently develops a tuberculosis infection.



Record the case on the 300 log as “respiratory condition.”

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Group Activity

As a small group fill out the To Record or To Not Record work sheet.

You will need:

MIOSHA Recordkeeping General Guide for Recording

Part 11 – Recording and Reporting of Occupational Injuries and Illnesses.

To Record or Not Record Work Sheet

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MIOSHA Log 301

INJURY AND ILLNESS INCIDENT REPORT

ATTEI _____ ins information relating to employee health and must be used in a manner that protects the confidentiality of emp _____ while the information is being used for occupational safety and health purposes.

Mc Form Approved OMB No. 1218-0178

Information about the employee

1) Full Name _____
2) Street _____
City _____ State _____ Zip _____
3) Date of birth _____
4) Date hired _____
5) ☐ Male ☐ Female

Information about the case

10) Case number from the Log _____ (Transfer the case number from the Log after you record the case.)
11) Date of injury or illness _____
12) Time employee began work _____ AM/PM
13) Time of event _____ AM/PM ☐ Check if time cannot be determined
14) What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials", "spraying chlorine from hand sprayer", "daily computer key-entry".
15) What happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet", "Worker was sprayed with chlorine when gasket broke during replacement", "Worker developed soreness in wrist over time."
16) What was the injury or illness? Tell us the part of the body that was affected and how it was affected, be more specific than "hurt", "pain", or "sore." Examples: "strained back", "chemical burn, hand", "carpal tunnel syndrome."
17) What object or substance directly harmed the employee? Examples: "concrete floor", "chlorine", "radial arm saw." If this question does not apply to the incident, leave it blank.
18) If the employee died, when did death occur? Date of death _____

Information about the physician or other health care professional

6) Name of physician or other health care professional _____
7) If treatment was given away from the workplace, where was it given?
Facility _____
Street _____
City _____ State _____ Zip _____
8) Was employee treated in an emergency room?
☐ Yes
☐ No
9) Was employee hospitalized overnight as an in-patient?
☐ Yes
☐ No

Completed by _____
Title _____
Phone _____ Date _____

This injury and illness incident report is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the Log of Work-related Injuries and Illnesses and the accompanying Summary, these forms help the employer and MIOSHA develop a picture of the extent and severity of work-related incidents. Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form. According to Public Law of 1970 (P.L. 91-596) and Michigan Occupational Safety and Health Act 154, P.A. 174, Part 11, Michigan Administrative Rule for Recording and Reporting Of Injuries and Illnesses, you must keep this form on file for 5 years following the year to which it pertains. You may be fined for failure to comply. If you need additional copies of this form, you may photocopy and use as many as you need.

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate or any other aspects of the data collection, including suggestions for reducing the burden, send your comments to Washington, DC 20503. Send comments to the Office of Management and Budget, Paperwork Project Director (0304-0188). Do not send comments to this office.

MIOSHA-301 (Rev. 12/18) Effective 01/01/2004

MIOSHA Log 300A

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES

Michigan Occupational Safety and Health Administration (MIOSHA)

Form Approved OMB No. 1218-0178

All establishments covered by Public Law of 1970 (P.L. 91-596) and Michigan Occupational Safety and Health Act 154, P.A. 174, Part 11, Michigan Administrative Rule for Recording and Reporting Of Injuries and Illnesses, must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary. You may be fined for failure to comply. Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases write "0". Employees for an employer, and their representatives have the right to review the MIOSHA Form 300 in its entirety. They also have limited access to the MIOSHA Form 301 or its equivalent. See Part 11, R403.2215-5 Rule 125, in MIOSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

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

Number of Days

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

Injury and Illness Types

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

Establishment Information

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

Employment Information

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

Sign here

Knowingly falsifying this document may result in a fine.

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

Company Executive _____ Title _____
Phone _____ Date _____

Post this Summary page from February 1 to April 30 of the year following the year covered by the form. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing 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: Washington, DC 20503. Send comments to the Office of Management and Budget, Paperwork Project Director (0304-0188). Do not send comments to this office.

MIOSHA-300A (Rev. 12/18) Effective 01/01/2004

Forms



You must enter each recordable injury or illness on the MIOSHA 300 and 301 incident report within seven calendar days of receiving the information.



An equivalent form which has the same information may be used as a replacement.



Forms can be kept on a computer or at another location, as long as they can be produced when they are requested.

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Illness Classification

Skin Diseases or Disorders (M)(2)

- Exposure to chemicals, plants, or other substances.
- Examples: Contact dermatitis, eczema, or rash caused by primary irritants and sensitizers or poisonous plants; oil acne; friction blisters, chrome ulcers; inflammation of the skin.

