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# MIOSHA

Michigan Occupational Safety and Health Administration (MIOSHA)  
Department of Labor and Economic Opportunity (LEO)

# AGENCY INSTRUCTION

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DOCUMENT IDENTIFIER:  
MIOSHA-COM-12-1R2

DATE:  
August 28, 2019

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**SUBJECT: Reporting of Known or Suspected Occupational Diseases**

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- I. Purpose. This instruction establishes agency policy for enforcing reporting of known or suspected occupational diseases.
- II. Scope. This instruction applies to Michigan Occupational Safety and Health Administration (MIOSHA) enforcement divisions.
- III. Reference. Michigan Public Health Code P.A. 368 of 1978, as amended, [Article 5](#), Part 56, Occupational Diseases.
- IV. Distribution. MIOSHA Staff; Federal OSHA; S-drive Accessible; MIOSHA Messenger; and Internet Accessible.
- V. Cancellations. All previous versions of this agency instruction.
- VI. History. History of previous versions include:
  - MIOSHA-COM-12-1R1, June 7, 2016.
  - MIOSHA-COM-12-1, October 1, 2012.
  - MIOSHA-COM-11-4, September 10, 2012.
  - MIOSHA-MEMO-COM-08-1, September 2, 2008.
  - MIOSHA-COM-05-3, October 7, 2005.
- VII. Next Review Date. To be reviewed five (5) years from date of issuance.
- VIII. Contact. [Adrian Z. Rocskay](#), Director, General Industry Safety and Health Division, or [Lawrence Hidalgo](#), Director, Construction Safety and Health Division.
- IX. Originator. Barton G. Pickelman, Director
- X. Significant Changes.
  - A. Appendix D is added containing a letter notifying inspected establishments of non-compliance.
  - B. Appendix E is added containing a letter notifying inspected establishments in a situation where they had no recent cases but could in the future.
- XI. Background. Since 1978, physicians, hospitals, clinics, and employers have been required by the Michigan Public Health Code (P.A. 368, of 1978, as amended, Part 56) to report known or suspected cases of occupational diseases. As of 2019, these reports had to be submitted to the Michigan Department of Labor and Economic Opportunity.

According to research conducted by Michigan State University, the 15,000 to 20,000 occupational disease reports received annually do not represent the actual incidence of occupational disease in Michigan. The actual number has been estimated at between 29,193 and 60,968 diagnosed cases each year. Even this range is considered an

underestimate because it assumes that all physicians recognize work-related illnesses in their patients.

MIOSHA annually sends two letters to health clinic administrators in Michigan informing them of the occupational disease reporting law, the exemption in the Health Insurance Portability and Accountability Act (HIPAA) regulations that allow reporting, and how the report can be submitted. The letters also inform clinic administrators of the agency's intent to perform audits to ensure that the reporting requirements are met.

- XII. Policy. MIOSHA will seek compliance with occupational disease reporting requirements through continued outreach and with targeted on-site focused inspections.
- XIII. Enforcement. As necessary, MIOSHA will inspect a random sample of establishments to determine compliance with the occupational disease reporting requirements. The protocol for the inspection is as follows:
- A. The inspection will be focused. The sole purpose will be to determine the establishment's compliance with the occupational disease reporting requirements. The inspection will not cover how the clinic performs testing, such as audiometric testing, or how it arrives at a conclusion that a disease is work-related. The investigation will not be expanded into other areas, such as bloodborne infectious diseases. The IH should plan on completing the on-site investigation in less than four hours.
  - B. The inspection will consist mainly of employee interviews and a review of documents. The interviews will consist of management and administrative personnel who have knowledge of the reporting of occupational diseases. See the sample interview questions in [Appendix A](#).
  - C. The documents to be reviewed are the establishment's written policies and procedures on reporting occupational diseases and the documents that show implementation of those policies and procedures.
  - D. Entry in OIS is made under the Inspection Type Tab. Selections will be made from dropdown menus.
    - 1. Select Programmed Planned under Initiating Type.
    - 2. Select OD-REPORT from the dropdown menu for both State Emphasis Program and the Primary Emphasis.
    - 3. Select Records Only for Scope of Inspection.
  - E. The establishment will be provided handout materials that include a copy of Part 56 of the Michigan Public Health Code, the Known or Suspected Occupational Disease Report (form MIOSHA-MTSD-51), and the instructions to the form, including how to file the form online. See [Appendix B](#).
  - F. If the establishment has complied with the reporting requirements, a letter will be sent to the establishment stating the inspection findings. See [Appendix C](#).

