



HON. MIGUEL ROMERO
SECRETARY



NOTICE

DIRECTIVE NUMBER 10-02 (CPL 02) **EFFECTIVE DATE:** April 23, 2010
SUBJECT: Injury and Illness Recordkeeping National Emphasis Program (RK NEP)

ABSTRACT

Purpose: This Directive establishes enforcement procedures to inspect the accuracy of the Occupational Injury and Illness Recording and Reporting Requirements for a selected industry in the public sector, for the construction industry and for low rate establishments in selected industries of the private sector.

Scope: This Notice applies PR OSHA-wide.

References: PR OSHA Instruction CPL 02-00-135, Recordkeeping Policies and Procedures Manual (RKM), February 8, 2005; PR OSHA Directive: CPL 02-00-148 March 26, 2010 or its successor.

Cancellations: Directive Number 09-08 (CPL 02), Injury and Illness Recordkeeping National Emphasis Program (RK NEP), dated January 4, 2010.

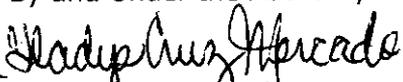
Expiration Date: Two years from the effective date, unless replaced earlier by a new notice.

Action Offices: Bureau of Inspections and Area Offices.

Originating Office: Division of Technical Support

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By and Under the Authority of


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PUERTO RICO OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

Executive Summary

Recently, several academic studies have asserted varying degrees of under-recording of workplace injuries and illnesses on the OSHA Form 300; (e.g., Boden L.I., Ozonoff A. Capture-Recapture Estimates of Nonfatal Workplace Injuries and Illnesses, 2008 and Rosenman K.D. How Much Work-Related Injury and Illness is Missed By the Current National Surveillance System, 2006). At the request of the Senate Committee on Health, Education, Labor and Pensions and the House Committee on Education and Labor, the Government Accountability Office (GAO) initiated a study on the accuracy of employer injury and illness records. In an effort to identify and correct under-recorded and incorrectly recorded cases and to work cooperatively with the GAO, OSHA is initiating this NEP, **in which PR OSHA has decided to participate**. This NEP also complements the Bureau of Labor Statistics' efforts to investigate factors accounting for differences in the number of workplace injuries and illnesses estimated by the BLS and other data sources.

OSHA postulates the most likely places where under-recorded injuries and illnesses may exist would be low rate establishments operating in historically high rate industries. The NEP will pilot test OSHA's ability to effectively target establishments to identify under-recording of occupational injuries and illnesses.

This NEP is one component of OSHA's effort to address the issue of inaccurate recording of occupational injuries and illnesses. In addition to this NEP, OSHA and PR OSHA will address the issue through comprehensive training of its compliance staff to identify and correct violations of the recordkeeping regulation. OSHA will also develop other enforcement and quality assurance programs to address the recordkeeping issue in establishments and industries outside the scope of this NEP (e.g., Partnerships, VPP and SHARP establishments).

Significant Changes

- The expiration date is extended by one year (see Section IV.).
- The deletion criteria for establishments with NAICS codes other than those listed in Appendix A has been removed. The Office will continue to select establishments for inspection based on the NAICS codes listed in Appendix A. However, if during the inspection it is discovered that the establishment's true NAICS code is not listed on Appendix A, the inspection will be conducted as long as the industry is not exempted under 2 OSH 1904.1, Exemption for Private Employer with 10 or Fewer Employees, from the recordkeeping requirements.
- The Questionnaires contained in Appendix C have been modified to gather additional information.
- The IMIS coding will no longer be captured in Item 46, Optional Information, but will be captured in Item 25d, NEP coding (see XV.).

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I. Purpose. This Directive establishes enforcement procedures to inspect the accuracy of the Occupational Injury and Illness Recording and Reporting Requirements for low rate establishments in selected industries of the private sector. [See Appendix A] Also, establishes the procedures to inspect the accuracy of the Occupational Injury and Illness Recording and Reporting Requirement in the construction industry and a selected industry for public sector, Correctional Institutions.

II. Scope. This Notice applies PR OSHA-wide.

III. References.

- A. Puerto Rico Occupational Safety and Health Act, Act No. 16 of August 5, 1975, as amended.
- B. 2 OSH Part 1904, Recording and Reporting Occupational Injuries and Illnesses.
- C. 4 OSH 1910.1020, Access to Employee Exposure and Medical Records.
- D. PR OSHA Directives:
 - PR OSHA Instruction CPL 10-001, Rules concerning PR OSHA Access and Maintenance of Employees Medical Records.
 - PR OSHA Directive: CPL 02-00-148 March 26, 2010 or its successor.
 - CPL 02-00-135, Recordkeeping Policies and Procedures Manual (RKM), February 8, 2005.
 - CPL 02-02-072, Rules of Agency Practice Concerning OSHA Access to Employees Medical Records, October 24, 2007.
 - CPL 2.25I, Scheduling System for Programmed Inspections, July 11, 1995.
- E. Bureau of Labor Statistics (BLS), TABLE SNR02. Highest incidence rates of nonfatal occupational injury and illness cases with days away from work, restricted work activity, or job transfer, private industry 2007.

IV. Expiration Date. This Notice will terminate two years from the effective date, unless replaced by a new Notice.

V. Action. Bureau of Inspections Director or designee and Area Directors must use professional judgment when ensuring that the policies and procedures set forth in this directive are followed.

VI. Application. PR OSHA compliance personnel shall ensure that the procedures contained in this directive are followed when inspecting the establishments selected under this NEP.

VII. Federal Program Change, Notice of Intent Required, Adoption Encouraged.

This Instruction describes a Federal Program Change which establishes a National Emphasis Program (NEP) to inspect the accuracy of the Occupational Injury and Illness recording and reporting requirements for establishments in selected industries and ensure appropriate enforcement of these requirements if employers are found to be under recording injuries and illnesses. As accurate injury and illness reporting is critical to an effective enforcement program, **PR OSHA decided to participate in this NEP.**

VIII. Significant Changes.

The expiration date is extended by one year (see section IV.) The deletion criteria for establishments with NAICS codes other than those listed in Appendix A has been removed. The Agency will continue to select establishments for inspection based on the NAICS codes listed in Appendix A. However, if during the inspection it is discovered that the establishment's true NAICS code is not listed on Appendix A, the inspection will be conducted as long as the industry is not exempted from the recordkeeping under 2 OSH 1904.1. The Questionnaires contained in Appendix C have been modified to gather additional information. The IMIS coding will no longer be captured in Item 46 Optional Information but will be captured in item 25d, NEP coding (see XV.)