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Respiratory Conditions (M)(3)

- Associated with breathing hazardous biological agents, chemicals, dust, gases, vapors, or fumes.
- Examples: Silicosis, asbestosis, acute congestion, occupational asthma, reactive airways, toxic inhalation injury.

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Illness Classification (M)(4)

Poisoning includes disorders evidenced by the abnormal concentration of toxic substances in bodily fluids or breath caused by absorption or ingestion.

- Examples: Lead, mercury, cadmium, arsenic, or other metals; carbon monoxide, hydrogen sulfide, organic solvents; insecticide sprays; poisoning by other chemicals.

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Illness Classification

All other illnesses (M)(6)

- Heatstroke, sunstroke, heat exhaustion, heat stress; freezing, frostbite, effects of ionizing and nonionizing radiation (welding flash, ultra-violet rays, lasers); bloodborne pathogens; tumors...

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Musculoskeletal Disorders (MSDs)

Injuries and disorders of the muscles, nerves, tendons, ligaments, joints, cartilage and spinal discs.

May record as injury (M)(1) or all other illness (M)(6).

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Musculoskeletal Disorders

- Applies the same recording criteria to musculoskeletal disorders (MSDs) as to all other injuries and illnesses.
- Employer retains flexibility to determine whether an event or exposure in the work environment caused or contributed to MSD.

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Privacy Concern Cases

- Injury or illness to an intimate body part or reproductive system
- An injury or illness resulting from sexual assault
- Mental illness
- HIV infection, hepatitis, tuberculosis
- Needlestick and sharps injuries
- If the employee independently and voluntarily requests that his or her name not be entered on the MIOSHA 300 log

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Privacy Concern Cases

- You may not enter the employee's name on the MIOSHA 300 Log.
- Instead enter "privacy case" in the space normally used for the employee's name.
- You must keep a separate confidential list of the case numbers and employee names for your privacy concern cases.



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Privacy Protection

If you believe that information describing the privacy concern case may be personally identifiable even though the employee's name has been omitted.



You may use discretion and put "privacy case" on the MIOSHA 300 and 301 forms.



Keep a separate confidential list of the case numbers and employee names.

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Privacy Protection

Other privacy protections:

- If you give the forms to people not authorized by the rule, you must remove the names and other personally identifying information.

Exceptions for:

- Auditor/consultant.
- Workers' compensation or other insurance.
- Public health authority or law enforcement agency.

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Group Activity

As a small group fill out the 300 Log for each of the case study scenarios provided in the Recordkeeping Case Study Exercise

You will need:

- 300 Log
- Case Study Exercise
- Blank Calendar
- MIOSHA Recordkeeping General Guide for Recording
- Part 11 – Recording and Reporting of Occupational Injuries and Illnesses

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Multiple Business Establishments



Keep a separate MIOSHA Form 300 for each establishment that is expected to be in operation for a year or longer.



May keep one MIOSHA Form 300 for all short-term establishments.



Each employee must be linked with an establishment.

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Multiple Business Establishments

If an injury or illness occurs to your employee at one of your establishments, record on the log of that establishment.

If employee is injured or becomes ill and is not at one of your establishments, you must record the case on the MIOSHA 300 log at the establishment he/she is linked with.

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Temporary Employees

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

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

[See Injury and Illness Recordkeeping Requirements for Temporary Workers Fact Sheet](#)

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Volunteers may be covered

Questions to ask:

- Is there an employer-employee relationship?
- How is work controlled?
- Is there compensation?

Reviewed on a case-by-case basis

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Review	Review MIOSHA Form 300 for completeness and accuracy.
Correct	Correct deficiencies if necessary.
Complete	Complete MIOSHA Form 300A.

Annual
Summary
Posting

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Annual
Summary

A company executive must certify the summary:

- An owner of the company.
- An officer of the corporation.
- The highest-ranking company official working at the establishment.
- The immediate supervisor of the highest-ranking company official.

Post on February 1 thru April 30 of the year following the year covered by the summary.

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Retention and Updating



Retain forms for five years following the year that the forms cover.



Update the MIOSHA Form 300 during that period.



Do not need to update the MIOSHA Form 300A or Form 301.

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Change of Ownership

Each employer is responsible for recording and reporting only for that period of the year during which he or she owned the establishment.

Old owner *must* transfer records to new owner.

New owner must retain records. *New owner does not have to update or correct the records of the prior owner.*

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Employee Involvement



Requires employers to establish a procedure for employees to report injuries and illnesses and how to make the report.



Employees have the right to report a work-related injury or illness.