- G. If the establishment has had patients with occupational diseases and is not reporting the cases, these steps will be taken:
1. The IH will attempt to gain the cooperation of the establishment in complying with the reporting requirements. The IH will request that the establishment go back six months to report diseases retrospectively. The IH will request that the establishment provide documentation showing that past cases and cases in the near-term future have been reported. The documentation will be placed in the case file. The IH will contact the Michigan State University Occupational and Environmental Medicine Division to confirm that the reports have been received. The outcome and record(s) of this contact will be documented in the case file.
  2. If these attempts to help the establishment come into compliance fail, a referral will be made to the Attorney General (AG) for follow-up action. Supervisors will send the case files for referral to the Division Director, who will forward a list of non-compliant establishments to the AG. The Division Director will coordinate with the AG to ensure these establishments submit the overdue reports.
  3. The letter in [Appendix D](#) will be sent to the establishment stating the inspection findings.
- H. If the establishment has not had patients with occupational diseases but could in the future, the letter in [Appendix E](#) will be sent to the establishment stating the inspection findings and advising the establishment to ensure that it complies with the occupational diseases reporting requirements whenever the establishment attends to or treats patients with occupational diseases.

**APPENDIX A**  
**SAMPLE QUESTIONS FOR OCCUPATIONAL DISEASE REPORTING**  
**INSPECTIONS**

1. Does your establishment have patients with known or suspected occupational diseases?
2. How many such patients did you have last year, approximately?
3. What are the types of known or suspected occupational diseases among these patients?
4. Are you aware that you must report occupational diseases to the State of Michigan under the Michigan Public Health Code?
5. Who at your establishment has the responsibility to report occupational diseases to the State of Michigan?
6. Do you comply with the reporting requirements?
7. What is your procedure for collecting and reporting the information?
8. Which State of Michigan agency do you send the reports to?
9. What address did you send the reports to?
10. What was the last time that you reported?
11. Which occupational diseases did you report?
12. At what frequency do you report?
13. What documentation do you have that you reported occupational diseases?
14. If you have not reported all occupational diseases, why not?

**APPENDIX B**  
**OCCUPATIONAL DISEASE REPORTING**



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY  
MICHIGAN OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION  
BARTON G. PICKELMAN, DIRECTOR

JEFF DONOFRIO  
DIRECTOR

To: Michigan Physicians, Hospitals, Clinics, and Employers

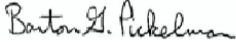
The enclosed material includes an instruction sheet, occupational disease report form, and a listing of several categories of occupational diseases and disorders. This has been mailed to you to assist in your complying with Part 56 of the Michigan Public Health Code which requires physicians, hospitals, clinics, or employers to report all known or suspected cases of occupational diseases. As a result of Executive Orders No. 1996-1, 1996-2, and 2003-18, the responsibility for implementing Part 56 of the Michigan Public Health Code was transferred to the Michigan Department of Labor and Economic Opportunity.

The instruction sheet gives some background on Code Requirements and provides guidance on completing the report form. The following list of occupational diseases and disorders is taken from MIOSHA form #300 – Log and Summary of Occupational Injuries and Illnesses – where it is used for the purpose of classifying recordable illnesses. This list has been included for informational purposes and includes typical examples of types of illnesses and disorders under each category and some causative agents. It is not considered to be a complete listing but is to be used simply as a guide.

The Department of Labor and Economic Opportunity has a contract with the Department of Medicine, Michigan State University, to assist in the compilation and reporting of Michigan occupational diseases. Additionally, the Health Insurance Portability and Accountability Act of 1996 (HIPPA), Part 164.512 authorizes agencies to collect and receive health information for the purpose of preventing and controlling diseases and related activities.

