

OSHA Reporting / Recording Priorities Relative to Covid-19

Priority	Case Outcome	Diagnosis	Investigation Outcomes	Action
<u>1</u>	Fatality	Covid-19+ (Confirmed)	Work Related	<ul style="list-style-type: none"> - Identify "Incident Date" – Per OSHA - Date of Positive Test - Calculate days between Positive Test Result and Death - If w/l 30 days – Report the case to OSHA via Telephone or on-line within 8 hours of notification of death - If beyond 30 days – no report necessary – log on OSHA 300
		Covid-19+ (Confirmed)	Not Work Related	<ul style="list-style-type: none"> - Maintain case information. - No OSHA Report warranted. - Case is not recordable.
		Not Covid-19, No confirmation Covid-19, or Unknown		<ul style="list-style-type: none"> - Monitor any changes to incident status or diagnosis.
<u>2</u>	In-Patient Hospitalization	Covid-19+ (Confirmed)	Work Related	<ul style="list-style-type: none"> - Identify "Incident Date" – Per OSHA - Date of Positive Test - Calculate days between Positive Test Result and Hospitalization - If Hospitalization is w/l 24 hours of incident Date - Report case to OSHA via Telephone or on-line within 24 hours of notification of hospitalization - If Hospitalization is beyond 24 hours of incident date – no report necessary – log on OSHA300
		Covid-19+ (Confirmed)	Not Work Related	<ul style="list-style-type: none"> - Maintain case information. - No OSHA Report warranted. - Case is not recordable.
		Not Covid-19, No confirmation Covid-19, or Unknown		<ul style="list-style-type: none"> - Monitor any changes to incident status or diagnosis.
<u>3</u>	Home-based treatment for symptoms consistent with Covid-19	Covid-19+ (Confirmed)	Work Related, Lost Time and/or treatment beyond first aid	<ul style="list-style-type: none"> - OSHA Recordable incident - log the illness on your OSHA 300 form.
		Covid-19+ (Confirmed)	Work Related, No Lost Time and/or No treatment beyond first aid	<ul style="list-style-type: none"> - Not OSHA Recordable - Do Not log the incident on your OSHA 300 form. - Maintain information on the case - - Monitor case for any changes to Lost Time or Treatment status.
		- Not Covid-19, No confirmation Covid-19, or Unknown		<ul style="list-style-type: none"> - Not OSHA Recordable - Do Not log the incident on your OSHA 300 form. - Maintain information on the case - - Monitor case for any changes to Lost Time or Treatment status.

Note¹: This document is meant to guide managers in the process of investigating, OSHA recordkeeping and OSHA reporting of Covid-19 cases. It is meant as a guidance document only. Questions on recordkeeping and reporting should be directed to your regional OSHA office.

Note ²: Employees losing time for quarantine-only (no illness) are not considered OSHA recordable / reportable cases.

Enforcement Memos / Enforcement Guidance for Recording Cases of Coronavirus Disease 2019 (COVID-19)

April 10, 2020

FOR: REGIONAL ADMINISTRATORS
STATE DESIGNEES

THROUGH: AMANDA EDENS
Deputy Assistant Secretary

FROM: LEE ANNE JILLINGS, Acting Director
Directorate of Technical Support and Emergency Management

PATRICK J. KAPUST, Acting Director
Directorate of Enforcement Programs

SUBJECT: Enforcement Guidance for Recording Cases of Coronavirus Disease 2019
(COVID-19)

This memorandum provides interim guidance to Compliance Safety and Health Officers (CSHOs) for enforcing the requirements of 29 CFR Part 1904 with respect to the recording of occupational illnesses, specifically cases of Coronavirus Disease 2019 (COVID-19). This memorandum will take effect immediately and remain in effect until further notice. This guidance is intended to be time-limited to the current public health crisis. Please frequently check OSHA's webpage at www.osha.gov/coronavirus for updates.

Under OSHA's recordkeeping requirements, COVID-19 is a recordable illness, and employers are responsible for recording cases of COVID-19, if: (1) the case is a confirmed case of COVID-19, as defined by Centers for Disease Control and Prevention (CDC);^[1] (2) the case is work-related as defined by 29 CFR § 1904.5;^[2] and (3) the case involves one or more of the general recording criteria set forth in 29 CFR § 1904.7.^[3] On March 11, the World Health Organization (WHO) declared COVID-19 a global pandemic, and the extent of transmission is a rapidly evolving issue.

In areas where there is ongoing community transmission, employers other than those in the healthcare industry, emergency response organizations (e.g., emergency medical, firefighting, and law enforcement services), and correctional institutions may have difficulty making determinations about whether workers who contracted COVID-19 did so due to exposures at work. In light of those difficulties, OSHA is exercising its enforcement discretion in order to provide certainty to the regulated community.

Employers of workers in the healthcare industry, emergency response organizations (e.g., emergency medical, firefighting, and law enforcement services), and correctional institutions must continue to make work-relatedness determinations pursuant to 29 CFR § 1904. Until further notice, however, OSHA will not enforce 29 CFR § 1904 to require other employers to make the same work-relatedness determinations, except where:

1. There is objective evidence that a COVID-19 case may be work-related. This could include, for example, a number of cases developing among workers who work closely together without an alternative explanation; and
2. The evidence was reasonably available to the employer. For purposes of this memorandum, examples of reasonably available evidence include information given to the employer by employees, as well as information that an employer learns regarding its employees' health and safety in the ordinary course of managing its business and employees.