Employers are prohibited from discharging or in any manner discriminating against employees for reporting work-related injuries or illnesses.

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OSHA Website Information

www.osha.gov/recordkeeping/final-rule

The screenshot shows the OSHA website header with the U.S. Department of Labor logo and navigation links. The main content area features the title 'Final Rule Issued to Improve Tracking of Workplace Injuries and Illnesses' and a photograph of a person working at a laptop. To the right of the photo is a text box summarizing the rule, which requires certain establishments to electronically submit OSHA 300 Log and 301 Incident Report forms. Below the text box is an 'About' section with a link to 'Reporting requirements'.

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Occupational Disease Reporting

- Occupational Disease Definition: Human illness from employment with one of the following:
 - Repeated or continuous exposure.
 - Acute exposure to hazardous substance.
 - Presentation symptoms of a disease known to be associated with specific exposure.

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Occupational Disease Reporting

OD Reporting Form (TSD-51)

Form 300, entries in column M(2-6) are required to be reported

Who must report:

Physician, Hospital, Clinic or Employer

When:

Within ten days after discovery of the occupational disease or condition



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Michigan Department of Labor and Economic Opportunity
 Known or Suspected Occupational Disease Report
 (Information will be held confidential as provided in Public Act 308 of 1975.)

EMPLOYEE AFFECTED

Name (Last, First, Middle) _____ Sex ☐ Male ☐ Female Race ☐ White ☐ Black ☐ Hispanic ☐ Other _____

Street _____ City _____ State _____ Zip _____

Home Phone Number _____ Last Four Digits of Social Security Number (Optional) _____

CURRENT EMPLOYER

Current Employer Name _____ Worksite County _____

Worksite Address _____ City _____ State _____ Zip _____

Business Phone _____ If known, indicate business type (products manufactured or work done) _____

Number of Employees ☐ <25 ☐ 25-100 ☐ 100-500 ☐ >500

Employee's Work Unit/Department _____ Dates of Employment From _____ To _____

Employee's Job Title or Description of Work _____

ILLNESS INFORMATION

Nature of illness or health condition (Examples: Headache, Nausea, Difficulty Breathing, Cough, etc.) _____ Date of Diagnosis _____

Suspected Causative Agents (Chemicals, Physical Agents, Conditions) _____ Did Employee Die? ☐ Yes ☐ No _____ If Yes, Date of Death _____

If Physician, indicate clinical impression for suspected occupational disease, or diagnosis of confirmed occupational disease _____

ADDITIONAL COMMENTS

REPORT SUBMITTED BY

If Report Submitted by Non-Physician, Did Employee See a Physician? ☐ Yes ☐ No ☐ Don't Know ☐

Physician's Name _____ Phone _____

Office Address _____ City _____ State _____ Zip _____

Name of Person Submitting Report _____ Physician ☐ Non-Physician ☐

Address _____ City _____ State _____ Zip _____

Signature _____ Phone _____ Date _____

The Michigan Department of Labor and Economic Opportunity is an equal opportunity, affirmative action employer, service provider and contractor. Michigan Department of Labor and Economic Opportunity (LEO) Michigan Occupational Safety and Health Administration (MIOSHA) Technical Services Division (TSD) 533 W. Allegan Street, P.O. Box 36400, Lansing, MI 48909-6140 Overnight Mail Address: 2407 N. Grand River Avenue, Lansing, MI 48906 Authority P.A. 308 of 1975 (Michigan Revised Public Acts/Statute)

What to Turn in

At MSU – Occupational Disease Report Form

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Reporting Requirements

The rule expands the list of severe work-related injuries and illnesses that **all employers** must report to MIOSHA as described below.

Fatalities within eight hours

And the following within 24 hours:

In-patient hospitalizations of one or more employees

Amputations

Loss of an eye

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Fatality Reporting

REPORT WITHIN EIGHT HOURS

800-858-0397



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24 Hour Reporting

- Work-related in-patient hospitalizations of one or more employees
- Work-related amputations
- Work-related losses of an eye

844-464-6742

or

www.michigan.gov/recordkeeping

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Electronic Submissions



The rule requires certain employers to electronically submit injury and illness data to OSHA that they are already required to keep under OSHA regulations. The content of these establishment-specific submissions depends on the size and industry of the employer.

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Electronic Submission of Injury and Illness Records to OSHA



Information must be submitted once a year in accordance with the compliance schedule.



Data will be submitted electronically into a Federal database.

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Electronic Submission of Injury and Illness Records to OSHA



Part time, seasonal and temporary employees should be included as employees for the company.



If a company is routinely required to submit data, OSHA **will not** notify you about your routine submittal.