Any inquiries regarding occupational reporting requirements should be directed to the MIOSHA Technical Services Division, Michigan Department of Labor and Economic Opportunity, P.O. Box 30649, Lansing, Michigan, 48909-8149.

Sincerely,

  
Barton G. Pickelman, CIH  
MIOSHA Director

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Classifying Illnesses

**Skin diseases or disorders** – Skin diseases or disorders are illnesses involving the worker’s skin that are caused by work 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.

**Respiratory conditions** – Respiratory conditions are illnesses associated with breathing hazardous biological agents, chemicals, dust, gases, vapors, or fumes at work. *Examples:* Silicosis, asbestosis, pneumonitis, pharyngitis, rhinitis or acute congestion, farmer’s lung, beryllium disease, tuberculosis, occupational asthma, reactive airways dysfunction syndrome (RADS), chronic obstructive pulmonary disease (COPD), hypersensitivity pneumonitis, toxic inhalation injury, such as metal fume fever, chronic obstructive bronchitis, and other pneumoconioses.

**Poisoning** – Poisoning includes disorders evidenced by abnormal concentrations of toxic substances in blood, other tissues, other bodily fluids, or the breath that are caused by the ingestion or absorption of toxic substances into the body. *Examples:* Poisoning by lead, mercury, cadmium, arsenic, or other metals; poisoning by carbon monoxide, hydrogen sulfide, or other gases; poisoning by benzene, benzol, carbon tetrachloride, or other organic solvents; poisoning by insecticide sprays, such as parathion or lead arsenate; poisoning by other chemicals, such as formaldehyde.

**Hearing Loss** – Noise-induced hearing loss is defined for recordkeeping purposes as a change in hearing threshold relative to the baseline audiogram of an average of 10 dB or more in either ear at 2000, 3000, and 4000 hertz, and the employee’s total hearing level is 25 decibels (dB) or more above audiometric zero (also averaged at 2000, 3000, and 4000 hertz) in the same ear(s).

**All other illnesses** – All other occupational illnesses. *Examples:* Heatstroke, sunstroke, heat exhaustion, heat stress and other effects of environmental heat; freezing, frostbite, and other effects of exposure to low temperatures; decompression sickness; effects of ionizing radiation (isotopes, x-rays, radium); effects of nonionizing radiation (welding flash, ultra-violet rays, lasers); anthrax; bloodborne pathogenic diseases, such as AIDS, HIV, hepatitis B or hepatitis C; brucellosis; malignant or benign tumors; histoplasmosis; coccidioidomycosis.

### Excerpts from Michigan Public Health Code

#### Article 5. Prevention and Control of Diseases and Disabilities

##### Part 56. Occupational Diseases

Sec. 5601. (1) As used in this part, “occupational disease” means an illness of the human body arising out of and in the course of an individual’s employment and having one or more of the following characteristics:

- (a) It is caused by a frequently repeated or continuous exposure to a hazardous substance or agent or to a specific industrial practice which is hazardous and which has continued over an extended period of time.
- (b) It is caused by an acute exposure to a hazardous substance or agent.
- (c) It presents symptoms characteristic or an occupational disease known to have resulted in other cases from the same type of specific exposure.

(2) In addition, article 1 contains general definitions and principles of construction applicable to all articles in this code and part 51 contains definitions applicable to this part.

Sec. 5611. (1) A physician, hospital, clinic, or employer knowing of an individual having a case of occupational disease or a health condition aggravated by workplace exposures shall report the case to the department within 10 days after the discovery of the occupational disease or condition.

(2) A physician, hospital, clinic, or employer knowing of a suspected case of occupational disease or a health condition aggravated by workplace exposures shall report the case to the department within 10 days after the discovery of the occupational disease or condition.

(3) The report shall state the name and address of the individual, the name and business address of the employer, the business of the employer, the place of the individual’s employment, the length of time of employment in the place where the individual became ill, the nature of the disease, and other information required by the department.