IX. Background. Recently, several academic studies have asserted varying degrees of underreporting workplace injuries and illnesses on the OSHA Form 300; (e.g., Boden L.I., Ozonoff A. Capture-Recapture Estimates of Nonfatal Workplace Injuries and Illnesses; 2008 and Rosenman K.D. How Much Work-Related Injury and Illness is Missed By the Current National Surveillance System, 2006). At the request of the Senate Committee on Health, Education, Labor and Pensions and the House Committee on Education and Labor, the GAO initiated a study on the accuracy of employer injury and illness records.

In an effort to identify and correct under-recording and to work cooperatively with the GAO, OSHA is initiating this NEP, in which PR OSHA has decided to participate. This NEP also complements the Bureau of Labor Statistics' efforts to investigate factors accounting for differences in the number of workplace injuries and illnesses estimated by the BLS and other data sources. Review of OSHA's inspection history shows that the vast majority of major cases involving recordkeeping violations were generated from complaint and referral inspections. This NEP will be OSHA's initial attempt to target the issue of under-recording for programmed inspections. OSHA postulates that the most likely places where under recorded injuries and illnesses may exist would be low rate establishments operating in historically high rate industries. The NEP will focus on these establishments to identify under-recording. BLS table SNR02 is used to identify the high rate industries.

In addition, there is some question about the validity of the low injury and illness rates reported by establishments in Poultry Processing (NAICS code 311615) and the cleaning and sanitation functions associated with meat and poultry slaughtering and processing operations that fall under NAICS code 115210 Support Activities for Animal Production. These industries are referred to in GAO report 05-96, "Workplace Safety and Health: Safety in the Meat and Poultry Industry, while Improving, Could be Further Strengthened," dated January 2005.

According to the GAO report, "Meat and poultry workers sustain a range of injuries, including cuts, burns, and repetitive stress injuries, and while, according to BLS, injuries and illnesses in the meat and poultry industry declined from 29.5 injuries and illnesses per 100 full-time workers in 1992 to 14.7 in 2001, the rate was among the highest of any industry. Similarly, though not comparable with these data because of recent changes in OSHA's record-keeping requirements, statistics for 2002 indicate that injury and illness rates in the meat and poultry industry remain high in relation to those of other industries." The report also points out that "Because of the many hazards inherent in meat and poultry plants and the type of work performed, the dramatic decline in the industry's injury and illness rates has raised a question about the validity of the data on which these rates are based."

The GAO report also indicates that "the injury and illness data on which OSHA bases its selection of plants for inspection are incomplete, because they do not include injuries and illnesses incurred by cleaning and sanitation workers not employed directly by the plants. These workers are not classified by BLS as working in the meat and poultry industry, although they labor in the same plants and under working conditions that can be even more hazardous than those of production workers." To address these groups, NAICS codes 311615 and 115210 are included in the NEP.

Recordkeeping in the construction industry has a long history of complexity and questions raised due to the nature of the workforce associated with mobile worksites. The NEP will initially pilot several inspections of construction employers to better understand how to approach this industry on a broad scale.

X. Definitions.

- A. PR OSHA 300 Form or equivalent – the Log of Work-Related Injuries and Illnesses
- B. PR OSHA 301 Form or equivalent – the Injury and Illness Incident Report
- C. PR OSHA 300A Form or equivalent – the Summary of Work-related Injuries and Illnesses
- D. Access to Medical Records – A record concerning the health status of an employee which is made or maintained by a physician, nurse or other health care personnel or technician is an employee medical record within the meaning of 4 OSH 1910.1020. This record includes:
 - 1. Medical and employment questionnaires or histories (including job description and occupational exposures),
 - 2. The results of medical examinations (pre-employment, pre-assignment, periodic or episodic) and laboratory tests (including chest and other X ray examinations)

taken for the purposes of establishing a base-line or detecting occupational illness, and all biological monitoring not defined as an "employee exposure record"),

3. Medical opinions, diagnoses, progress notes, and recommendations,
4. First aid records,
5. Descriptions of treatments and prescriptions, and
6. Employee medical complaints.

Medical records shall be handled in accordance with the procedures set forth at PR OSHA Instruction CPL 02-02-072, Rules of Agency Practice Concerning OSHA Access to Medical Records, October 24, 2007 and the standard 4 OSH 1910.1020.

In situations where it is necessary for the CSHO to review medical records to confirm work exposures, CSHO's may also consider obtaining specific written consent from employee(s) pursuant to 4 OSH 1910.1020(e)(2)(ii)(B).

NOTE: The right of PR OSHA personnel to access medical records is based on the authority given by Section 10 of the PR OSH Act and 4 OSH 1910.1020. PR OSHA did not adopt the 29 CFR 1913, Rules Concerning OSHA Access to Employee Medical Records.

E. Injury or Illness – An injury or illness is an abnormal condition or disorder. Injuries include cases such as, but not limited to, a cut, fracture, sprain, or amputation. Illnesses include both acute and chronic illnesses, such as, but not limited to, a skin disease, respiratory disorder, or poisoning. (Note: Injuries and illnesses are recordable only if they are new, work-related cases that meet one or more of the Part 1904 recording criteria.)

G. Physician or Other Licensed Health Care Professional – A physician or other licensed healthcare professional is an individual whose legally permitted scope of practice (i.e., license, registration, or certification) allows him or her to independently perform, or be delegated the responsibility to perform, the activities described by this regulation.

H. Days Away, Restricted or Transferred (DART) Rate – The DART rate includes cases involving days away from work, restricted work activity, and transfers to another job. It is calculated based on $(N/EH) \times (200,000)$ where N is the number of cases involving days away and/or restricted work activity, and/or job transfers; EH is the total number of hours worked by all workers during the calendar year; and 200,000 is the base number of hours worked for 100 full-time equivalent workers.

XI. Program Procedures.

Each Area Office will conduct five inspections under this NEP: three in the private sector, one in the construction industry and one in the public sector, where Correctional Institutions is the industry selected by PR OSHA.

The Area Director shall compile a list of Correctional Institutions and a list of construction projects within its Area Office jurisdiction. Once the list for each type of industry is completed, the Area Director shall follow the procedures established in Chapter II of the FOM to randomly select the establishment from each list to conduct the inspections.

