



Department of Defense

Voluntary Protection Programs Center of Excellence



**Occupational Safety and Health  
Administration (OSHA) Recordkeeping  
and North American Industry  
Classification System (NAICS)  
Determination**





# Importance of Recordkeeping



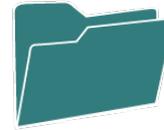
- Trend Analysis for the site
- Outreach/intervention by OSHA
- Assists BLS
  - Generates statistics on Injury/Illness
- VPP application requirement.



# OSHA Injury and Illness Recordkeeping



## 5 Step Process



Step 1

Did the employee experience an injury or illness?

Step 2

Is the injury or illness work-related?

Step 3

Is the injury or illness a new case?

Step 4

Does the injury or illness meet the general criteria or the application to specific cases?

Step 5

Record the injury or illness.

## Key References:

- 29 CFR 1904
- OSHA Recordkeeping Handbook
- Both available from [www.osha.gov](http://www.osha.gov)



# Identifying Work Related Incidents



- Work-relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the workplace, unless the case fits one of the exceptions allowed by the paragraph 1904.5 of the standard.
- If an event or exposure in the work environment significantly aggravates a pre-existing condition, it is also considered work-related.
- OSHA Recordkeeping and Workers' Compensation rules are **NOT** identical. Not all compensable cases are recordable.





# Recordable Incidents

- Recordable work-related injuries and illnesses are:
  - Death
  - Days away from work
  - Restricted work or transfer to another job
  - Medical treatment beyond first aid
  - Loss of consciousness
  - Standard Threshold Shift in hearing in one or both ears
  - Musculoskeletal disorders that require medical treatment
  - Diagnosis of a significant injury/illness by a physician or other licensed health care professional.



# Non-Recordable Incidents



- The following are not considered recordable:
  - Visits to the doctor or health care professional for observation or counseling only
  - Diagnostic procedures
  - Colds, flu, and blood donations
  - First aid:
    - OSHA has published an inclusive list of first aid measures
    - If a procedure is not on the list, it is considered “medical treatment.”



# First Aid



- First Aid consists of the following:
  - Using a non-prescription medication at nonprescription strength
  - Administering tetanus immunizations
  - Cleaning, flushing or soaking wounds on the surface of the skin
  - Using wound coverings such as bandages, gauze pads, or butterfly bandages
  - Using hot or cold therapy.



# First Aid



- Other injuries considered First Aid are:
  - Using any non-rigid means of support, such as:
    - Elastic bandages
    - Wraps
    - Non-rigid back belts, etc.
  - Using temporary immobilization devices while transporting an accident victim
  - Drilling of a fingernail or toenail to relieve pressure
  - Draining fluid from a blister.



# First Aid



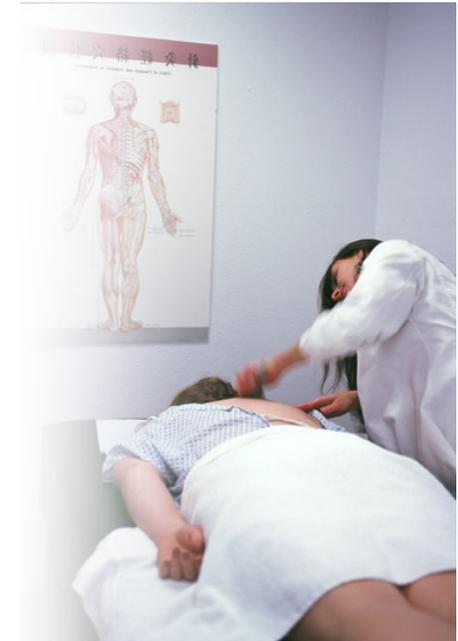
- Also:
  - Using eye patches
  - Removing foreign bodies from the eye using only irrigation or a cotton swab
  - Removing splinters or foreign materials from areas other than the eye by:
    - Irrigation
    - Tweezers
    - Cotton swabs
    - Other simple means.