This enforcement policy will help employers focus their response efforts on implementing good hygiene practices in their workplaces, and otherwise mitigating COVID-19's effects, rather than on making difficult work-relatedness decisions in circumstances where there is community transmission.

CSHOs will generally refer to CPL 02-00-135, *Recordkeeping Policies and Procedures Manual* (Dec. 30, 2004) and CPL 02-00-163, *Field Operations Manual (FOM)* (Sept. 13, 2019), Chapters 3 and 6, as applicable.^{[4],[5]} The following additional specific enforcement guidance is provided for CSHOs:

COVID-19 is a respiratory illness and should be coded as such on the OSHA Form 300. Because this is an illness, if an employee voluntarily requests that his or her name not be entered on the log, the employer must comply as specified under 29 CFR § 1904.29(b)(7)(vi).

If you have any questions regarding this policy, please contact Elizabeth Grossman, Director of the Office of Statistical Analysis, at (202) 693-2225.

[1] A confirmed case of COVID-19 means an individual with at least one respiratory specimen that tested positive for SARS-CoV-2, the virus that causes COVID-19. See www.cdc.gov/coronavirus/2019-ncov/php/reporting-pui.html. Back to Text

[2] Under 29 CFR § 1904.5, an employer must consider an injury or illness to be work-related if an event or exposure in the work environment (as defined by 29 CFR § 1904.5(b)(1)) either caused or contributed to the resulting condition or significantly aggravated a pre-existing injury or illness. Work-relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the work environment, unless an exception in 29 CFR § 1904.5(b)(2) specifically applies. See www.osha.gov/laws-regs/regulations/standardnumber/1904/1904.5. Back to Text

[3] Under 29 CFR § 1904.7, an employer must consider an injury or illness to meet the general recording criteria, and therefore to be recordable, if it results in any of the following: death, days away from work, restricted work or transfer to another job, medical treatment beyond first aid, or loss of consciousness. An employer must also consider a case to meet the general recording criteria if it involves a significant injury or illness diagnosed by a physician or other licensed health care professional, even if it does not result in death, days away from work, restricted work or job transfer, medical treatment beyond first aid, or loss of consciousness. See www.osha.gov/laws-regs/regulations/standardnumber/1904/1904.7. Back to Text

[4] www.osha.gov/enforcement/directives/cpl-02-00-135. Back to Text

[5] www.osha.gov/enforcement/directives/cpl-02-00-163. Back to Text

UNITED STATES DEPARTMENT OF LABOR

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Sample Questions for OSHA Receiving Notification of a Hospitalization or Fatality

1. Tax I.D. number for the Facility.
2. OSHA 300 for the years 2017, 2018, 2019 and YTD 2020 for the Facility.
3. OSHA 301 and/or its equivalent form submitted for the case.
4. Incident reports and findings of any additional investigations conducted regarding this incident.
5. Please provide the victim's next of kin information including name, address, telephone number, and relationship.
6. How long has the victim been employed at your facility?
7. Provide the victim's job title.
8. What floor or unit does the victim work in?
9. Who is the victim's direct supervisor? And their title?
10. Contact information for the victim's supervisor.
11. A list of the victim's coworkers who worked on the same floor or unit, along with contact information.
12. A copy of the victim's work schedule for the previous three weeks.
13. Describe the normal job duties of the victim.
14. How long has the victim been performing these job duties?
15. Has your facility treated or housed any suspected or confirmed COVID-19 patients in the last month?
16. Was the victim required to work with, or around, suspect or confirmed COVID-19 patients?
17. What is your facilities criteria for testing employees for COVID-19?
18. How many employees of your facility have been tested for COVID-19 and how many have tested positive?

19. What is your protocol with regard to employees who test positive?
20. When did the victim show signs and symptoms of COVID-19, when did they report the signs and symptoms? And when did they test positive for COVID-19?
21. What PPE was the victim provided for use while performing their duties?
22. What PPE did the victim actually use while performing their duties?
23. If PPE was not provided, were any alternative methods utilized? Please describe.
24. Was disposable PPE re used? If so, what procedures were followed?
25. Was outdated/ expired PPE utilized? If so, what procedures were followed?
26. Was disposable PPE sanitized/ decontaminated? If so, what procedures were followed?
27. Were any administrative controls utilized in lieu of PPE? If yes, please describe.
28. Provide a copy of any written work rules, policies and procedures related to the victim's activities. If no written policies, then describe verbal policies if any.
29. Please provide all training records for the victim regarding PPE use and maintenance.
30. Please provide all additional training records for the victim.
31. Provide the sanitation schedule and description for the unit/ floor where the victim worked.
32. Provide a copy of Safety Data Sheets (SDS's) for any cleaning/ sanitizing chemicals utilized.
33. Provide a copy of the employer's respiratory protection program.
34. Provide a copy of the victim's latest fit test records.
35. Provide a copy of the employer's infectious disease program.
36. Has there been any change in workplace procedures, PPE selection/ use/ maintenance or training since the incident? If so, what are they?