The Office of Statistical Analysis (OSA) will provide each Area Office with a list of establishments to be inspected in the private sector. Establishments in the private sector will be chosen using the CY 2007 injury and illness data submitted through the OSHA Data Initiative (ODI). Establishments that have reported a DART rate from 0.0 to 4.2 and are classified in high rate industries as reported by the Bureau of Labor Statistics (BLS) Annual Survey in TABLE SNR02, or have a NAICS code of 311615 or 115210 will be available for selection.

Establishment selection for private sector, public sector and construction projects will be limited to establishments with 11 or more employees.

A. Medical Access Orders.

A Medical Access Order (MAO) is required for PR OSHA staff to review medical information with personal identifiers. MAOs for each employer (and/or the employer's designated healthcare provider or medical records holder) will be requested from the Technical Support Division. The Technical Support Division is responsible for ensuring that all medical records are protected. Each Area Office will be responsible for contacting the Technical Support Division, either through fax or e-mail, and providing written detailed information on each inspection (i.e., purpose, employer, date(s) of inspection, and the name(s) and address (es) of the individual(s) conducting the inspection). In addition, if the scope of the inspection is expanded and requires review of additional medical records, the CSHO must consult with Technical Support Division in order to determine whether the MAO requires an amendment or additional documentation. Case files shall be established in accordance with PR OSHA Instruction CPL 10-001.

XII. Scheduling.

The National Office will provide PR OSHA a list of establishments in the private sector to be inspected under this Notice by each Area Office. Each Area Director shall compile a list of the Correctional Institutions (public sector) and the construction projects within its Area Office jurisdiction.

A. Maintaining Inspection Lists and Documentation.

The Area Director is responsible for maintaining documentation necessary to demonstrate that the NEP inspection lists (private sector, public sector and construction industry lists) has been properly utilized in accordance with the requirements of this Notice, including adequate documentation on all deletions or other modifications. **All such inspection lists and documentation must be maintained in the Area Office for a period of three years after completion of all the inspections conducted under this Notice** (i.e., 3 years after the closing date of the final inspection). See paragraph B.1.b.(1)(c)3 in CPL 2.25I, and PR OSHA Instruction CPL 10-001.

B. Inspection Priority.

Inspection priority for Area Offices is described in the FOM. The Area Office will schedule inspections under this Notice in compliance with the FOM. The targeted completion date of the inspections under this NEP is **two years** from the implementation date of the Notice.

C. Deletions.

Area Offices will be responsible for making appropriate deletions, as stated below.

- 1. VPP or SHARP.** If the establishment is an approved participant in PR OSHA's Voluntary Protection Programs (VPP), or in PR OSHA Consultation's Safety and Health Achievement Recognition Program (SHARP), it is to be deleted from the inspection list.
- 2. Office-Only.** This NEP is not intended to include establishments that are only offices. Therefore, if a CSHO arrives at an establishment and discovers that there is only an office at the site, the CSHO should not conduct the inspection. **The CSHO shall verify that the injury and illness data pertains to the office location only and is not associated with production facilities.** If the injury and illness data pertains to a production facility, conduct the inspection if the facility is in your office's jurisdiction.
- 3. Establishment Replacement.** If the Area Office identifies any establishment of the private sector that meets the deletion criteria, they shall contact through the Bureau of Inspections the Office of Statistical Analysis for a replacement. If the Area Office identifies any construction project or Correctional Institution site that meets the deletion criteria, the Area Director shall replace the establishment using the random order list for the Construction Industry or Correctional Institutions.

XIII. Inspection Procedures.

A. Opening Conference.

At the opening conference the CSHO shall present an explanatory letter (Appendix B) to the employer and employee representative (if one is present) explaining the purpose, scope, and process for the records inspection. The CSHO shall also inform the employer and employee representative about the Agency citation policy (Paragraph XIV, below) and indicate that where applicable, violations will be cited accordingly. The employer and employee representative shall be informed that any complaints received that are not related to recordkeeping will be addressed by the CSHO and will be cited as part of the current inspection or be referred to the Area Office for processing.

During the opening conference the CSHO shall verify from the employer representative what actions are taken when an employee experiences an injury or illness. (i.e., does the establishment have an on-site Licensed Health Care Professional; if not then identify the local health clinics, ambulance services and/or hospitals near by that have treated their employees). *Area Director shall discourage CSHO's from making leading questions (questions that induce or imply the answer).*

B. Verify NAICS Code.

At the opening conference, the CSHO shall verify the establishment's NAICS code. If the establishment's correct NAICS code is not on the NAICS code list in Appendix A or in the NAICS code beginning with 23 for the construction industry or is in the NAICS code 922140 for public sector, the inspection will be conducted unless the employer is exempted from the recordkeeping requirements under 2 OSH 1904.1. The CSHO will note the correct NAICS code in the case file documentation.

C. New Ownership.

If the establishment has changed ownership after December 31, 2006 but before December 31, 2008, the records inspection will only be conducted for the period of new ownership.

If the establishment has changed ownership after December 31, 2008, the inspection will not be conducted.

If the name of the company changes, but the ownership essentially remains the same, the CSHO will inspect the establishment.

Compliance Guidance: The recordkeeping regulation at 1904.40(a) states that once a request is made, an employer must provide the required recordkeeping records within four (4) business hours.

Although the employer has four hours to provide recordkeeping records, there is no requirement that compliance officers must wait until the records are provided before beginning the walkaround portion of the inspection. As soon as the opening conference is completed, the compliance officers may begin the walkaround portion of the inspection and/or conduct the required interviews.

D. Calculate DART.

During inspections under this Notice, the PR OSHA 300 Logs for 2007 and 2008, and corresponding PR OSHA Forms 301 and the PR OSHA Form 300A will be reviewed. For the private sector only, the CSHO calculated DART rate for 2007 will be compared to the DART rate in Appendix A of this instruction. The purpose of this NEP is to inspect the accuracy of records in low rate establishments.

If the establishment's DART is twice the DART rate in Appendix A, it does not qualify as a low rate establishment. When this occurs, the records inspection will not be conducted; however, a limited walkaround will be conducted.

E. Procedures to Conduct Records Inspection.

Compliance Guidance: The following document request represents records that are related to any injury or illness. While some of the documents listed below are required by 2 OSH Part 1904, some are not. The documents requested may or may not be at the employer's establishment. If the documents requested below are not maintained at the establishment then the CSHO shall determine the availability and location of the records needed to conduct this NEP inspection.

