Figure 2-2

Recordkeeping Violation Documentation Worksheet (blank)

OPTIONAL

RECORDKEEPING VIOLATION DOCUMENTATION WORKSHEET

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(This Form Effective - January 1, 2002)

1. UNIQUE CASE NUMBER: _____
(Designate a number that will stay the same at all times. Example: OSHA-98-1, where OSHA means it was discovered by us, 98 is the year, and the numbers will be in sequence.)

2. DATE OF INJURY/ILLNESS: _____

3. WAS CASE RECORDED ON LOG? (Please check one)
[ ] Yes (If yes, enter log case number here _____; continue to **Table 1** then to **Table 2**)
[ ] No (If no, then continue to **Table 2**)

Table 1. If yes, copy information from columns **G** through **M** of the employer's 300 log entry.

G	H	I	J	K	L

Table 2. If recorded incorrectly in Table 1, or not recorded at all, correctly record here.

G	H	I	J	K	L

4. INJURY/ILLNESS INFORMATION: (From 300 Log, Items 1-5 of Column M)
1) If Injury Check here [ ]
If Illness, Check type: 2) Skin Disorder [ ] 3) Poisonings [ ]
4) Respiratory Condition [ ] 5) All Other Illnesses [ ]

5. WORK RELATIONSHIP: Describe event or exposure including placement of employee on or off premises; OSHA 301 equivalent or company accident report often provides this information. Ex: Cut finger while loading scrap metal at work; Broke arm in auto accident while driving to customer's office, develops dermatitis from cleaning parts with solvent on premises.

6. BASIS FOR RECORDABILITY: (Check all that apply and provide details in comments section below)
☞ Death **(D)** - - - - - - - - - - - - - - - - [ ]
☞ Days away from work **(DA)** - - - [ ]
☞ Loss of consciousness **(LC)** - - - - - [ ]
☞ Restricted work or transfer to another job **(RT)** - - - - - - - - - - [ ]
☞ Medical Treatment beyond First Aid **(MT)** - - - - - - - - - - - [ ]
☞ A significant injury or illness diagnosed by a physician or other health care professional **(SI)** - - - - - - - - - - - - - - - - [ ]
☞ Recordable condition under 1904.8 thru 1904.12 (needlestick, TB, hearing loss, etc.) - - - - - - - - - - - - - - - - - [ ]

7. COMMENTS: (Be specific and show all relevant information) Examples: MT-Naprosyn 440 mg BID (twice a day); DAW-RWT - give dates (9/14/02-9/21/02); SI - Aplastic Anemia from Benzene exposure

8. SUPPORTING DOCUMENTATION OR EVIDENCE: (Check all documentation used for substantiating case recordability)
☞ OSHA 300 Form [ ] ☞ Employee roster (payroll) [ ] ☞ Medical Records/Files [ ]
☞ Nurse/Doctor/Clinic logs [ ] ☞ Insurers' accident reports [ ] ☞ Company Accident Reports [ ]
☞ Absentee Records [ ] ☞ Company First Aid Reports [ ] ☞ Union Records [ ]
☞ Accident and Health Benefit Insurance [ ] ☞ OSHA 301 Form or Workers' Comp. Equivalent [ ]
☞ State Workers' Compensation Form [ ] ☞ Other (Specify) _____ [ ]