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Electronic Submission of Injury and Illness Records to OSHA



If a company is **not routinely required** to keep injury and illness records MIOSHA or OSHA will notify you by mail if you will have to submit data as part of an individual data collection.



MIOSHA or OSHA will also announce data collections through the Federal Register, newsletters, on the web site and other means.

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Bureau of Labor Statistics



Employers are randomly selected each year, by mail.



Information collected creates the nation's occupational injury and illness statistics.



Promptly complete and return it.

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OSHA Website Information

[Injury Tracking Application](#) | Occupational Safety and Health Administration ([osha.gov](#))

Occupational Safety and Health Administration

[CONTACT US](#) | [FAQ](#) | [A TO Z INDEX](#) | [LANGUAGES](#)

[OSHA](#) | [STANDARDS](#) | [ENFORCEMENT](#) | [TOPICS](#) | [HELP AND RESOURCES](#) | [NEWS](#)

[OSHA / Injury Tracking Application Login](#)

[Injury Tracking Application Login](#)



Injury Tracking Application

[Sign in with LOGIN.GOV](#)

[Create an ITA Account](#)

[FAQs](#)

Injury Tracking Application (ITA)

Certain establishments must electronically submit to OSHA information about recordable injuries and illnesses entered on their previous calendar year's OSHA Form 300A Summary of Work-Related Injuries and Illnesses, OSHA Form 300 Log of Work-Related Injuries and Illnesses, and 301 Injury and Illness Incident Report [29 CFR 1904.43](#). The Injury Tracking Application (ITA) is a secure website for electronically submitting your data to OSHA.

Covered Establishments

Under certain circumstances, establishments may be required to electronically submit information to OSHA from their injury and illness recordkeeping forms. In 2017, OSHA published a Final Rule that revised the recordkeeping regulations to require

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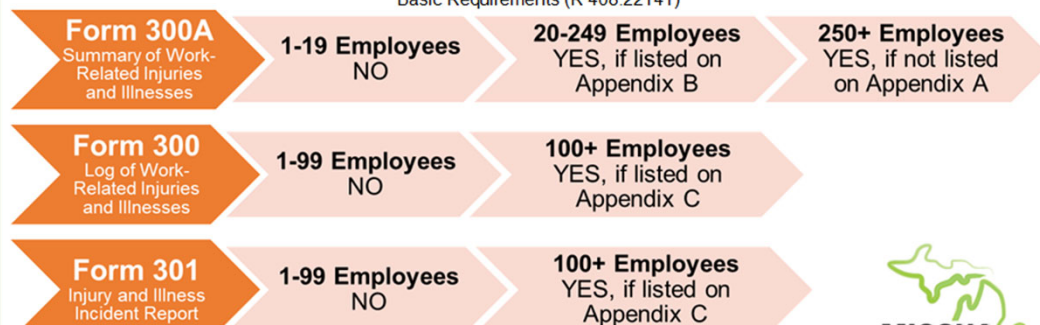
The New Requirements (Jan 2, 2024)

Establishments with 100 or more employees in designated industries (listed in Appendix C) must electronically submit to OSHA detailed information about each recordable injury and illness entered on their previous calendar year's OSHA Form 300 Log and Form 301 Incident Report. This includes the date, physical location, and severity of the injury or illness; details about the worker who was injured; and details about how the injury or illness occurred.

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MIOSHA Administrative Standard Part 11, Recordkeeping and Reporting of Occupational Injuries and Illnesses Electronic Submission Requirements Basic Requirements (R 408.22141)



*Forms must be submitted by March 2 each year through the OSHA Injury Tracking Application.
*All establishments listed on Appendix A are exempted from electronic submission requirements.



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Finding your industry code (NAICS)

First find your NAICS code at [North American Industry Classification System \(NAICS\) U.S. Census Bureau](#)



Then review Appendix A of MIOSHA's [Part 11 Recording and Reporting of Occupational Injuries and Illnesses](#) to determine if your company NAICS is identified as partially exempt

NAICS	CODE INDUSTRY
4412	Other Motor Vehicle Dealers.
4431	Electronics and Appliance Stores.
4461	Health and Personal Care Stores.
4471	Gasoline Stations.
4481	Clothing Stores.
4482	Shoe Stores.

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What is an Incident Rate?

- An OSHA Incidence Rate (IR) represents the number of recordable injuries and illnesses that occur among a given number of full-time workers (usually based on 100) over a given period of time (typically one calendar year).
- For example, a calculated rate of 5.0 for a contractor represents a rate of injury and/or illness at five per 100 workers. It does not matter if the contractor employs 20 or 2,000 workers, the rate will always be based on 100 workers, allowing one to compare rates for various contractors of different size.