(4) The department shall prepare and furnish the report forms and instructions for their use to physicians, hospitals, clinics, and employers.

Sec. 5613. (1) The department, upon receiving a report under section 5611 or believing that a case or suspected case of occupational disease exists in this state, may investigate to determine the accuracy of the report and the cause of the disease.

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(2) To aid in the diagnosis or treatment of an occupational disease, the department shall advise the physician in charge of a patient of the nature of the hazardous substance or agent and the conditions of exposure of the patient as established by the investigation. In so doing the department shall protect the confidentiality of trade secrets or privileged information disclosed by the investigations in accordance with section 13 Act No. 442 of the Public Acts of 1976, being section 15.243 of the Michigan Compiled Laws.

Sec. 5621. (1) Reports submitted to the department under section 5611 are not public records and are exempt from disclosure pursuant to section 13(1)(d) of Act. No. 442 of the Public Acts of 1976.

(2) The bureau of worker's disability compensation and the compensation appeal board in the department of labor shall have access to the record of an actual case of occupational disease in a compensation case before it.

Sec. 5623 (1) Not less than once each year, the department shall compile statistical summaries of all occupational diseases reported and accepted as covering true occupational diseases, and the kinds of employment leading to the occurrence of the diseases.

(2) The department shall disseminate to appropriate employers in this state appropriate instructions and information to prevent the occurrence of occupational diseases.

Sec. 5639. A physician, hospital or clinic administrator, or employer who fails to make a report or who willfully makes a false statement in a report required by section 5611 (1) is guilty of a misdemeanor punishable by a fine of not more than \$50.00.

### Known or Suspected Occupational Disease Report

Click on the link below to access an electronic version:

[https://www.michigan.gov/documents/lara/lara\\_miosha\\_od\\_reporting\\_letter\\_instructions\\_402020\\_7.pdf](https://www.michigan.gov/documents/lara/lara_miosha_od_reporting_letter_instructions_402020_7.pdf)

Michigan Department of Labor and Economic Opportunity		Technical Services Division	
<b>Known or Suspected Occupational Disease Report</b>			
<small>(Information will be held confidential as prescribed in Public Act 368 of 1978.)</small>			
<b>EMPLOYEE AFFECTED</b>			
Name (Last, First, Middle)	Age	Sex M      F	Race: <input type="radio"/> White <input type="radio"/> Black <input type="radio"/> Hispanic <input type="radio"/> Other
Street	City		State      Zip
Home Phone Number	Last Four Digits of Social Security Number (Optional)		
<b>CURRENT EMPLOYER</b>			
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 <input type="radio"/> <25 <input type="radio"/> 25-100 <input type="radio"/> 100-500 <input type="radio"/> >500			
Employee's Work Unit/Department	Dates of Employment From: _____ To: _____ Mo Day Year      Mo Day Year		
Employee's Job Title or Description of Work			
<b>ILLNESS INFORMATION</b>			
Nature of Illness or Health Condition (Examples: Headache, Nausea, Difficulty Breathing, Cough, etc.)		Date of Diagnosis _____ Mo Day Year	
Suspected Causative Agents (Chemicals, Physical Agents, Conditions)	Did Employee Die? Yes <input type="radio"/> No <input type="radio"/>	If Yes, Date of Death _____ Mo Day Year	
If Physician, Indicate Clinical Impression for Suspected Occupational Disease, or Diagnosis of Confirmed Occupational Disease			
<b>ADDITIONAL COMMENTS</b>			
<b>REPORT SUBMITTED BY</b>			
If Report Submitted by Non-Physician, Did Employee See a Physician? <i>If yes, record information below.</i>			
		Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/>	
Physician's Name	Phone		
Office Address	City	State	Zip
Name of Person Submitting Report	Physician <input type="radio"/> Non-Physician <input type="radio"/>		
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 buyer. Return completed form to:

**Michigan Department of Labor and Economic Opportunity (LEO)**  
**Michigan Occupational Safety and Health Administration (MIOSHA)**  
 Technical Services Division (TSD)  
 530 W. Allegan Street, P.O. Box 30649, Lansing, MI 48909-8149  
 Overnight Mail Address: 2407 N. Grand River Avenue, Lansing, MI 48906