OSHA Redacted Letter/Non-Mandatory Investigative Tool (attached)

In most cases, a serious injury indicates the presence of workplace hazards that threaten the health and safety of other workers. OSHA is very concerned that additional employees at your worksite are at risk of being injured. As we discussed, it is in everyone's interest that you conduct a thorough investigation to determine the reasons for the work related incident, to identify hazards related to the incident and to implement corrective actions.

- Conduct an incident investigation. (*See Non-Mandatory Investigative Tool – Attachment A*)
- Provide OSHA with written, signed documentation of findings from the investigation.
- Provide OSHA with written, signed abatement certification documenting action taken to correct hazards related to the incident.
- Document findings and send corrective actions to (516) 334-3326 or OSHALongIsland@dol.gov
- Post a copy of this letter in a conspicuous place where all affected employees will have notice or near the location where the incident occurred.
- Fax or email a copy of the signed Certificate of Posting (*Attachment B*) to (516) 334-3326 or OSHALongIsland@dol.gov.

If you have a problem meeting this deadline or have any further questions, please call me.

If we do not receive the investigation results, abatement verification and certificate of posting by (Date), your worksite may be considered for an on-site inspection.

The goal of your incident investigation will be to identify both the immediate and the underlying causes of the incident. To assist you in conducting an investigation, I have attached a guide for your use, to ensure your employees are protected from future injuries. Additional resources are available at OSHA's Safety and Health Topics website at:

<https://www.osha.gov/dcsp/products/topics/incidentinvestigation/index.html> to assist you with conducting an Incident Investigation.

After correcting any immediate hazards, small and medium-sized businesses may be interested in requesting free, confidential assistance from the On-Site Consultation Program. Consultants from a state agency or university will work with you to identify workplace hazards, provide advice on compliance with OSHA standards, and assist you in establishing a safety and health management program. These services are separate from enforcement and do not result in penalties or citations.

To find out more information about OSHA's On-Site Consultation Program, please visit the programs website at <https://www.osha.gov/dcsp/smallbusiness/consult.html> or call **[State Consultation Office Contact Information]** to reach your local On-Site Consultation office. Also, please find a copy of the OSHA pamphlet, "FREE Safety and Health Consultation Services" for your use in English or Spanish.

Please note that it is against the law for employers to retaliate or discriminate in any way against an employee for raising safety and health issues or for exercising their rights under the OSHA law. This includes the right to report a work-related injury or illness to their employer, or to contact OSHA. More information about the Whistleblower Protection Program can be found at <http://www.whistleblowers.gov/>.

Sample WC Carrier Investigative Questions

1. Employer/ Employee relationship:
 - a. Is the injured worker an employee or independent contractor?
 - i. If an employee, proceed to question (2)
 - ii. If not an employee, is the claimant an independent contractor?
 - iii. If yes, what are the terms of the contract?
 - b. Date contract signed, date hired based on the contract, intermittent work or solely contracted with customer / insured.
 - c. Outline job duties:
 - i. Does the independent contractor provide concurrent services for any other employer? (if yes, list names/dates/type of work)
 - ii. Are work/duties directed by employer?
 - iii. Does the independent contractor have WC policy/coverage?
 - d. Move to question (2)
2. State or country of hire:
3. Date of hire:
4. Residence (city/state/country):
5. Location where work performed:
6. Length of time in location:
7. Provide complete job description for the injured worker:
 - a. Provide description of specific work duties over past 30 days to include access to employee calendar and/or itinerary, direct supervisor assignment log, etc.:
8. Supervision of duties – who provides direction:
9. Establish if there was any direct contact with a symptomatic, infected or exposed person:
 - a. This would include blood, secretions, exposure to objects that have been contaminated with the virus, or close personal contact where airborne exposure may have occurred.
 - b. Develop timeline for when exposures occurred or may have occurred:
 - c. Assess any contact with a source person, to include any and all contacts (such as at work, community, family and/or friends):

- d. Source person is one who has had symptoms of fever or cough or who may have recently traveled internationally or within the US to areas of higher prevalence of COVID-19.
 - e. If yes, determine the following:
 - f. Source with medical symptoms or source who traveled recently:
 - i. ii. If source who traveled, determine when, how and where:
 - ii. If source has medical symptoms, detail those symptoms and obtain test status:
 - g. Did they test positive or negative for COVID-19?
 - h. Dates & results of testing over time:
 - i. What is the relationship to this source/contact individual?
 - i. Include if through work, family, friend, or community:
 - i. Date & duration of contact with source:
 - ii. Location of contact with source:
 - iii. Closeness/proximity of contact (eg. same building, house, room, flight, or other)
10. Date of the employee's first symptom & timeline for course of illness:
11. Outline the symptoms this individual had or is having currently:
12. Has diagnosis has been confirmed with a test:
13. Provide details about test results and dates:
14. Outline medical treatment:
15. Location where treatment has been provided:
16. Any video surveillance depicting conditions where exposure may have occurred:
17. Assess personal health information where relevant – any information available for underlying medical condition or treatment which might impact prognosis or recovery:
18. Information regarding prior or concurrent employers and exposures:

Document Summary: This document constitutes a summary of OSHA Recordkeeping rules and their application to Covid-19 cases. The document is being released on 4/30/2020 and reflects OSHA's position and standards as of that date. Due to the nature of the Covid crisis, OSHA's posture or implementation of the standard may change. Management should monitor OSHA for such changes.