The CSHO shall perform a comprehensive review of the employees' records in order to identify occupational injuries and illnesses that may have occurred to those employees during CY 2007 and CY 2008. **The records to be reviewed shall include medical records, workers' compensation records, insurance records, payroll/absentee records and, if available, company safety incident reports, company first-aid logs, alternate duty rosters, and disciplinary records pertaining to injuries and illnesses. The CSHO will also review records that are stored offsite.** The CSHO will verify that each identified recordable injury or illness is properly entered on the employer's PR OSHA Form 300 and PR OSHA Form 301.

1. Obtain a copy of the employer's completed PR OSHA Form 300 for the establishment for calendar years 2007 and 2008; the total hours worked for all employees and the average number of employees for 2007 and 2008; and a copy of a complete roster of all employees who worked at the establishment during 2007.

The employee roster should include full-time, part-time and seasonal employees. The listing may be an alphabetic listing, a payroll listing, a listing by department, or it may be in some other form. The CSHO shall document the type of listing used and his or her assessment of its completeness.

2. Determine the sample size and draw samples of employees.

The CSHO shall use the 2007 employee **roster** to select the employees whose records will be reviewed. Sampling of employees for the records review is dependent on the size of the establishment.

- (a) For establishments with an employee roster of 100 or fewer employees, all employees' records will be reviewed (there will be no sampling involved).
- (b) For establishments with 101 to 250 employees, records of 50% of employees will be reviewed. Select the second employee on the list and choose every other employee from there on.
- (c) For establishments with >250 employees, records of 33% of employees will be reviewed. Select the third employee on the list and choose every third employee from there on.

If in identifying the sample of employees the CSHO determines that an employee name is a duplicate or cannot be used for whatever reason (for example the individual is not covered by the OSH Act such as a partner or owner of the company), he/she shall substitute the next employee name on the roster. If the CSHO comes to the end of the employee roster before obtaining the required sample size, he/she shall continue the interval count from the top of the employee roster.

The CSHO shall compile a list of the employees selected for the records review.

3. Review all pertinent records for each employee selected in the inspection sample and independently reconstruct log entries for the sampled employees. Compare the reconstructed cases with the employer's PR OSHA Form 300.

The CSHO shall perform a comprehensive review of the sampled employees' records in order to identify all of the recordable occupational injuries and illnesses that may have occurred to those employees during 2007 and 2008. The records to be reviewed shall include medical records, workers' compensation records, insurance records, payroll/absentee records, and if available, company safety incident reports, company first aid logs, alternate duty rosters, and disciplinary records pertaining to injuries and illnesses.

If the employer utilizes an off-site clinic for medical services, the CSHO shall visit that clinic to review any medical records pertaining to the sampled employees for the review period. A modification to the MAO may be necessary.

Using the various records compiled, the CSHO shall independently construct Log entries for the recordable cases identified from the employee files. The CSHO shall identify the recordable cases and enter the reasons for recordability using the worksheet contained in Appendix C. The CSHO shall use the worksheet to compare the recordable case entries with the employer's Form 300 Log, and to document any differences that exist.

When completing the worksheet it is imperative to use a unique code as an employee identifier rather than the employee's name. These worksheets will contain personal medical information and will be submitted to the National Office for evaluation. The employee's medical privacy must be protected by using codes. The CSHO will maintain a list of codes associated with the employees' name and will treat this list as a medical record.

The CSHO shall make copies of the PR OSHA Form 300 for inclusion in the case file. The CSHO shall also make copies of any documentation needed to support discovered recordkeeping deficiencies. If a copying machine is not available, or is not made available for CSHO use, or if the employer will not allow appropriate documents to be temporarily removed from the premises, the CSHO shall present a warrant for all records considered necessary for verification using the procedures outlined in the FOM, Chapter 3 and Chapter 15.

Compliance Guidance: If review of the sampled employees' records indicates that under-recording exists, the CSHO may, upon consultation with the Area Office, expand the records inspection beyond the sampled employees.

If during review of the PR OSHA Forms and the injury and illness records the CSHO determines that a significant portion of the injuries and illnesses are ergonomics-related, the CSHO will calculate a Days Away from Work case rate for musculoskeletal disorder cases. If the calculated rate is greater than or equal to twice the industry rate listed in Appendix E, the CSHO will discuss with the Area Director the findings of the MSD related questions in the questionnaires to determine if a referral is necessary.

4. Review employer's log to identify any cases recorded for the sampled employees that do not meet the PR OSHA recordability criteria (overrecording).

After reviewing the sampled employees' files, the CSHO shall scan the employer's 2007 and 2008 Logs for any recorded cases for the sampled employees not identified as recordable in the file review. The CSHO will determine the cases' recordability by considering the documentation in the employee's records and, if necessary, talking with the employer, Recordkeeper or employee. The CSHO shall document any over-recorded cases on the worksheet provided in Appendix C.

5. Interview the Designated Recordkeeper.

The CSHO shall interview the designated Recordkeeper regarding the manner in which injuries and illnesses are recorded at the establishment. The purpose of this interview is to assess each recordkeeper's knowledge of the PR OSHA injury/illness recordkeeping requirements and to determine whether recordkeeping problems exist. The CSHO shall use the Recordkeeping Procedures Questionnaire, included in Appendix C.

If the CSHO learns of any company policies that may have the effect of discouraging recording on the injury and illness records, these should be noted in the comments section of the questionnaire. For example, if the CSHO learns that there is an awards

program tied to the number of injuries and illnesses recorded on the PR OSHA Log, the program is to be described in the comments section. If it is determined that these are written procedures, the CSHO shall obtain a copy of the employer's policy.

6. Conduct Employee Interviews.

A sub-sample of employees must be interviewed using the Employee Questionnaire contained in Appendix C. Any specified injury or illness not identified in the records review must be investigated. A sub-sample of employees to be interviewed must be selected from the list of employees selected for the records inspection in Paragraph XIII.E.2, above. For establishments with 100 or fewer employees, conduct at least 10 interviews. For establishments with 101 to 250 employees conduct at least 15 interviews. For establishments with more than 250 employees, conduct at least 20 interviews.

The selection of employees to interview is not random. The CSHO will focus interviews on employees likely to be injured or become ill. The informant privilege allows the government to withhold the identity of individuals who provide information about the violation of laws, including PR OSHA rules and regulations. CSHOs shall inform employees that their statements will remain confidential to the extent permitted by law.

However, each employee giving a statement should be informed that disclosure of his or her identity may be necessary in connection with enforcement or court actions (see Chapter 3 of the FOM).

The CSHO shall document how employees were selected for interview, and indicate which selected individuals were not available for interview and why.