MIOSHA-TSD-51 (08/19)

Authority: P.A. 368 of 1978  
 Completion: Required  
 Penalty: Misdemeanor



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**BACKGROUND AND INSTRUCTIONS FOR COMPLETING  
KNOWN OR SUSPECTED OCCUPATIONAL DISEASE REPORT**

As a result of Executive Orders No. 1996-1, 1996-2 and 2003-18 and Part 56 of P.A. 368 of 1978, a physician, hospital, clinic or employer must report known or suspected cases of occupational diseases or workplace aggravated health conditions to the Michigan Department of Labor and Economic Opportunity within 10 days after discovery of the disease or condition on a report form furnished by the department. This requirement does not apply to occupational injuries.

This report is furnished by the Department of Labor and Economic Opportunity in accordance with Section 5611 (4) of P.A. 368 of 1978 and is required to be completed and submitted to the Department of Labor and Economic Opportunity at the address below for all such cases to fulfill the statutory mandate prescribed by Section 5611 or Part 56 of the Act.

**Instructions for completing report:**

**General:**

Multiple reports on the same individual for the same illness should not be submitted. The employer should return this form only if the employee is not referred to a physician, hospital, or clinic. If a physician returns the form indicating a suspected occupational disease and at a later date confirms this occupational disease, an updated form confirming their diagnosis and causative agent should be submitted.

**Employers:**

If an employer is submitting the form, all questions, with the exception of those indicated for physicians only, should be completed. The form should be completed by the employer at the time of onset, discovery, or suspected occurrence of the employee's illness and returned directly to Michigan Department of Labor and Economic Opportunity.

If the employee is referred to a physician, hospital, or clinic, the employer should complete the forms as stated above and the form should then accompany the employee for completion by the medical personnel.

**Physician, hospital or clinic:**

The questions on the form, with the exception of those indicated for physicians only, may be completed by the employer at the time of onset, discovery, or suspected occurrence of the employee's illness. The form should then accompany the employee at the time of referral to a physician, hospital, or clinic for medical evaluation where the remainder of the form should be completed and submitted to the Michigan Department of Labor and Economic Opportunity. If the employee is seen by the physician without a referral from the employer, and the physician diagnoses a suspected or confirmed occupational illness, the entire form is to be completed by the physician and submitted to the Michigan Department of Labor and Economic Opportunity.

It is the responsibility of the employer and of physicians, hospitals, and clinics to ensure that the form is properly completed, signed and submitted to the Michigan Department of Labor and Economic Opportunity within 10 days after the onset of the disease, suspected occurrence of the disease, or a workplace aggravated health condition. The form must be completed for all suspected or actual occupational diseases or health conditions aggravated by workplace exposure, including death of the employee as a result of the disease or health condition aggravated by workplace exposure.

Completion of this report form does not relieve the employer of the requirements for notification of fatalities, one or more in-patient hospitalizations, amputations, or loss of an eye, and to maintain records of each recordable occupational injury or illness pursuant to the requirements of Public Act 154 of 1974, as amended, the Michigan Occupational Safety and Health Act.

**ADDITIONAL REPORT FORMS ARE AVAILABLE FROM THE MICHIGAN DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY**

**Michigan Department of Labor and Economic Opportunity (LEO)  
Michigan Occupational Safety and Health Administration (MIOSHA)  
Technical Services Division (TSD)  
530 W. Allegan Street, P.O. Box 30649, Lansing, Michigan 48909-8149  
Overnight Mail Address: 2407 N. Grand River Avenue, Lansing, MI 48906  
517-284-7790**

MIOSHA-TSD-51 (08/19) Back

**APPENDIX C**  
**LETTER TO EMPLOYERS COMPLYING WITH REPORTING REQUIREMENTS**

{Date of letter}

{Name of Management Representative, Job Title}  
{Company}  
{Address}  
{City, State, Zip Code}

Dear {Name of Management Representative}:

Michigan law requires that you report incidents of occupational diseases to the Michigan Department of Labor and Economic Opportunity.