OSHA's approach to Covid-19 recordkeeping is considered consistent with the recordkeeping standard (29CFR Part 1904) as it existed prior to March,1 2020 with the exception of their acceptance of Covid-19 as a communicable illness that can be considered work related (unlike the common cold and seasonal flu). The following information provides:

- Summary of OSHA's approach to recording of Covid-19 cases.
- The Standard as written for determining work relatedness (29CFR 1904.5), and
- The Standard as written for determining Recordability (29CFR 1904.7)

Recording workplace exposures to COVID-19

OSHA recordkeeping requirements at [29 CFR Part 1904](#) mandate covered employers record certain work-related injuries and illnesses on their OSHA 300 log.

COVID-19 can be a recordable illness if a worker is infected as a result of performing their work-related duties. However, employers are only responsible for recording cases of COVID-19 if all of the following are true:

1. The case is a confirmed case of COVID-19 (see [CDC information](#) on persons under investigation and presumptive positive and laboratory-confirmed cases of COVID-19);
2. The case is work-related (as defined by [29 CFR 1904.5](#)); and
3. The case involves one or more of the general recording criteria set forth in [29 CFR 1904.7](#) (e.g., medical treatment beyond first aid, days away from work).

Employers should also consult OSHA's [Enforcement Guidance for Recording Cases of Coronavirus Disease 2019 \(COVID-19\)](#).

Visit OSHA's [Injury and Illness Recordkeeping and Reporting Requirements page](#) for more information.

Determining Work Relatedness

Work Relatedness:

1. 1904.5 - Determination of work-relatedness.
 - **Part Number:** 1904
 - **Part Number Title:** Recording and Reporting Occupational Injuries and Illness
 - **Subpart:** 1904 Subpart C
 - **Subpart Title:** Recordkeeping Forms and Recording Criteria
 - **Standard Number:** [1904.5](#)
 - **Title:** Determination of work-relatedness.
 - **GPO Source:** [e-CFR](#)

[1904.5\(a\)](#)

Basic requirement. You must consider an injury or illness to be work-related if an event or exposure in the work environment either caused or contributed to the resulting condition or significantly aggravated a pre-existing injury or illness. Work-relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the work environment, unless an exception in §1904.5(b)(2) specifically applies

[1904.5\(b\)](#) Implementation.

[1904.5\(b\)\(1\)](#)

What is the "work environment"? OSHA defines the work environment as "the establishment and other locations where one or more employees are working or are present as a condition of their employment. The work environment includes not only physical locations, but also the equipment or materials used by the employee during the course of his or her work."

[1904.5\(b\)\(2\)](#)

Are there situations where an injury or illness occurs in the work environment and is not considered work-related? Yes, an injury or illness occurring in the work environment that falls under one of the following exceptions is not work-related, and therefore is not recordable.

1904.5(b)(2)	You are not required to record injuries and illnesses if . . .
(i)	At the time of the injury or illness, the employee was present in the work environment as a member of the general public rather than as an employee.
(ii)	The injury or illness involves signs or symptoms that surface at work but result solely from a non-work-related event or exposure that occurs outside the work environment.
(iii)	The injury or illness results solely from voluntary participation in a wellness program or in a medical, fitness, or recreational activity such as blood donation, physical examination, flu shot, exercise class, racquetball, or baseball.

(iv)	The injury or illness is solely the result of an employee eating, drinking, or preparing food or drink for personal consumption (whether bought on the employer's premises or brought in). For example, if the employee is injured by choking on a sandwich while in the employer's establishment, the case would not be considered work-related. Note: If the employee is made ill by ingesting food contaminated by workplace contaminants (such as lead), or gets food poisoning from food supplied by the employer, the case would be considered work-related.
(v)	The injury or illness is solely the result of an employee doing personal tasks (unrelated to their employment) at the establishment outside of the employee's assigned working hours.
(vi)	The injury or illness is solely the result of personal grooming, self medication for a non-work-related condition, or is intentionally self-inflicted.
(vii)	The injury or illness is caused by a motor vehicle accident and occurs on a company parking lot or company access road while the employee is commuting to or from work.
(viii)	The illness is the common cold or flu (Note: contagious diseases such as tuberculosis, brucellosis, hepatitis A, or plague are considered work-related if the employee is infected at work).
(ix)	The illness is a mental illness. Mental illness will not be considered work-related unless the employee voluntarily provides the employer with an opinion from a physician or other licensed health care professional with appropriate training and experience (psychiatrist, psychologist, psychiatric nurse practitioner, etc.) stating that the employee has a mental illness that is work-related.