# First Aid



- Finally:
  - Using finger guards
  - Using massages
  - Drinking fluids for relief of heat stress.





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Forms

# OSHA Forms



- OSHA Form 300, *Log of Work-Related Injuries and Illnesses*

OSHA's Form 300 (Rev. 10/2006)  
**Log of Work-Related Injuries and Illnesses**

**Attention:** This form contains information regarding 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 by OSHA and other authorized agencies.

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Identify the person	Describe the case	Classify the case	Days lost or job transfer		Days lost or job transfer	Days lost or job transfer	Days lost or job transfer	Days lost or job transfer	Days lost or job transfer	Days lost or job transfer	Days lost or job transfer	Days lost or job transfer	Days lost or job transfer	Days lost or job transfer					
			Number of days lost or job transfer	Number of days lost or job transfer															
1. Employee name	2. Date of injury or illness	3. Injury or illness description	4. Total number of days lost or job transfer	5. Total number of days lost or job transfer	6. Total number of days lost or job transfer	7. Total number of days lost or job transfer	8. Total number of days lost or job transfer	9. Total number of days lost or job transfer	10. Total number of days lost or job transfer	11. Total number of days lost or job transfer	12. Total number of days lost or job transfer	13. Total number of days lost or job transfer	14. Total number of days lost or job transfer	15. Total number of days lost or job transfer	16. Total number of days lost or job transfer	17. Total number of days lost or job transfer	18. Total number of days lost or job transfer	19. Total number of days lost or job transfer	20. Total number of days lost or job transfer

- OSHA Form 300A, *Summary of Work-Related Injuries and Illnesses*

OSHA's Form 300A (Rev. 10/2006)  
**Injury and Illness Incident Report**

**Attention:** This form contains information regarding 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 by OSHA and other authorized agencies.

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**Information about the employee**

1. Full name \_\_\_\_\_  
2. Date \_\_\_\_\_  
3. Job title \_\_\_\_\_  
4. Location \_\_\_\_\_  
5. Supervisor \_\_\_\_\_

**Information about the case**

6. Date of incident \_\_\_\_\_  
7. Time of incident \_\_\_\_\_  
8. Description of incident \_\_\_\_\_  
9. How the incident occurred \_\_\_\_\_  
10. How the injury or illness occurred \_\_\_\_\_  
11. How the injury or illness was treated \_\_\_\_\_  
12. How the injury or illness was resolved \_\_\_\_\_  
13. How the injury or illness was prevented \_\_\_\_\_

**Information about the physician or other health care professional**

14. Name of physician or other health care professional \_\_\_\_\_  
15. Address \_\_\_\_\_  
16. City \_\_\_\_\_  
17. State \_\_\_\_\_  
18. Zip \_\_\_\_\_

**Other information**

19. How the injury or illness was reported \_\_\_\_\_  
20. How the injury or illness was investigated \_\_\_\_\_  
21. How the injury or illness was prevented \_\_\_\_\_

- OSHA Form 301, *Injury and Illness Incident Report*

OSHA's Form 300A (Rev. 10/2006)  
**Summary of Work-Related Injuries and Illnesses**

**Attention:** This form contains information regarding 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 by OSHA and other authorized agencies.

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**Establishment Information**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip \_\_\_\_\_

**Number of Cases**

Number of cases	Total number of cases with job transfer or restriction	Total number of cases with job transfer or restriction	Total number of cases with job transfer or restriction
1. Total number of cases	2. Total number of cases with job transfer or restriction	3. Total number of cases with job transfer or restriction	4. Total number of cases with job transfer or restriction

**Number of Days**

Number of days	Total number of days lost or job transfer	Total number of days lost or job transfer	Total number of days lost or job transfer
1. Total number of days lost or job transfer	2. Total number of days lost or job transfer	3. Total number of days lost or job transfer	4. Total number of days lost or job transfer

**Injury and Illness Types**

Injury and Illness Types	Percentage	Percentage	Percentage
1. Injury	2. Percentage	3. Percentage	4. Percentage
5. Non-injury	6. Percentage	7. Percentage	8. Percentage
9. Respiratory condition	10. Percentage	11. Percentage	12. Percentage