Compliance guidance: Select employees from those working in high hazardous area. If, during the review of absentee records, the CSHO discovers unexplained absences, the CSHO will interview that employee to determine if the absence was related to a work-related injury or illness.

If the CSHO learns of any company policies that may have the effect of discouraging recording on the injury and illness records, these should be noted in the comments section of the questionnaire. For example, if the CSHO learns that there is an awards program tied to the number of injuries and illnesses recorded on the PR OSHA Log, the program is to be described in the comments section. If it is determined that these are written procedures, the CSHO shall obtain a copy of the employer's policy.

7. Conduct Management Interviews.

The CSHO shall interview Management representatives regarding the manner in which injuries and illnesses are recorded at the establishment and to determine the existence of incentive or disciplinary programs that may influence recordkeeping. This interview should also seek to determine the extent to which Management may influence medical treatment of injured or ill employees and to determine whether recordkeeping problems exist. The CSHO shall use the questionnaire included in Appendix C.

If the CSHO learns of any company policies that may have the effect of discouraging recording on the injury and illness records, these should be documented in the interview notes or questionnaire. For example, if the CSHO learns that there is an awards program tied to the number of injuries and illnesses recorded on the PR OSHA Log, the program is to be described in the comments section. If it is determined, that these are written procedures the CSHO shall obtain a copy of the employer's policy.

8. Conduct Interviews with First-Aid Providers and Health Care Professionals.

The CSHO shall interview staff who participated in first-aid or medical treatment of employees with occupational injuries or illnesses to determine the consistency of information regarding the manner in which injuries and illnesses are recorded at the establishment and to determine the existence of incentive or disciplinary programs that may influence recordkeeping.

This interview should also seek to determine the extent to which Management may influence medical treatment of ill or injured employees for the purposes of modifying PR OSHA recordability and to determine whether recordkeeping problems exist. The CSHO shall use the questionnaire included in Appendix C.

If the CSHO learns of any company policies that may have influenced or restricted the treatment that employees receive for occupational injuries and illnesses, these should be documented in the interview notes or questionnaire. For example, if the CSHO learns that employees are discouraged from visiting their personal physician for treatment or that company representatives direct medical treatment, this should be noted.

F. Conduct Limited Walkaround Inspection.

Each Recordkeeping NEP inspection will include a limited walkaround inspection of the main plant operations areas. The CSHO will generally be looking for consistency with the recorded injuries and illnesses, but will address any violations observed in plain view while conducting the limited walkaround inspection. The CSHO may, upon consultation with the Area Office, expand the scope of this inspection or make a referral in order to address other areas of the plant that may pose safety and health risks. The decision to expand the scope or make a referral will be based on the results of the records review and interviews. The scope of the inspection may also be expanded or a referral can be

made if the CSHO observes aspects of the employer's operation that relate to another emphasis program in effect at the time.

The CSHO can combine the recordkeeping inspection with another inspection that may also be scheduled for the workplace. For aspects not addressed in this section, the CSHO shall adhere to the inspection procedures outlined in Chapter 3 of the FOM. For guidance on Walkaround Representatives and Employee Representatives, the CSHO will refer to the FOM, Chapter 3.

G. Safety and Health Issues Relating to CSHOs.

CSHOs shall adhere to procedures provided in the FOM, Chapter 3, on issues relating to their health and safety while conducting inspections for the Recordkeeping NEP.

H. Closing Conference.

At the conclusion of the inspection, the CSHO shall conduct a closing conference with the employer and the employee representatives. The CSHO shall discuss the strengths and weaknesses of the employer's recordkeeping program, and describe any recordkeeping deficiencies and violations found during the data check, records inspection, and limited walkaround inspection. The closing conference shall follow the procedures established in the FOM, Chapter 3, as applicable to these inspections.

If the CSHO has determined the employer's recordkeeping to be accurate, the CSHO shall encourage the employer to participate in one of PR OSHA's cooperative compliance programs.

XIV. Issuance of Citations. Whenever PR OSHA recordkeeping violations are identified, appropriate citations and penalties shall be proposed and supporting documentation shall be provided in accordance with guidelines in the FOM and the Recordkeeping Policy and Procedures Manual (CPL 02-00-135).

A. Citations for recordkeeping violations found shall be classified as other-than serious with proposed penalties appropriate to the circumstances in each case. If violations are characterized as "willful," "repeat," or "failure to abate," the Director of the Bureau of Inspections or Legal Division should be contacted for guidance.

When determining the classification of the citation, the CSHO shall take into account the existence of incentive or disciplinary programs that potentially affect the recording of injuries and illnesses.

B. Violation-by-violation citation and penalty procedures shall be considered, if appropriate, in accordance with OSHO Instruction CPL 2.80 (Handling of Cases to be Proposed for Violation by Violation Penalties – November 1, 1993) and the FOM.

C. Employers shall not be cited for over-reporting of cases. The employer shall be informed of such over-reporting and the need to eliminate these identified cases on the employer's PR OSHA Form 300 Log.

D. Other violations shall be cited, as appropriate, for a limited scope inspection.

XV. Recording and Tracking. In accordance with the FOM the CSHO shall enter the summary line of the employer's Form 300 Logs and the hours worked for three prior calendar years into the IMIS.

PR OSHA-1 item "inspection type" should be coded as "Planned." PR OSHA-1 item "scope" should be coded as "Partial". The IMIS coding will no longer be captured in Item 46, Optional Information, but will be captured in Item 25d, NEP coding. The "NEP" box is to be checked and the value "RKNEP" recorded in Item 25d.

XVI. Evaluation. Copies of the logs, completed worksheets, completed interviews and copies of employer written policies for each inspection will be submitted to the Directorate of Evaluation, Office of Statistical Analysis (OSA). OSA will compile the data and develop a descriptive report of the results of the inspections conducted under this NEP.

When submitting the completed worksheets it is imperative to use unique codes as employee identifiers rather than the employees' names. These worksheets will contain personal medical information; the employees' medical privacy must be protected by using codes. The CSHO will maintain a list of codes associated with the employees' names and will retain this list in the inspection file.