[1904.5\(b\)\(3\)](#)

How do I handle a case if it is not obvious whether the precipitating event or exposure occurred in the work environment or occurred away from work? In these situations, you must evaluate the employee's work duties and environment to decide whether or not one or more events or exposures in the work environment either caused or contributed to the resulting condition or significantly aggravated a pre-existing condition.

[1904.5\(b\)\(4\)](#)

How do I know if an event or exposure in the work environment "significantly aggravated" a preexisting injury or illness? A preexisting injury or illness has been significantly aggravated, for purposes of OSHA injury and illness recordkeeping, when an event or exposure in the work environment results in any of the following:

[1904.5\(b\)\(4\)\(i\)](#)

Death, provided that the preexisting injury or illness would likely not have resulted in death but for the occupational event or exposure.

[1904.5\(b\)\(4\)\(ii\)](#)

Loss of consciousness, provided that the preexisting injury or illness would likely not have resulted in loss of consciousness but for the occupational event or exposure.

[1904.5\(b\)\(4\)\(iii\)](#)

One or more days away from work, or days of restricted work, or days of job transfer that otherwise would not have occurred but for the occupational event or exposure.

[1904.5\(b\)\(4\)\(iv\)](#)

Medical treatment in a case where no medical treatment was needed for the injury or illness before the workplace event or exposure, or a change in medical treatment was necessitated by the workplace event or exposure.

[1904.5\(b\)\(5\)](#)

Which injuries and illnesses are considered pre-existing conditions? An injury or illness is a preexisting condition if it resulted solely from a non-work-related event or exposure that occurred outside the work environment.

[1904.5\(b\)\(6\)](#)

How do I decide whether an injury or illness is work-related if the employee is on travel status at the time the injury or illness occurs? Injuries and illnesses that occur while an employee is on travel status are work-related if, at the time of the injury or illness, the employee was engaged in work activities "in the interest of the employer." Examples of such activities include travel to and from customer contacts, conducting job tasks, and entertaining or being entertained to transact, discuss, or promote business (work-related entertainment includes only entertainment activities being engaged in at the direction of the employer).

Injuries or illnesses that occur when the employee is on travel status do not have to be recorded if they meet one of the exceptions listed below.

1904.5(b)(6)	If the employee has . . .	You may use the following to determine if an injury or illness is work-related
(i)	checked into a hotel or motel for one or more days	When a traveling employee checks into a hotel, motel, or into an other temporary residence, he or she establishes a "home away from home." You must evaluate the employee's activities after he or she checks into the hotel, motel, or other temporary residence for their work-relatedness in the same manner as you evaluate the activities of a non-traveling employee. When the employee checks into the temporary residence, he or she is considered to have left the work

		environment. When the employee begins work each day, he or she re-enters the work environment. If the employee has established a "home away from home" and is reporting to a fixed worksite each day, you also do not consider injuries or illnesses work-related if they occur while the employee is commuting between the temporary residence and the job location.
(ii)	taken a detour for personal reasons	Injuries or illnesses are not considered work-related if they occur while the employee is on a personal detour from a reasonably direct route of travel (e.g., has taken a side trip for personal reasons).

[1904.5\(b\)\(7\)](#)

How do I decide if a case is work-related when the employee is working at home? Injuries and illnesses that occur while an employee is working at home, including work in a home office, will be considered work-related if the injury or illness occurs while the employee is performing work for pay or compensation in the home, and the injury or illness is directly related to the performance of work rather than to the general home environment or setting. For example, if an employee drops a box of work documents and injures his or her foot, the case is considered work-related. If an employee's fingernail is punctured by a needle from a sewing machine used to perform garment work at home, becomes infected and requires medical treatment, the injury is considered work-related. If an employee is injured because he or she trips on the family dog while rushing to answer a work phone call, the case is not considered work-related. If an employee working at home is electrocuted because of faulty home wiring, the injury is not considered work-related.

Determining recordability – Treatment beyond First Aid, Lost Time, Etc.

General Recording Criteria

1. 1904.7 - General recording criteria.

- **Part Number:** 1904
 - **Part Number Title:** Recording and Reporting Occupational Injuries and Illness
 - **Subpart:** 1904 Subpart C
 - **Subpart Title:** Recordkeeping Forms and Recording Criteria
 - **Standard Number:** [1904.7](#)
 - **Title:** General recording criteria.
 - **GPO Source:** [e-CFR](#)
-

[1904.7\(a\)](#)

Basic requirement. You must consider an injury or illness to meet the general recording criteria, and therefore to be recordable, if it results in any of the following: death, days away from work, restricted work or transfer to another job, medical treatment beyond first aid, or loss of consciousness. You must also consider a case to meet the general recording criteria if it involves a significant injury or illness diagnosed by a physician or other licensed health care professional, even if it does not result in death, days away from work, restricted work or job transfer, medical treatment beyond first aid, or loss of consciousness.

[1904.7\(b\)](#) **Implementation.**

[1904.7\(b\)\(1\)](#)

How do I decide if a case meets one or more of the general recording criteria? A work-related injury or illness must be recorded if it results in one or more of the following:

[1904.7\(b\)\(1\)\(i\)](#)

Death. See § 1904.7(b)(2).