**Employment Information**

13. How the injury or illness was reported \_\_\_\_\_  
14. How the injury or illness was investigated \_\_\_\_\_  
15. How the injury or illness was prevented \_\_\_\_\_

**Signatures**

16. Signature of employer \_\_\_\_\_  
17. Signature of employee \_\_\_\_\_



# OSHA Form 301



U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

## OSHA's Form 301 Injury and Illness Incident Report

**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.

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 91-596 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 \_\_\_\_\_

- 8) Was employee treated in an emergency room?  
 Yes  
 No  
9) Was employee hospitalized overnight as an in-patient?  
 Yes  
 No

### 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

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 aspect of this data collection, including suggestions for reducing this burden, contact: US Department of Labor, OSHA Office of Statistics, Room N-3514, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.



# Mishap/Injury Reports



January 14, 2009, a warehouse worker was working in receiving opening boxes with a pocket knife. She cut the palm of her left hand which required five stitches, and ibuprofen at 800MG. She was released to return to work where she was assigned light duty for 5 days.

April 1, 2009, an office administrator slipped on frayed carpet frayed carpet at the threshold to her office and bruised her hip. She reported to the clinic and was given a prescription for pain and returned to work the next day.

July 20, 2009, a fuel truck operator reported to his supervisor that he had developed a rash on both forearms. Employee reported to base clinic and was diagnosed with dermatitis that was attributed to handling fuels and lubricants. Employee was transferred to a non-fuel related job for two weeks and was given over the counter skin cream.

October 16, 2009, an airplane mechanic smashed left thumb while removing an engine from an aircraft. Employee reported to the base clinic where an x-ray revealed a broken finger causing him to miss 15 days of work.



# Log of Work-Related Injuries and Illnesses

**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.

Year **2009**



U.S. Department of Labor

Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local

Establishment name **Bygolly Airbase**

City **Anywhere** State **USA**

Identify the person      Describe the case      Classify the case

(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:						Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:									
						Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses						
								Job transfer or restriction	Other recordable cases									(G)	(H)	(I)	(J)	(K)	(L)
###	Worker one	Laborer	1/12/09	Warehouse Building 1430	Palm of left hand cut requiring stitches			X				5	X										
###	Worker two	Office Adm	4/1/09	Administration Building 1	Bruised hips, received RX				X				X										
###	Worker three	Driver	7/20/2009	Loading Dock	Dermatitis on both forearms			X				14		X									
###	Worker four	Mechanic	10/16/09	Hanger 3	Fractured left middle finger		X					15	X										
<b>Page totals</b>						<b>0</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>15</b>	<b>19</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington,

Page	1 of 1	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
		(1)	(2)	(3)	(4)	(5)	(6)

# Log of Work-Related Injuries and Illnesses

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

Form approved OMB no. 1218-0170

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.

Establishment name \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_

Identify the person		Describe the case				Classify the case	Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:							
(A) Case no.	(B) Employee's name	(C) Job title <i>(e.g., Welder)</i>	(D) Date of injury or onset of illness	(E) Where the event occurred <i>(e.g., Loading dock north end)</i>	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill <i>(e.g., Second degree burns on right forearm from acetylene torch)</i>	CHECK ONLY ONE box for each case based on the most serious outcome for that case:										
						Remained at Work			Away from work	On job transfer or restriction						
						Death (G)	Days away from work or restriction (H)	Other recordable cases (J)	(K)	(L)	Injury (1)	Skid/slide (2)	Respiratory condition (3)	Prosthetic (4)	Hearing loss (5)	All other illnesses (6)
			record/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ days	___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			record/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ days	___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			record/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ days	___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			record/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ days							



# Summary of Work-Related Injuries and Illnesses

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

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

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

## Number of Cases

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

TCIR

DART

## Number of Days

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

## Injury and Illness Types

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

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

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspect of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3044, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

### Establishment information

Your establishment name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Industry description (e.g., *Manufacture of motor truck trailers*) \_\_\_\_\_

Standard Industrial Classification (SIC), if known (e.g., 3715) \_\_\_\_\_

OR

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

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

Annual average number of employees \_\_\_\_\_

Total hours worked by all employees last year \_\_\_\_\_

### Sign here

Knowingly falsifying this document may result in a fine.

