

<b>Safety Policy &amp; Procedure Manual</b>		Section:	Date: 11-4-2015
		Revision:	
Subject: <b>OSHA – Injury/Illness Recordkeeping Program</b>			

**BASIS**

Records provide employers and OSHA with statistical data to enable safety programs to determine where emphasis should be placed in order to mitigate or eliminate injuries or accidents in the future. The OSHA Recordkeeping Standard establishes uniform requirements to make sure that the illnesses and injuries sustained in U.S. workplaces are evaluated, and that this information is properly collected, compiled, retained, analyzed, and transmitted to all affected workers and to OSHA.

**GENERAL**

**Light Tower Rentals, Inc.** fully understands that companies with eleven (11) or more employees at any time during the calendar year must comply with the provisions of 29 CFR 1904. This standard practice instruction provides for recordkeeping and reporting requirements covered under 29 CFR 1904 as necessary or appropriate for developing information regarding the causes and prevention of occupational accidents and illnesses, and for maintaining a program of collection, compilation, and analysis of occupational safety and health statistics both for this company and as part of the national system for analysis of occupational safety and health.

**RESPONSIBILITY**

The **Safety Manager** is solely responsible for all facets of this program and has full authority to make necessary decisions to ensure success of the program. The **Safety Manager** will develop written detailed instructions covering each of the basic elements in this program, and is the sole person authorized to amend these instructions.

**WRITTEN PROGRAM**

**Light Tower Rentals, Inc.** will develop and maintain a written OSHA Recordkeeping program. **Light Tower Rentals, Inc.** will review and evaluate this standard practice instruction on an annual basis, or when changes occur to 29 CFR 1904, that prompt revision of this document, or when facility operational changes occur that require a revision of this document. Effective implementation of this program requires support from all levels of management within this company. This written program will be communicated where required, to all personnel that are affected by it. It encompasses the total workplace, regardless of number of workers employed or the number of work shifts. It is designed to establish clear goals, and objectives.

**GENERAL RECORDKEEPING REQUIREMENTS**

This employer fully understands that companies with eleven (11) or more employees at any time during the calendar year immediately preceding the current calendar year must comply with the provisions of

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29 CFR 1904. This section provides for recordkeeping and reporting by **Light Tower Rentals, Inc.** covered under 29 CFR 1904 as necessary or appropriate for developing information regarding the causes and prevention of occupational accidents and illnesses, and for maintaining a program of collection, compilation, and analysis of occupational safety and health statistics both for this company and as part of the national system for analysis of occupational safety and health. Records shall be established on a calendar year basis.

- A. This employer will report under 29 CFR 1904.39 concerning fatalities or multiple hospitalization accidents.
- B. This employer will maintain a log of occupational injuries and illnesses under 29 CFR 1904 as required by the standard.

**LOG AND SUMMARY OF OCCUPATIONAL INJURIES AND ILLNESSES (OSHA 300)**

The log will be used for classifying occupational injuries and illnesses, and for noting the extent of each case. The log shows when the occupational injury or illness occurred, to whom, the regular job of the injured or ill person at the time of the injury or illness exposure, the department in which the person was employed, the kind of injury or illness, how much time was lost, whether the case resulted in a fatality, *etc.* This employer shall:

- A. Maintain a log and summary of all recordable occupational injuries and illnesses by calendar year.
  - 1. The form will be updated to include newly discovered cases and to reflect changes which occur in recorded cases after the end of the calendar year. Although all OSHA injury and illness records will be retained, only the log must be updated by this employer. If during the 5-year retention period, there is a change in the extent or outcome of an injury or illness which affects an entry on a previous year's log, then the first entry will be lined out and a corrected entry made on that log. New entries for previously unrecorded cases that are discovered will also be documented. Log totals will also be modified to reflect these changes.
- B. Enter each recordable injury and illness on the log and summary as early as practicable but no later than 7 days after receiving information that a recordable injury or illness has occurred. For this purpose OSHA Form No. 300 or an equivalent which is as readable and comprehensible to a person not familiar with it will be used. Computerized versions are acceptable so long as they contain the same information as the OSHA version.