[1904.7\(b\)\(1\)\(ii\)](#)

Days away from work. See § 1904.7(b)(3).

[1904.7\(b\)\(1\)\(iii\)](#)

Restricted work or transfer to another job. See § 1904.7(b)(4).

[1904.7\(b\)\(1\)\(iv\)](#)

Medical treatment beyond first aid. See § 1904.7(b)(5).

[1904.7\(b\)\(1\)\(v\)](#)

Loss of consciousness. See § 1904.7(b)(6).

[1904.7\(b\)\(1\)\(vi\)](#)

A significant injury or illness diagnosed by a physician or other licensed health care professional. See § 1904.7(b)(7).

[1904.7\(b\)\(2\)](#)

How do I record a work-related injury or illness that results in the employee's death? You must record an injury or illness that results in death by entering a check mark on the OSHA 300 Log in the space for cases resulting in death. You must also report any work-related fatality to OSHA within eight (8) hours, as required by § 1904.39.

[1904.7\(b\)\(3\)](#)

How do I record a work-related injury or illness that results in days away from work? When an injury or illness involves one or more days away from work, you must record the injury or illness on the OSHA 300 Log with a check mark in the space for cases involving days away and an entry of the number of calendar days away from work in the number of days column. If the employee is out for an extended period of time, you must enter an estimate of the days that the employee will be away, and update the day count when the actual number of days is known.

[1904.7\(b\)\(3\)\(i\)](#)

Do I count the day on which the injury occurred or the illness began? No, you begin counting days away on the day after the injury occurred or the illness began.

[1904.7\(b\)\(3\)\(ii\)](#)

How do I record an injury or illness when a physician or other licensed health care professional recommends that the worker stay at home but the employee comes to work anyway? You must record these injuries and illnesses on the OSHA 300 Log using the check box for cases with days away from work and enter the number of calendar days away recommended by the physician or other licensed health care professional. If a physician or other licensed health care professional recommends days away, you should encourage your employee to follow that recommendation. However, the days away must be recorded whether the injured or ill employee follows the physician or licensed health care professional's recommendation or not. If you receive recommendations from two or more physicians or other licensed health care professionals, you may make a decision as to which recommendation is the most authoritative, and record the case based upon that recommendation.

[1904.7\(b\)\(3\)\(iii\)](#)

How do I handle a case when a physician or other licensed health care professional recommends that the worker return to work but the employee stays at home anyway? In this situation, you must end the count of days away from work on the date the physician or other licensed health care professional recommends that the employee return to work.

[1904.7\(b\)\(3\)\(iv\)](#)

How do I count weekends, holidays, or other days the employee would not have worked anyway? You must count the number of calendar days the employee was unable to work as a result of

the injury or illness, regardless of whether or not the employee was scheduled to work on those day(s). Weekend days, holidays, vacation days or other days off are included in the total number of days recorded if the employee would not have been able to work on those days because of a work-related injury or illness.

[1904.7\(b\)\(3\)\(v\)](#)

How do I record a case in which a worker is injured or becomes ill on a Friday and reports to work on a Monday, and was not scheduled to work on the weekend? You need to record this case only if you receive information from a physician or other licensed health care professional indicating that the employee should not have worked, or should have performed only restricted work, during the weekend. If so, you must record the injury or illness as a case with days away from work or restricted work, and enter the day counts, as appropriate.

[1904.7\(b\)\(3\)\(vi\)](#)

How do I record a case in which a worker is injured or becomes ill on the day before scheduled time off such as a holiday, a planned vacation, or a temporary plant closing? You need to record a case of this type only if you receive information from a physician or other licensed health care professional indicating that the employee should not have worked, or should have performed only restricted work, during the scheduled time off. If so, you must record the injury or illness as a case with days away from work or restricted work, and enter the day counts, as appropriate.

[1904.7\(b\)\(3\)\(vii\)](#)

Is there a limit to the number of days away from work I must count? Yes, you may "cap" the total days away at 180 calendar days. You are not required to keep track of the number of calendar days away from work if the injury or illness resulted in more than 180 calendar days away from work and/or days of job transfer or restriction. In such a case, entering 180 in the total days away column will be considered adequate.

[1904.7\(b\)\(3\)\(viii\)](#)

May I stop counting days if an employee who is away from work because of an injury or illness retires or leaves my company? Yes, if the employee leaves your company for some reason unrelated to the injury or illness, such as retirement, a plant closing, or to take another job, you may stop counting days away from work or days of restriction/job transfer. If the employee leaves your company because of the injury or illness, you must estimate the total number of days away or days of restriction/job transfer and enter the day count on the 300 Log.

[1904.7\(b\)\(3\)\(ix\)](#)

If a case occurs in one year but results in days away during the next calendar year, do I record the case in both years? No, you only record the injury or illness once. You must enter the number of calendar days away for the injury or illness on the OSHA 300 Log for the year in which the injury or illness occurred. If the employee is still away from work because of the injury or illness when you prepare the annual summary, estimate the total number of calendar days you expect the employee to be away from work, use this number to calculate the total for the annual summary, and then update the initial log entry later when the day count is known or reaches the 180-day cap.