Specifically, Section 5611 of the Public Health Code, 1978 P.A. 368, 333.1101 *et seq.*, requires that physicians, hospitals, clinics, and employers report every case of occupational disease and every health condition aggravated by workplace exposures. These reports must be filed within ten days after discovery of the occupational disease or condition on forms provided by the department to the following address: Michigan Occupational Safety and Health Administration (MIOSHA), Technical Services Division (TSD), 530 W. Allegan Street, P.O. Box 30643, Lansing, Michigan 48909-8143.

On {Date of Inspection}, MIOSHA inspected your establishment to determine if you had met the reporting requirements. Based on the information you provided us, we determined that your establishment is complying with the said requirements.

Thank you for your cooperation. Your reporting of occupational diseases to the State is an important link in protecting the health of Michigan workers.

Sincerely,

{Signature}

{CSHO Name, Job Title}  
{Division, MIOSHA}

cc: Division Director

**APPENDIX D**  
**LETTER TO EMPLOYERS NOT COMPLYING WITH REPORTING**  
**REQUIREMENTS**

{Date of letter}

{Name of Management Representative, Job Title}

{Company}

{Address}

{City, State, Zip Code}

Dear {Name of Management Representative}:

Michigan law requires that you report incidents of occupational diseases to the Michigan Department of Labor and Economic Opportunity.

Specifically, Section 5611 of the Public Health Code, 1978 P.A. 368, 333.1101 *et seq.*, requires that physicians, hospitals, clinics, and employers report every case of occupational disease and every health condition aggravated by workplace exposures. These reports must be filed within ten days after discovery of the occupational disease or condition on forms provided by the department to the following address: Michigan Occupational Safety and Health Administration (MIOSHA), Technical Services Division (TSD), 530 W. Allegan Street, P.O. Box 30643, Lansing, Michigan 48909-8143.

On {Date of Inspection}, MIOSHA inspected your establishment to determine if you had met the reporting requirements. Based on the information you provided us, we determined that your establishment was not complying with the said requirements. Your establishment agreed to go back six months and report occupational diseases that were identified during that time frame and to report cases in the future.

Be advised that another failure to comply can lead to action by the Michigan Attorney General's Office for your violation of the Public Health Code.

Thank you for your cooperation. Your reporting of occupational diseases to the State is an important link in protecting the health of Michigan workers.

Sincerely,

{Signature}

{CSHO Name, Job Title}

{Division, MIOSHA}

cc: Division Director

**APPENDIX E**  
**LETTER TO EMPLOYERS THAT HAVE NOT HAD PATIENTS WITH  
OCCUPATIONAL DISEASES**

{Date of letter}

{Name of Management Representative, Job Title}

{Company}

{Address}

{City, State, Zip Code}

Dear {Name of Management Representative}:

Michigan law requires that you report incidents of occupational diseases to the Michigan Department of Labor and Economic Opportunity.

Specifically, Section 5611 of the Public Health Code, 1978 P.A. 368, 333.1101 *et seq.*, requires that physicians, hospitals, clinics, and employers report every case of occupational disease and every health condition aggravated by workplace exposures. These reports must be filed within ten days after discovery of the occupational disease or condition on forms provided by the department to the following address: Michigan Occupational Safety and Health Administration (MIOSHA), Technical Services Division (TSD), 530 W. Allegan Street, P.O. Box 30643, Lansing, Michigan 48909-8143.

On {Date of Inspection}, MIOSHA inspected your establishment to determine if you had met the reporting requirements. Based on the information you provided us, you have not treated any patient with occupational disease in at least the previous one year, and your staff {is/is not} aware of the occupational diseases reporting requirements as stipulated in Part 56, Section 5611 of Michigan Public Health Code. If your establishment does treat any patient with occupational diseases in the future, you must comply with said occupational diseases reporting requirements.

Thank you for your cooperation. Your reporting of occupational diseases to the State is an important link in protecting the health of Michigan workers.

Sincerely,

{Signature}

{CSHO Name, Job Title}

{Division, MIOSHA}

cc: Division Director