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- C. If this employer elects to maintain the log of occupational injuries and illnesses at a place other than this establishment or by means of data-processing equipment, or both, it will meet the following criteria:
1. There will be available at the place where the log is maintained sufficient information to complete the log to a date within 7 working days after receiving information that a recordable case has occurred.
  2. At each facility belonging to this company, there will be available a copy of the log which reflects separately the injury and illness experience of that establishment.
- D. Circumstances when an employee's name should be omitted from the OSHA Form 300. The words "privacy case" will be inserted instead of the person's name.
1. Injury or illness to an intimate part of the body.
  2. Injury or illness resulting from a sexual assault.
  3. A mental illness.
  4. A case of HIV infection, hepatitis, or tuberculosis.
  5. A needlestick or "sharps" cut from potentially contaminated blood.
  6. Other illness where the employee requests omissions of their name.

### **ILLNESS AND INJURY REPORT (OSHA 301)**

In addition to the log of occupational injuries and illnesses (OSHA 300) this employer shall maintain the OSHA 301 (illness and injury report). The record shall be completed in the detail prescribed in the accompanying instructions provided by the Occupational Safety and Health Administration. Computerized versions are acceptable so long as they contain the same information as the OSHA version.

- A. Fatality Report or In-Patient Hospitalization. The Safety Manager will be responsible for filing a report to OSHA within twenty-four (24) hours after the in-patient hospitalization of one or more employees or an employee's amputation or an employee's loss of an eye, as a result of a work-related incident. The Safety Manager will be responsible for filing a report to OSHA within eight (8) hours after the death of any employee as a result of a work-related incident. You must report the fatality, inpatient hospitalization, amputation, or loss of an eye using one of the following methods:
1. By telephone or in person to the OSHA Area Office that is nearest to the site of the incident.

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2. By telephone to the OSHA toll-free central telephone number, 1-800-321-OSHA (1-800-321-6742).
3. By electronic submission using the reporting application located on OSHA's public Web site at [www.osha.gov](http://www.osha.gov).

The Safety Manager will need to give *OSHA* the following information for each fatality, in-patient hospitalization, amputation, or loss of an eye:

1. The establishment name;
2. The location of the incident;
3. The time of the incident;
4. The number of fatalities or hospitalized employees;
5. The names of any injured employees;
6. Contact person and his or her phone number; and
7. A brief description of the incident.

#### **SUMMARY OF ILLNESSES AND INJURIES (OSHA 300A)**

This employer shall post an annual summary of occupational injuries and illnesses for each facility under our control on February 1<sup>st</sup> for 3 months (Feb. 1 - April 30). The summary shall contain information from the previous year. This summary shall consist of a copy of the year's totals from the form OSHA No. 300 and the following information from that form:

- A. Calendar year covered.
- B. Company Name and establishment address.
- C. Certification signature, title, and date by a company executive.
- D. A form OSHA No. 300A shall be used in presenting the summary. If no injuries or illnesses occurred in the year, zeros will be entered on the totals line, and the form posted.
- E. This employer shall post a copy of the establishment's summary in each facility in the manner required under 29 CFR 1904 and 1903. The summary shall be completed in the detail prescribed in the accompanying instructions provided by the Occupational Safety and Health Administration. Computerized versions are acceptable so long as they contain the same information as the OSHA version.

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### **RECORDS RETENTION**

Records maintained by this company will be retained for the following time periods following the end of the year to which they relate.

- A. Log occupational injuries and illnesses (OSHA 300 or equivalent) as described in 29 CFR 1904.2. Retained for 5 years.
- B. Supplementary records (OSHA 301 or equivalent) for each occupational injury or illness for this facility as described in 29 CFR 1904.4. Retained for 5 years.
- C. Employee exposure and medical records for company employees as described in 29 CFR 1910.1020. Retained for 30 years.
- D. Noise exposure measurement records as described in 29 CFR 1910.95. Retained for 25 years.
- E. Audiometric test records as described in 29 CFR 1910.95. Retained for the duration of the affected employee's employment.

### **ACCESS TO RECORDS**

This employer shall provide, upon request, records provided for in 29 CFR 1904, for inspection and copying by any representative of the Secretary of Labor for the purpose of carrying out the provisions of the OSHA act, and by representatives of the Secretary of Health, Education, and Welfare, or by any representative of a State accorded jurisdiction for occupational safety and health inspections or for statistical compilation.

