Figure 2-3

Recordkeeping Violation Documentation Worksheet (sample)

OPTIONAL

RECORDKEEPING VIOLATION DOCUMENTATION WORKSHEET

(This Form Effective - January 1, 2002)

OPTIONAL

1. UNIQUE CASE NUMBER: __OSHA-O2-1_____
(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: __05/25/02_____

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**)
[X] 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
	X			12	15

4. INJURY/ILLNESS INFORMATION: (From 300 Log, Items 1-5 of Column M)
1) If Injury Check here [X]
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.

Employee was standing on a ladder in the steel mill, welding pipes. A fork lift passed through the area causing a vibration which caused the ladder to shake. The employee fell to the floor fracturing the left arm and left leg.

6. BASIS FOR RECORDABILITY: (Check all that apply and provide details in comments section below)
☞ Death **(D)** - - - - - - - - - - - - - - - [ ]
☞ Days away from work **(DA)** - - - [X]
☞ Loss of consciousness **(LC)** - - - - - [ ]
☞ Restricted work or transfer to another job **(RT)** - - - - - - - - - - [X]
☞ 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 through 9/21/02); SI - Aplastic Anemia from Benzene exposure

Employee was away from work 15 calendar days from 5/26/02 through 6/9/02, and subsequently returned to work on a restricted basis for 12 days from 6/10/02 through 6/21/02. Employee was released to full duty on 6/22/02.

8. SUPPORTING DOCUMENTATION OR EVIDENCE: (Check all documentation used for substantiating case recordability)

☞ OSHA 300 Form	[X]	☞ Employee roster (payroll)	[X]	☞ Medical Records/Files	[X]
☞ Nurse/Doctor/Clinic logs	[X]	☞ Insurers' accident reports	[ ]	☞ Company Accident Reports	[X]
☞ Absentee Records	[ ]	☞ Company First Aid Reports	[ ]	☞ Union Records	[ ]
☞ Accident and Health Benefit Insurance	[ ]	☞ OSHA 301 Form or Workers' Comp. Equivalent			[X]
☞ State Workers' Compensation Form	[ ]	☞ Other (Specify) _____			[ ]