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

\_\_\_\_\_  
Company name Title

\_\_\_\_\_  
Phone Date



# Summary of Work-Related Injuries and Illnesses

Department of Labor

Occupational Safety and Health Administration

Form approved OMB no. 1218-0175

All establishments covered by Part 1904 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

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 for its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further detail on the access provisions for these forms.

## Number of Cases

Total number of deaths	Total number of cases with days away	Total number of cases with job transfer or restriction	Total number of other recordable
0	1	2	1
(G)	(H)	(I)	(J)

## Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
15	19
(K)	(L)

## Injury and Illness Types

Total number of... (M)	(1) Injury	(2) Skin Disorder	(3) Respiratory Condition	(4) Poisoning	(5) Hearing Loss	(6) All Other Illnesses
	3	1	0	0	0	0

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

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about this estimator or any aspect of this data collection, contact: US Department of Labor, OSHA Office of

## Establishment information

Your establishment name ByGally Airbars

Street 1234 Safeplace Lane

City Anywhere State USA Zip \_\_\_\_\_

Industry description (e.g., Manufacture of motor truck trailers)  
DaDruppertto warfighters

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)  
\_\_\_\_

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

## Employment information

Annual average number of employees 1600

Total hours worked by all employees last year 3,040,000

Sign here **Mr. BigWig**

**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





# Calculation for TCIR



- 3-Year TCIR Calculation:**  
 add the number to calculate 3-year TCIR of all recordable injuries and illnesses for the past 3 years [combined total of columns H, I, and J from the OSHA 300 log] and divide by total hours worked for those years, then multiply the result by 200,000.

## Remained at Work

Days Away From Work (H)	Job Transfer or Restriction (I)	Other Recordable Cases (J)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





# E-VPP Tool Injury and Illness Rates Entry



- Only Site Coordinators and higher can enter Injury and Illness Rates
- Click the Site tab on the Site Menu

Click the Site  
Tab

Action Plan

Users

Site

Metrics

- » Manage Action Plan
- » **View by Assignment** [ Completed (89) | Assigned (0) | Not Assigned (154) ]
- » **View All** [ Files (0) | Links (0) ]
- » Sort & Filter Action Plan
- » Search Action Plan



# E-VPP Tool Injury and Illness Rates Ent



Click the Manage Yearly Site Injury & Illness Rates

Action Plan

Users

Site

Metrics

- » View/Edit Site Information
- » Manage Yearly Site Injury & Illness Rates
- » Mock Audit Results
- » Manage Site Notes
- » Manage Consultant Notes (action-specific)
- » Deactivate Site



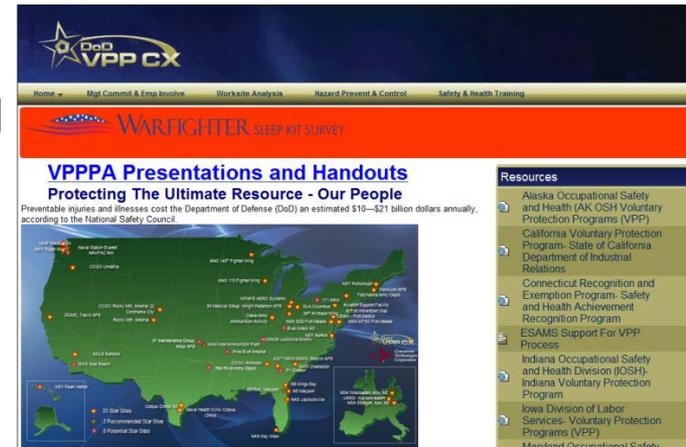




# For More Help



- OSHA's Recordkeeping Page  
<http://www.osha.gov/recordkeeping/index.html>
  - OSHA Regional Recordkeeping Coordinators
  - DoD VPP Center of Excellence website <http://vppcx.org>
- ## Safety and Health Training
- Recordkeeping Decision Making Process
  - OSHA Recordkeeping and NAICS Determination
  - Recordkeeping and Reporting Occupational Injuries and Illnesses