### **CHANGE OF OWNERSHIP**

Should this company change ownership, the company shall notify the buyers of the requirement to preserve those records, if any, of the prior ownership which are required to be kept.

### **PETITIONS FOR RECORDKEEPING EXCEPTIONS**

Should this company wish to maintain records in a manner different from that required, the company will submit a petition containing the information specified by the Regional Commissioner of the Bureau of Labor Statistics.

### **EMPLOYEES NOT IN FIXED ESTABLISHMENTS**

On site records requirements for company employees engaged in physically dispersed operations who do not report to any fixed company establishment, but are subject to common supervision will be satisfied by:

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- A. Transmitting a copy of the records to the worksite upon request.
- B. Transmitting a copy to the requesting government office upon request.
- C. Providing copies in accordance with 29 CFR 1904.

### **STATISTICAL PROGRAM**

This employer will comply with all requirements to maintain, provide, and use statistical summaries. Upon receipt of an Occupational Injuries and Illnesses Survey Form, this employer shall promptly complete the form in accordance with the instructions contained therein, and return it in accordance with the instructions.

### **RECORDABILITY AND CLASSIFICATION**

- A. Case analysis. The following decision logic will be followed:
  - 1. Determine whether a case occurred (death, injury, illness).
  - 2. Establish that the case was work related.
  - 3. Work related means: Cases resulting from an event or exposure in the work environment. An event or exposure in the work environment either caused or contributed to the resulting condition or; an event or exposure in the work environment significantly aggravated a pre-existing injury or illness. In addition to the physical location, equipment or materials used in the course of an employee's work are also considered part of the employee's work environment.
- B. Establishing that the case was not work related.
  - 1. The case will be considered not work related when an employee is off duty on our premises as a member of the general public and not as an employee.
  - 2. The case will be considered not work related when an employee has symptoms that merely surface on company premises, but are the result of a non-work related event or exposure off the premises.

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C. Determining if the case is an illness or injury.

1. Illness cases. Illnesses usually result from a long term exposure or cases where the illness does not develop as the result of an instantaneous event. This concept of illness includes acute illnesses which result from exposures of relatively short duration.
2. Injury cases. Injuries are only required to be recorded when they require medical attention (other than first aid). Injuries are usually caused by instantaneous events in the work environment. Cases resulting from anything other than instantaneous events are considered illnesses. This concept of illness includes acute illnesses which result from exposures of relatively short duration.

D. Recordable case. If the case is an injury, decide if it is recordable. The following criteria will be used as a basis for recordable cases. Injuries or illnesses resulting in, or requiring:

1. Death
2. Has a loss of consciousness,
3. Days away from work,
4. Restricted work activity,
5. Job transfer,
6. Medical treatment other than first aid,
7. Related injury or illness that is diagnosed by a physician or other licensed health care professional,
8. Work-related case involving cancer,
9. Chronic irreversible disease,
10. Fractured or cracked bone,
11. Punctured eardrum,
12. Any needlestick injury or cut from a sharp object that is contaminated with another person's blood or other potentially infectious material.
13. Tuberculosis infection as evidenced by a positive skin test or diagnosis by a physician or other licensed health care professional after exposure to a known case of active tuberculosis.
14. Any case requiring an employee to be medically removed under the requirements of an OSHA health standard.
15. Medical treatment includes managing and caring for a patient for the purpose of combating disease or disorder.
16. Any other condition required under 29 CFR 1904.

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- E. Illness case. Generally, occupationally induced illness should be recorded as a separate entry on the OSHA 300 (or equivalent) log. However, certain illnesses, such as silicosis, may have prolonged effects which recur over time. The recurrence of these symptoms will not be recorded as new cases on the OSHA forms. The recurrence of symptoms of previous illness may require adjustments of entries on the log for previously recorded illnesses to reflect possible change in the extent or outcome of the particular case. Where it is unclear where an entry should be made, the **Safety Manager** will be contacted to offer advice for proper annotation.
1. Cases not resulting in death or lost workdays. These cases consist of the relatively less serious injuries and illnesses which satisfy the criteria for recordable cases, but which do not result in death or require the affected employee to have days away from work or days of restricted work activity beyond the date of injury or onset of illness.