[1904.7\(b\)\(4\)](#)

How do I record a work-related injury or illness that results in restricted work or job transfer? When an injury or illness involves restricted work or job transfer but does not involve death or days away from work, you must record the injury or illness on the OSHA 300 Log by placing a check mark in the space for job transfer or restriction and an entry of the number of restricted or transferred days in the restricted workdays column.

[1904.7\(b\)\(4\)\(i\)](#)

How do I decide if the injury or illness resulted in restricted work? Restricted work occurs when, as the result of a work-related injury or illness:

[1904.7\(b\)\(4\)\(i\)\(A\)](#)

You keep the employee from performing one or more of the routine functions of his or her job, or from working the full workday that he or she would otherwise have been scheduled to work; or

[1904.7\(b\)\(4\)\(i\)\(B\)](#)

A physician or other licensed health care professional recommends that the employee not perform one or more of the routine functions of his or her job, or not work the full workday that he or she would otherwise have been scheduled to work.

[1904.7\(b\)\(4\)\(ii\)](#)

What is meant by "routine functions"? For recordkeeping purposes, an employee's routine functions are those work activities the employee regularly performs at least once per week.

[1904.7\(b\)\(4\)\(iii\)](#)

Do I have to record restricted work or job transfer if it applies only to the day on which the injury occurred or the illness began? No, you do not have to record restricted work or job transfers if you, or the physician or other licensed health care professional, impose the restriction or transfer only for the day on which the injury occurred or the illness began.

[1904.7\(b\)\(4\)\(iv\)](#)

If you or a physician or other licensed health care professional recommends a work restriction, is the injury or illness automatically recordable as a "restricted work" case? No, a recommended work restriction is recordable only if it affects one or more of the employee's routine job functions. To determine whether this is the case, you must evaluate the restriction in light of the routine functions of the injured or ill employee's job. If the restriction from you or the physician or other licensed health care professional keeps the employee from performing one or more of his or her routine job functions, or from working the full workday the injured or ill employee would otherwise have worked, the employee's work has been restricted and you must record the case.

[1904.7\(b\)\(4\)\(v\)](#)

How do I record a case where the worker works only for a partial work shift because of a work-related injury or illness? A partial day of work is recorded as a day of job transfer or restriction for recordkeeping purposes, except for the day on which the injury occurred or the illness began.

[1904.7\(b\)\(4\)\(vi\)](#)

If the injured or ill worker produces fewer goods or services than he or she would have produced prior to the injury or illness but otherwise performs all of the routine functions of his or her work, is the case considered a restricted work case? No, the case is considered restricted work only if the worker does not perform all of the routine functions of his or her job or does not work the full shift that he or she would otherwise have worked.

[1904.7\(b\)\(4\)\(vii\)](#)

How do I handle vague restrictions from a physician or other licensed health care professional, such as that the employee engage only in "light duty" or "take it easy for a week"? If you are not clear about the physician or other licensed health care professional's recommendation, you may ask that person whether the employee can do all of his or her routine job functions and work all of his or her normally assigned work shift. If the answer to both of these questions is "Yes," then the case does not involve a work restriction and does not have to be recorded as such. If the answer to one or both of these questions is "No," the case involves restricted work and must be recorded as a restricted work case. If you are unable to obtain this additional information from the physician or other licensed health care professional who recommended the restriction, record the injury or illness as a case involving restricted work.

[1904.7\(b\)\(4\)\(viii\)](#)

What do I do if a physician or other licensed health care professional recommends a job restriction meeting OSHA's definition, but the employee does all of his or her routine job functions anyway? You must record the injury or illness on the OSHA 300 Log as a restricted work case. If a physician or other licensed health care professional recommends a job restriction, you should ensure that the employee complies with that restriction. If you receive recommendations from two or more physicians or other licensed health care professionals, you may make a decision as to which recommendation is the most authoritative, and record the case based upon that recommendation.

[1904.7\(b\)\(4\)\(ix\)](#)

How do I decide if an injury or illness involved a transfer to another job? If you assign an injured or ill employee to a job other than his or her regular job for part of the day, the case involves transfer to another job. Note: This does not include the day on which the injury or illness occurred.

[1904.7\(b\)\(4\)\(x\)](#)

Are transfers to another job recorded in the same way as restricted work cases? Yes, both job transfer and restricted work cases are recorded in the same box on the OSHA 300 Log. For example, if you assign, or a physician or other licensed health care professional recommends that you assign, an injured or ill worker to his or her routine job duties for part of the day and to another job for the rest of the day, the injury or illness involves a job transfer. You must record an injury or illness that involves a job transfer by placing a check in the box for job transfer.

[1904.7\(b\)\(4\)\(xi\)](#)

How do I count days of job transfer or restriction? You count days of job transfer or restriction in the same way you count days away from work, using § 1904.7(b)(3)(i) to (viii), above. The only difference is that, if you permanently assign the injured or ill employee to a job that has been modified or permanently changed in a manner that eliminates the routine functions the employee was restricted from performing, you may stop the day count when the modification or change is made permanent. You must count at least one day of restricted work or job transfer for such cases.