APPENDIX A

List of In Scope Industries

The following industries have an industry DART rate from 5.7 to 8.1 as reported by the Bureau of Labor Statistics (BLS) Annual Survey, *TABLE SNR02. Highest incidence rates of nonfatal occupational injury and illness cases with days away from work, restricted work activity, or job transfer, private industry 2007.*

Industry	NAICS	2007DART
Animal (except poultry) slaughtering	311611	8.1
Scheduled passenger air transportation	481111	8.1
Steel foundries (except investment)	331513	7.9
Other nonferrous foundries (except die-casting)	331528	7.6
Concrete pipe manufacturing	327332	7.5
Soft drink manufacturing	312111	7.3
Couriers	492110	7.3
Manufactured home (mobile home) manufacturing	321991	7.1
Rolling mill machinery and equipment manufacturing	333516	7.1
Iron foundries	331511	6.7
Nursing care facilities	623110	6.2
Fluid milk manufacturing	311511	6.1
Seafood canning	311711	6.1
Marine cargo handling	488320	6.1
Copper foundries (except die-casting)	331525	6
Bottled water manufacturing	312112	5.9
Refrigerated warehousing and storage	493120	5.9
Motor vehicle seating and interior trim manufacturing	336360	5.8
Pet and pet supplies stores	453910	5.7

Additional Covered Industries

NAICS 311615 Poultry Processing
 NAICS 115210 Support Activities for Animal Production

APPENDIX B – Private Sector

Cover Letters

Letter to Employers

Dear (Employer):

Your workplace has been scheduled for a records and workplace inspection as part of PR OSHA's initiative to assess the quality of injury and illness data recorded by employers, as outlined in the Injury and Illness Recordkeeping National Emphasis Program. This letter explains how your establishment was selected for an inspection under this program and the procedures that will be followed.

Your establishment was selected from a list of low rate establishments in high rate industries (your establishment was identified as low rate using injury and illness data reported by establishment with your same NAICS to the Bureau of Labor Statistics of the US Department of Labor).

This inspection will consist of three main parts: a records review for CY 2007 and CY 2008, interviews, and a walkaround (safety and health inspection) of the workplace. Each item is discussed below.

Your records from CY 2007 and CY 2008 will be intensively reviewed. As part of the review to inspect the accuracy and completeness of your company's PR OSHA Form 300, the PR OSHA compliance officer will ask you to furnish the following information:

1. Your 2007 employee roster(s). (The roster is to include labor, executive, hourly workers, salary workers, part-time workers, seasonal workers, and temporary workers that your firm directly supervised during the referenced year.)
2. Your 2007 and 2008 PR OSHA Form 300, Form 300A, and corresponding Form 301s. (Please note for data entry purposes the CSHO shall request three calendar years of the Form 300 and current year).
3. Workers' Compensation First Reports of Injury for employees.
4. Medical records for employees. (To protect the privacy of medical records, a formal written Medical Access Order is attached. It explains this process more fully.)

In addition, the compliance officer will need to see other related records for employees such as, but not limited to, nurse/doctor/clinic logs, company first-aid reports, company accident reports, insurers' accident reports, accident and health benefit insurance records, within-plant employee

transfer records, absentee records, and employee/payroll records. Company policies pertaining to injury and illness reporting and recording will also be requested.

As part of the recordkeeping inspection, the compliance officer will conduct interviews with employees, management, the recordkeepers, and medical staff. We will make reasonable efforts to avoid disruption of your workplace activities during the interview process.

Finally, a walkaround (safety and health) inspection of the workplace will take place. This component is necessary to observe the consistency of the recorded injuries and illnesses with the workplace conditions. The compliance officer will address any violations that are observed in plain view during the walkaround. In addition, any other Emphasis Programs that apply to your workplace will be addressed during the inspection.

We appreciate your cooperation in this program. If you have any questions, your compliance officer is available to discuss them with you.

Sincerely,

Area Director

APPENDIX B – Public Sector

Cover Letters

Letter to Employers

Dear (Employer):

Your workplace has been scheduled for a records and workplace inspection as part of PR OSHA's initiative to assess the quality of injury and illness data recorded by employers, as outlined in the Injury and Illness Recordkeeping National Emphasis Program. This letter explains how your establishment was selected for an inspection under this program and the procedures that will be followed.

Correctional Institutions is the industry selected for the public sector. Only one site per PR OSHA Area Office will be inspected using a random list of the Correctional Institutions within the Area Office jurisdiction.

This inspection will consist of three main parts: a records review for CY 2007 and CY 2008, interviews, and a walkaround (safety and health inspection) of the workplace. Each item is discussed below.

Your records from CY 2007 and CY 2008 will be intensively reviewed. As part of the review to inspect the accuracy and completeness of your establishment's PR OSHA Form 300, the PR OSHA compliance officer will ask you to furnish the following information:

1. Your 2007 employee roster(s). (The roster is to include labor, executive, hourly workers, salary workers, part-time workers, seasonal workers, and temporary workers that your firm directly supervised during the referenced year.)
2. Your 2007 and 2008 PR OSHA Form 300, Form 300A, and corresponding Form 301s. (Please note for data entry purposes the CSHO shall request three calendar years of the Form 300 and current year).
3. Workers' Compensation First Reports of Injury for employees.
4. Medical records for employees. (To protect the privacy of medical records, a formal written Medical Access Order is attached. It explains this process more fully.)

In addition, the compliance officer will need to see other related records for employees such as, but not limited to, nurse/doctor/clinic logs, company first-aid reports, company accident reports, insurers' accident reports, accident and health benefit insurance records, within-plant employee transfer records, absentee records, and employee/payroll records. Company policies pertaining to injury and illness reporting and recording will also be requested.

As part of the recordkeeping inspection, the compliance officer will conduct interviews with employees, management, the recordkeepers, and medical staff. We will make reasonable efforts to avoid disruption of your workplace activities during the interview process.

Finally, a walkaround (safety and health) inspection of the workplace will take place. This component is necessary to observe the consistency of the recorded injuries and illnesses with the workplace conditions. The compliance officer will address any violations that are observed in plain view during the walkaround. In addition, any other Emphasis Programs that apply to your workplace will be addressed during the inspection.

We appreciate your cooperation in this program. If you have any questions, your compliance officer is available to discuss them with you.

Sincerely,

Area Director

APPENDIX B – Construction Industry

Cover Letters

Letter to Employers

Dear (Employer):

Your workplace has been scheduled for a records and workplace inspection as part of PR OSHA's initiative to assess the quality of injury and illness data recorded by employers, as outlined in the Injury and Illness Recordkeeping National Emphasis Program. This letter explains how your establishment was selected for an inspection under this program and the procedures that will be followed.

The construction industry is classified as a high rate industry. Only one construction project per PR OSHA Area Office will be inspected using a random list of the construction projects within the Area Office jurisdiction.