Department of Defense

Voluntary Protection Programs Center of Excellence



**NAICS Determination**

# VPP Requirements for NAICS Codes



- There are two main VPP application requirements in regards to the NAICS Code:
  - A VPP application requires a NAICS Code identification
  - The site's most recent 3-year combined TCIR and DART rates must be **below at least 1 of the 3** most recent years published BLS rates for the site's NAICS Code



# Primary Activity



- “Primary Activity” is the key to performing a NAICS Code search
- Identify the primary activity by:
  - Reviewing the installation’s primary mission, i.e., the reason the installation was built or the service provided to tenant activities
  - Determining the activity that utilizes the most employees
  - Determining the activity that generates the most revenue.



# NAICS Code Search Example



## 336411 Aircraft Manufacturing

This U.S. industry comprises establishments primarily engaged in one or more of the following: (1) manufacturing or assembling complete aircraft; (2) developing and making aircraft prototypes; (3) aircraft conversion (i.e., major modifications to systems); and (4) complete aircraft overhaul and rebuilding (i.e., periodic restoration of aircraft to original design specifications).

### Cross-References.

- Establishments primarily engaged in manufacturing guided missiles and space vehicles are classified in U.S. [Industry 336414](#), Guided Missile and Space Vehicle Manufacturing;
- Establishments primarily engaged in the repair of aircraft (except overhauling, conversion, and rebuilding) are classified in [Industry 488190](#), Other Support Activities for Air Transportation; and
- Research and development establishments primarily engaged in aircraft R&D (except prototype production) are classified in [Industry 541710](#), Research and Development in the Physical, Engineering, and Life Sciences.

Go to: [No change 1997 to 2002](#)    [2002 NAICS to 1987 SIC](#)    [1997 Economic Census](#)    [Bridge Between 1997 NAICS and SIC](#)

2002 NAICS	1997 NAICS	1987 SIC	Corresponding Index Entries
336411	336411	3721	Aircraft conversions (i.e., major modifications to system)
336411	336411	3721	Aircraft manufacturing
336411	336411	3721	Aircraft overhauling
336411	336411	3721	Aircraft rebuilding (i.e., restoration to original design specifications)
336411	336411	3721	Autogiros manufacturing
336411	336411	3721	Blimps (i.e., aircraft) manufacturing



# 2006 BLS Incidence Rate for Occupational Injuries/Illnesses



TABLE 1. Incidence rates<sup>1</sup> of nonfatal occupational injuries and illnesses by industry and case types, 2006 — Continued

Industry <sup>2</sup>	NAICS code <sup>3</sup>	2006 Annual average employment <sup>4</sup> (thousands)	Total recordable cases <b>TCIR</b>	Cases with days away from work, job transfer, or restriction			Other recordable cases
				<b>DART</b>	Cases with days away from work <sup>5</sup>	Cases with job transfer or restriction	
Motor vehicle seating and interior trim manufacturing .....	33636	61.8	8.4	5.4	1.5	3.9	3.1
Motor vehicle metal stamping .....	33637	95.9	9.5	4.9	1.8	3.0	4.6
Other motor vehicle parts manufacturing .....	33639	168.4	7.4	4.4	1.4	3.0	3.0
Motor vehicle air-conditioning manufacturing .....	336391	11.7	5.5	3.2	1.4	1.8	2.3
All other motor vehicle parts manufacturing .....	336399	156.8	7.5	4.5	1.4	3.1	3.0
Aerospace product and parts manufacturing .....	3364	467.3	4.2	2.2	.9	1.3	2.0
Aerospace product and parts manufacturing .....	33641	467.3	4.2	2.2	.9	1.3	2.0
Aircraft manufacturing .....	336411	219.0	4.4	2.6	1.0	1.5	1.9
Aircraft engine and engine parts manufacturing .....	336412	83.4	8.7	4.7	.9	.9	2.0
Other aircraft parts and auxiliary equipment manufacturing .....	336413	90.2	6.3	2.9	1.2	1.7	3.3
Guided missile and space vehicle manufacturing .....	336414	53.7	1.2	.6	.3	.4	.6
Guided missile and space vehicle propulsion unit and propulsion unit parts manufacturing .....	336415	13.6	2.0	1.1	.5	.7	.9