[1904.7\(b\)\(5\)](#)

How do I record an injury or illness that involves medical treatment beyond first aid? If a work-related injury or illness results in medical treatment beyond first aid, you must record it on the OSHA 300 Log. If the injury or illness did not involve death, one or more days away from work, one or more days of restricted work, or one or more days of job transfer, you enter a check mark in the box for cases where the employee received medical treatment but remained at work and was not transferred or restricted.

[1904.7\(b\)\(5\)\(i\)](#)

What is the definition of medical treatment? "Medical treatment" means the management and care of a patient to combat disease or disorder. For the purposes of Part 1904, medical treatment does not include:

[1904.7\(b\)\(5\)\(i\)\(A\)](#)

Visits to a physician or other licensed health care professional solely for observation or counseling;

[1904.7\(b\)\(5\)\(i\)\(B\)](#)

The conduct of diagnostic procedures, such as x-rays and blood tests, including the administration of prescription medications used solely for diagnostic purposes (*e.g.*, eye drops to dilate pupils); or

[1904.7\(b\)\(5\)\(i\)\(C\)](#)

"First aid" as defined in paragraph (b)(5)(ii) of this section.

[1904.7\(b\)\(5\)\(ii\)](#)

What is "first aid"? For the purposes of Part 1904, "first aid" means the following:

[1904.7\(b\)\(5\)\(ii\)\(A\)](#)

Using a non-prescription medication at nonprescription strength (for medications available in both prescription and non-prescription form, a recommendation by a physician or other licensed health care professional to use a non-prescription medication at prescription strength is considered medical treatment for recordkeeping purposes);

[1904.7\(b\)\(5\)\(ii\)\(B\)](#)

Administering tetanus immunizations (other immunizations, such as Hepatitis B vaccine or rabies vaccine, are considered medical treatment);

[1904.7\(b\)\(5\)\(ii\)\(C\)](#)

Cleaning, flushing or soaking wounds on the surface of the skin;

[1904.7\(b\)\(5\)\(ii\)\(D\)](#)

Using wound coverings such as bandages, Band-Aids™, gauze pads, etc.; or using butterfly bandages or Steri-Strips™ (other wound closing devices such as sutures, staples, etc., are considered medical treatment);

[1904.7\(b\)\(5\)\(ii\)\(E\)](#)

Using hot or cold therapy;

[1904.7\(b\)\(5\)\(ii\)\(F\)](#)

Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc. (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for recordkeeping purposes);

[1904.7\(b\)\(5\)\(ii\)\(G\)](#)

Using temporary immobilization devices while transporting an accident victim (*e.g.*, splints, slings, neck collars, back boards, etc.).

[1904.7\(b\)\(5\)\(ii\)\(H\)](#)

Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister;

[1904.7\(b\)\(5\)\(ii\)\(I\)](#)

Using eye patches;

[1904.7\(b\)\(5\)\(ii\)\(J\)](#)

Removing foreign bodies from the eye using only irrigation or a cotton swab;

[1904.7\(b\)\(5\)\(ii\)\(K\)](#)

Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means;

[1904.7\(b\)\(5\)\(ii\)\(L\)](#)

Using finger guards;

[1904.7\(b\)\(5\)\(ii\)\(M\)](#)

Using massages (physical therapy or chiropractic treatment are considered medical treatment for recordkeeping purposes); or

[1904.7\(b\)\(5\)\(ii\)\(N\)](#)

Drinking fluids for relief of heat stress.

[1904.7\(b\)\(5\)\(iii\)](#)

Are any other procedures included in first aid? No, this is a complete list of all treatments considered first aid for Part 1904 purposes.

[1904.7\(b\)\(5\)\(iv\)](#)

Does the professional status of the person providing the treatment have any effect on what is considered first aid or medical treatment? No, OSHA considers the treatments listed in § 1904.7(b)(5)(ii) of this Part to be first aid regardless of the professional status of the person providing the treatment. Even when these treatments are provided by a physician or other licensed health care professional, they are considered first aid for the purposes of Part 1904. Similarly, OSHA considers treatment beyond first aid to be medical treatment even when it is provided by someone other than a physician or other licensed health care professional.

[1904.7\(b\)\(5\)\(v\)](#)

What if a physician or other licensed health care professional recommends medical treatment but the employee does not follow the recommendation? If a physician or other licensed health care professional recommends medical treatment, you should encourage the injured or ill employee to follow that recommendation. However, you must record the case even if the injured or ill employee does not follow the physician or other licensed health care professional's recommendation.

[1904.7\(b\)\(6\)](#)

Is every work-related injury or illness case involving a loss of consciousness recordable? Yes, you must record a work-related injury or illness if the worker becomes unconscious, regardless of the length of time the employee remains unconscious.

[1904.7\(b\)\(7\)](#)

What is a "significant" diagnosed injury or illness that is recordable under the general criteria even if it does not result in death, days away from work, restricted work or job transfer, medical treatment beyond first aid, or loss of consciousness? Work-related cases involving cancer, chronic irreversible disease, a fractured or cracked bone, or a punctured eardrum must always be recorded under the general criteria at the time of diagnosis by a physician or other licensed health care professional.