This inspection will consist of three main parts: a records review for CY 2007 and CY 2008, interviews, and a walkaround (safety and health inspection) of the workplace. Each item is discussed below.

Your records from CY 2007 and CY 2008 will be intensively reviewed. As part of the review to inspect the accuracy and completeness of your company's PR OSHA Form 300, the PR OSHA compliance officer will ask you to furnish the following information:

1. Your 2007 employee roster(s). (The roster is to include labor, executive, hourly workers, salary workers, part-time workers, seasonal workers, and temporary workers that your firm directly supervised during the referenced year.)
2. Your 2007 and 2008 PR OSHA Form 300, Form 300A, and corresponding Form 301s. (Please note for data entry purposes the CSHO shall request three calendar years of the Form 300 and current year).
3. Workers' Compensation First Reports of Injury for employees.
4. Medical records for employees. (To protect the privacy of medical records, a formal written Medical Access Order is attached. It explains this process more fully.)

In addition, the compliance officer will need to see other related records for employees such as, but not limited to, nurse/doctor/clinic logs, company first-aid reports, company accident reports, insurers' accident reports, accident and health benefit insurance records, within-plant employee transfer records, absentee records, and employee/payroll records. Company policies pertaining to injury and illness reporting and recording will also be requested.

As part of the recordkeeping inspection, the compliance officer will conduct interviews with employees, management, the recordkeepers, and medical staff. We will make reasonable efforts to avoid disruption of your workplace activities during the interview process.

Finally, a walkaround (safety and health) inspection of the workplace will take place. This component is necessary to observe the consistency of the recorded injuries and illnesses with the workplace conditions. The compliance officer will address any violations that are observed in plain view during the walkaround. In addition, any other Emphasis Programs that apply to your workplace will be addressed during the inspection.

We appreciate your cooperation in this program. If you have any questions, your compliance officer is available to discuss them with you.

Sincerely,

Area Director

Attachment for Medical Access Order

Sample Cover Letter

Employer

Attention:

The Puerto Rico Occupational Safety and Health Administration (PR OSHA) would like to examine any and all employee (permanent, temporary and/or contracted) medical records from January 1, 2007 to the present date. The examination of this medical information is in connection with PR OSHA's records inspection of your workplace.

The Puerto Rico Occupational Safety and Health Act of 1975, as amended, authorizes PR OSHA's access to records, including employee medical records, during the course of inspections and investigations conducted under the Act.

On [date], the Assistant Secretary for Occupational Safety and Health approved a Medical Access Order (copies attached) authorizing access to specific medical records by name of the CSHO. The specified medical records pertain to all individuals who are, or have been, employed by your organization. The records must in each instance be accompanied by explicit personal identifiers (name, address, payroll number and/or social security number).

Due to the personal privacy interests involved, PR OSHA exercises its authority to access, examine, copy and analyze personally identifiable employee medical information. The Agency, after a careful determination, asserts that such access is consistent with the statutory purpose and is necessary to achieve the objectives of the investigation. The Assistant Secretary for PR OSHA has determined that PR OSHA needs to gain access to the specified personally identifiable employee medical information in furtherance of this investigation [Act No. 16 of August 5, 1975; 4 OSH 1910.1020(e)(3)].

In order to safeguard the employees' interest in the privacy of the medical records that are to be examined and copied (if necessary), PR OSHA will take the steps necessary to handle and protect the employee medical information. *Name of the CSHO* has been designated (see Medical Access Order) to be primarily responsible for assuring that the examination and use of medical information obtained during this investigation is in accordance with applicable regulations.

Please note that a copy of this letter and the attached Medical Access Order must be prominently posted at the above referenced place of employment for at least fifteen (15) working days [4 OSH 1910.1020(e)(3)(ii)]. Where it is agreed by the *Name of the CSHO*, employer, and Collective Bargaining Agent if any, individual notice to employees or the placement of a copy of this letter and Medical Access Order in each employee's medical file may also be appropriate.

PR OSHA's regulations further provide that an employer may file written objections concerning the Medical Access Order with the Technical Support Division (see Medical Access Order), who is responsible for assuring Agency compliance with these rules. However, the filing of written objections does not defer the employer's obligation to provide prompt access by PR OSHA to the medical records.

Your cooperation is appreciated. If you have any questions, please feel free to contact me or the Area Director.

Sincerely,

Jay Rullan
Acting Director
Division of Technical Support

APPENDIX C

Worksheet and Questionnaires

RECORDKEEPING VIOLATION DOCUMENTATION WORKSHEET

1. UNIQUE CASE NUMBER: _____ (Do not enter the employee's name)
 (Designate a number that will stay the same at all times. Example: PR OSHA-1-07, where PR OSHA means it was discovered by us, 2007 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 L 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 1-6 of Column M)

- 1).If Injury check here
- If Illness, check type: 2) Skin Disorder 3) Respiratory Condition 4) Poisoning 5) Hearing Loss
 6) All Other Illnesses

5. WORK RELATIONSHIP AND NATURE OF INJURY OR ILLNESS: Describe event or exposure including placement of employee on or off premises; PR 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; or sustained a back injury or illness while lifting boxes.

6. BASIS FOR RECORDABILITY: (Check all that apply and provide details in comments section, below)

- Death (D)
- Days Away (DA)
- Restriction or Job Transfer (RT)
- Loss of Consciousness (LC)
- Medical Treatment beyond First Aid (MT)
- Significant injury or illness diagnosed by a physician or other healthcare professional (SI)
- Recordable condition under 1904.8 thru 1904.11 (needlestick, TB, hearing loss, etc.)

7. COMMENTS: (Be specific and show all relevant information.) Examples: MT-Naprosyn 440 mg BID (twice a day); DART - give dates (9/14/07-9/21/07); SI - Aplastic Anemia from Benzene exposure.

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

- | | | |
|--|---|---|
| PR OSHA 300 Form <input type="checkbox"/> | Employee roster (payroll) <input type="checkbox"/> | Medical Records/Files <input type="checkbox"/> |
| Nurse/Doctor/Clinic logs <input type="checkbox"/> | Insurers' accident reports <input type="checkbox"/> | Company Accident Reports <input type="checkbox"/> |
| Absentee Record <input type="checkbox"/> | Company First-Aid Reports <input type="checkbox"/> | Union Records <input type="checkbox"/> |
| Accident and Health Benefit Insurance <input type="checkbox"/> | | |
| PR OSHA 301 Form or Workers' Comp. Equivalent <input type="checkbox"/> | | |
| State Workers' Compensation Form <input type="checkbox"/> | | |
| Other (Specify) <input type="checkbox"/> _____ | | |

RECORDKEEPER QUESTIONNAIRE

The questionnaire is used to record responses to the interview with the designated Recordkeeper(s).