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How An Incident Rate Is Calculated

$$\frac{\text{Total Rec. Cases} \times 200,000}{\text{Total Hours Worked}}$$

The 200,000 figure in the formula represents the number of hours 100 employees working 40 hours per week, 50 weeks per year would work and provides the standard base for calculating incidence rates.

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Employer Days Away Restricted Transfer Rate (DART) Calculation

$$\frac{\text{Cases with Lost, Restricted, Transfer Days} \times 200,000}{\text{Total Hours Worked}}$$

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Compare Your Company to Others

In Michigan:

https://www.michigan.gov/leo/0,5863,7-336-94422_11407_30929-39936--,00.html

In the Nation:

<https://www.bls.gov/iif/oshsum.htm>

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MOD Rates: Impact on Workers' Comp Cost

A MOD rate contributes to how much companies pay each month in workers' compensation premiums. It is partly determined by the industry classification in which a company operates and how many OSHA recordables it accumulates.

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MOD Rates: Impact on Workers' Comp Cost

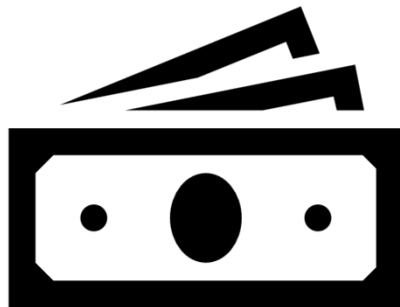
If a company's MOD rate is 1.0, they pay the industry's average rate. However, if the MOD rate is .80, they pay 20 percent less than the industry rate, and conversely, if the MOD rate is 1.2, they pay 20 percent more than the industry rate. Ultimately, employers control their workers' compensation costs by improving their safety and health program and reducing the number of recordable's that occur in their facilities.



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ACTIVITY



Safety Pays Program

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Three Things That Are Extremely Important To Remember



Read and refer to Part 11. Recording and Reporting of Occupational Injuries and Illnesses standard.



Documentation is essential.



When in doubt, record.

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Recordkeeping Questions?

- ✓ General Assistance
- ✓ Forms
- ✓ Posters
- ✓ Information

Michigan Occupational Safety and Health Administration (MIOSHA)
Technical Services Division (TSD) - Management Information Systems Section (MISS)
530 W. Allegan Street, P.O. Box 30643
Lansing, Michigan 48909-8143
www.michigan.gov/recordkeeping
517-284-7788

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Assessment



The purpose of this assessment is to validate the knowledge learned in class.



Passing score of 70% correct is required.



Class reference materials/books are not allowed to be used during the assessment.



Collaboration/discussion with others is not allowed during the assessment.

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Thank you.

Don't Forget to Take the Survey



100

MIOSHA Recordkeeping & Cost of Injuries

Student Resources

MIOSHA Standard:

[Part 11. Recording and Reporting of Occupational Injuries & Illnesses](#) (pdf)

MIOSHA Instruction:

[Recording and Reporting of Occupational Injuries & Illnesses \(MIOSHA-STD-05-2\)](#) (pdf)

Publications:

[Injury & Illness Recordkeeping Requirements for Temporary Workers Fact Sheet \(CET-0193\)](#)
(doc)

[MIOSHA Form 300 – Log of Work-Related Injuries & Illnesses](#) (pdf)

[MIOSHA Form 300A – Summary of Work-Related Injuries & Illnesses](#) (pdf)

[MIOSHA Form 301 – Injury and Illness Incident Report](#) (pdf)

[MIOSHA Recordkeeping Forms](#) (xls)

[MIOSHA Recordkeeping General Guide for Recording \(MISS-1\)](#) (doc)

[Occupational Disease Reporting](#) (pdf)

[Improve Tracking of Workplace Injuries and Illnesses Electronic Submission of OSHA Form 300 and 301 Data](#)

Websites:

[MIOSHA Recordkeeping](#)

[OSHA Recordkeeping](#)

MIOSHA Training Institute (MTI) Resources:

www.michigan.gov/mti

MIOSHA Training Calendar:

www.michigan.gov/mioshatraining

MIOSHA Homepage:

www.michigan.gov/miosha



Michigan Department of Labor and Economic Opportunity
Michigan Occupational Safety and Health Administration
Consultation Education and Training Division
525 W. Allegan St., P.O. Box 30643
Lansing, Michigan 48909-8143

For further information or to request consultation, education and training services
call 517-284-7720

or

visit our website at www.michigan.gov/miosha

www.michigan.gov/leo

LEO is an equal opportunity employer/program.