# Example Comparison of TCIR and DART



## Aircraft Manufacturing – NAICS 336411

Year	Site Rate	Site Rate	BLS Data	BLS Rate	BLS Rate
	TCIR	DART	Year	TCIR	DART
2004	5.5	2.4	2004 	4.8	2.7
2005	5.1	2.9	2005 	4.4	2.6
2006	4.3	2.2	2006 	4.4	2.6
3-Year Combined	<b>4.7</b>	<b>2.6</b>			



# Discussions with OSHA VPP Office



- Sites should initiate discussions concerning the appropriate NAICS Code with their Regional or Area OSHA VPP office early in the VPP preparation process.





# References



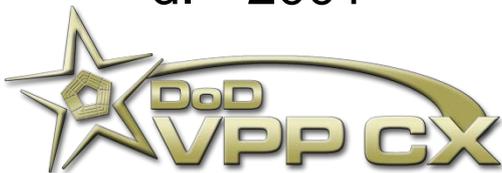
- Occupational Injury and Illness Recording and Reporting Requirements – Federal Register #66:5916-6135  
[http://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_id=16312&p\\_table=FEDERAL\\_REGISTER](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=16312&p_table=FEDERAL_REGISTER)
- OSHA Forms for Recording Work-Related Injuries and Illnesses  
<http://www.osha.gov/recordkeeping/new-osh300form1-1-04.xls>
- Bureau of Labor Statistics  
<http://www.bls.gov/iif/oshsum.htm>  
OSHA Recordkeeping Handbook  
[http://www.osha.gov/Publications/recordkeeping/OSHA\\_3245\\_REVISED.pdf#search=%22OSHA%203245-09R%202005%22](http://www.osha.gov/Publications/recordkeeping/OSHA_3245_REVISED.pdf#search=%22OSHA%203245-09R%202005%22)



# Knowledge Check



1. While some OSHA standards impose their own special recordkeeping requirements, the two key OSHA references for overall injury/illness recordkeeping requirements are:
  - a. 29 CFR 1904
  - b. 29 CFR 1910
  - c. 29 CFR 1925
  - d. OSHA Recordkeeping Handbook
  
2. Federal agencies have been required to maintain OSHA 300 logs since:
  - a. 1982
  - b. 1971
  - c. 2005
  - d. 2001



# Knowledge Check



3. If an employee sustains an injury, and then returns to normal duties after receiving “first aid” treatment provided by base clinic personnel, the injury is not required to be recorded on the OSHA 300 log.
  - a. True
  - b. False
  - c. It depends on the specific type of first aid treatment provided
  
4. For any given set of injury/illness cases recorded on a site’s OSHA 300 log, the site’s TCIR may be greater than its DART, but the DART can never be greater than the TCIR. higher
  - a. True
  - b. False



# Knowledge Check



5. Under Workers Compensation Program rules, employees may only receive compensation for OSHA recordable injuries and illnesses.
  - a. True
  - b. False
  
6. A tenant command on a military installation is pursuing VPP recognition, but the installation as a whole is not. For purposes of applying to OSHA for VPP recognition, the tenant should select its NAICS code based on.
  - a. The primary mission of the installation
  - b. The primary mission of the tenant
  - c. The combined mission of the installation and the tenant
  - d. Neither – military commands always use NAICS 928110 (National Security)