#### **ANNUAL OSHA INJURY AND ILLNESS SURVEYS**

OSHA has the authority to collect establishment-specific data on different work places. These surveys require employers to report information to OSHA that is contained in records that employers are required to create and maintain pursuant to 29 CFR 1904, and the number of workers they employed and hours their employees worked during designated periods.

- A. This employer will, upon receipt of OSHA's Annual Survey Form, report to OSHA or OSHA's designee the number of workers we employed and number of hours worked by the employees for periods designated in the survey form and such information as OSHA may request from records pursuant to 29 CFR part 1904.
- B. Survey reports will be sent to OSHA by mail or other means described in the Survey Form within the time stated in the Survey Form.



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Appendix A – OSHA 300 (Sample Only)

OSHA's Form 300
Year 20
U.S. Department of Labor
Occupational Safety and Health Administration

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.

You must record information about every work-related death and 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 Part 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.

Table with columns: (A) Case no., (B) Employee's name, (C) Job title, (D) Date of injury or onset of illness, (E) Where the event occurred, (F) Describe injury or illness, (G) Death, (H) Days away from work, (I) Job transfer or restriction, (J) Other recordable cases, (K) On job transfer from work or restriction, (L) Injury, (M) Check the "injury" column or choose one type of illness.

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search existing data sources, 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 aspect of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3041, 300 Constitution Avenue, N.W., Washington, DC 20210. Do not send the completed forms to this office.

Page totals

Be sure to transfer these totals to the Summary page (Form 3004) before you post it.

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Appendix B – OSHA 301 (Sample Only)



Form approved OMB no. 12184-175

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.

OSHA's Form 301 Injury and Illness Incident Report

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 OSHA 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 91-586 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by \_\_\_\_\_ Title \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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 physician or other health care professional

6) Name of physician or other health care professional \_\_\_\_\_ 7) If treatment was given away from the worksite, where was it given? Facility \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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 \_\_\_\_/\_\_\_\_/\_\_\_\_ AM / PM 12) Time employee began work \_\_\_\_\_ AM / PM  Check if time cannot be determined 13) Time of event \_\_\_\_\_ 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. Example: "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 \_\_\_\_/\_\_\_\_/\_\_\_\_

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, gathering existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Please send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Washington, DC 20503. Do not send the completed forms to this office.

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Appendix C – OSHA 300A (Sample Only)

OSHA's Form 300A

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".

Employers, former employers, 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 1901.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Table with 3 columns: Total number of deaths, Total number of cases with job transfer or restriction, Total number of other recordable cases. Includes sub-totals (G), (H), (I), (J).

Number of Days

Table with 2 columns: Total number of days of job transfer or restriction, Total number of days away from work. Includes sub-totals (K), (L).

Injury and Illness Types

Table with 2 columns: Total number of... (M) and list of injury types: (1) Injuries, (2) Musculoskeletal disorders, (3) Skin disorders, (4) Respiratory conditions, (5) Poisonings, (6) Hearing loss cases, (7) 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 30 minutes per response, including time to review the instructions 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 controlled OMB approval number. If you have any comments about this estimate or any other aspect of this data collection, contact US Department of Labor, OSHA, Office of Statistics, Room N-3600, Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment Information form including fields for: Your establishment name, Street, City, State, ZIP, Industry description, Standard Industrial Classification (SIC), Employment Information, Annual average number of employees, Total hours worked, Sign here, and Company contact info.

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**OSHA RECORDKEEPING PROGRAM**

**EMPLOYEE ACKNOWLEDGMENT**

*ACEPTAMIENTO DEL EMPLEADO*

**Light Tower Rentals, Inc.**

By my signature below, I acknowledge that I have received and will read the **OSHA Recordkeeping Program** and have been given the opportunity to ask questions, and have received clarification, and understand the contents.

*Con mi firma abajo, yo acepto que he recibido y leire el **OSHA Recordkeeping Program** y he tenido la oportunidad de hacer preguntas, y he recibido clarificación y entiendo los contenidos.*

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Date

*Fecha*

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Employee Signature

*Firma del Empleado*

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Print Name

*Nombre en letra de molde*