PR OSHA Recordkeeper Questions

(Name) Last: _____ First: _____ Middle: _____

Title: _____

Date: _____

Note to inspector: Is this the same person that provides first aid?

Yes No

1. In keeping PR OSHA records, which of the following do you use? (Check all that apply):

- The PR OSHA Regulation 2 OSH Part 1904
- Instructions on the PR OSHA forms
- OSHA website; PR OSHA website under the PR DOL web page
- Internal guidelines
- Other (list)

2. Do you have a computerized recordkeeping system?

Yes No

If yes, what software do you use?

3. Does this company have other facilities?

Yes No

If yes, do you use centralized recordkeeping?

Yes No

4. Do you have a completed supplementary record for each case entered on the log?

Yes No

If yes, which form(s) do you use as the supplementary record?

- PR OSHA Form 301
- State Workers' Compensation Form
- Insurer's Form
- Other (Please Specify)

5. How do you get information about workplace injuries and illnesses?

For example, are supervisors required to report to you any injury or illness that occurs?

6. How were you trained to handle the duties of completing the PR OSHA Log?

- Self taught/no formal training
- Trained by supervisor, colleague, or previous Recordkeeper
- Classroom training
- Other (please specify)

7. What is your relationship to the company? (Check all that apply)

- Employee
- Contractor
- Attorney

8. Do you have other job duties?

- Yes
- No

If yes, please describe:

9. Do you use a Third Party Administrator or another company to help with your PR OSHA recordkeeping?

- Yes
- No

If yes, who?

10. Do you discuss cases with the medical provider?

- Yes
- No

If yes, please describe:

11. Please list all persons who are medical or first aid providers that you work with.

12. If you need assistance in determining if a case should be recorded, how is it obtained?

13. Do employees of your establishment request access to the PR OSHA Log?

- Frequently
- Occasionally
- Never

14. Do you record hearing loss cases?

- Yes
- No

If No, who does?

15. Who calculates the Standard Threshold Shift for hearing loss cases?

16. Have you ever been encouraged to not record an incident?

Yes No

If yes, how?

17. What is your policy for deleting recorded cases?

18. Who has the authority to tell you to delete a case?

19. How are disagreements about recordability handled? If possible, please provide examples:

20. Do managers have a role in determining recordability?

Yes No

If yes, please describe

21. Are you aware of any safety incentive programs, contests, or promotions sponsored by the company?

Yes No

If yes, please describe

If the company does have such a policy or program, is there written documentation?

Yes No

If a written policy exists, please provide a copy with this inspection

22. Do you participate in any bonus or incentive safety system?

Yes No

If yes, please describe

If the company does have such a policy or program, is there written documentation?

Yes No

If a written policy exists, please provide a copy with this inspection

23. Are there any occupational injury or illness cases that you haven't entered on the Log within 7 calendar days?

Yes No

If yes, why would you wait?

24. Do you get many "late reports" of injuries or illnesses?

Yes No

If yes, why do you think this happens?

25. Does the employer receive reports of all injuries and illnesses, however minor, or just the ones that may be recordable?

All Recordable only Other (please describe)

- a. If all, what are these records called?
- b. Who maintains them?
- c. Where are they stored?

26. Is a record of cases determined not to be recordable also maintained?

Yes No

If yes, please provide.

27. Do you also maintain the first aid reports for the company?

Yes No

28. Comments:

EMPLOYEE INTERVIEW QUESTIONNAIRE

The questionnaire is used to record responses to the interviews with a sample of employees.

If a union representative is available, please interview him or her using this questionnaire.

Name/Employment Information

Last: _____ First: _____ Middle: _____

Occupation (regular job title): _____ Department/Division: _____

Tenure: _____

Reporting procedures

1. Has your employer informed you how to report work-related injuries and illnesses?

Yes No

If yes, what are the procedures in your workplace for reporting injuries?

If yes, who were you instructed to report injuries to?

2. Do you need to be accompanied by a supervisor to report work-related injuries and illnesses?

Yes No Do not know, have not been injured or ill

If yes, is there ever a delay – or lag time— between when you are injured/ill and when you see a nurse or other health professional?

Yes No Do not know, have not been injured or ill

If yes, is this because you must wait for a supervisor to accompany you? Explain

3. Do you and your co-workers feel you are able to report injuries and illnesses without fear of a negative action for reporting these injuries or illnesses?

Yes No Don't Know

If no, why not?

4. Are you aware of any instances where a work-related injury or illness has **not** been reported to the employer during the last 2 years?

Yes No

If yes, briefly describe/explain.

5. Are you aware of any instances where an employee was disciplined or penalized for reporting a work-related injury or illness?

Yes No

If yes, explain.

6. Have you ever been discouraged from reporting an injury (for example, by pressure from management or co-workers)?

Yes No

If yes, explain.

Special Programs

7. Are any of the following programs or policies present at your workplace?

a. Safety incentive programs or programs that provide prizes, rewards or bonuses to an individual or groups of workers that is based on the number of injuries and illnesses recorded on the PR OSHA log?

Yes No Don't Know

a1. If yes, briefly describe the programs or policies.

a2. If yes, do you think these programs encourage or discourage the reporting of injuries or illnesses?

Encourage Discourage Neither

b. In your workplace, are there prizes, rewards or bonuses to supervisors or managers that are linked to the number of injuries or illnesses recorded on the PR OSHA log?

Yes No Don't Know

b1. If yes, briefly describe the programs or policies.

b2. If yes, do you think these programs encourage or discourage the reporting of or illnesses to your employer?

Encourage Discourage Neither

c. In your workplace, are there demerits, punishment or disciplinary policies for reporting injuries or illnesses?

Yes No Don't Know

c1. If yes, briefly describe the programs or policies.

c2. If yes, do you think these programs discourage the reporting of injuries or illnesses to your employer?

Encourage Discourage Neither

d. In your workplace are there absenteeism policies that count absences due to work-related injuries as unexcused absences or assign demerits or points if a worker is absent due to a workrelated injury?

Yes No Don't Know

d1. If yes, briefly describe the programs or policies.

d2. If yes, do you think these programs encourage or discourage the reporting of injuries or illnesses to your employer?

Encourage Discourage Neither

e. In your workplace, is there post-injury drug testing for all or most work-related injuries and illnesses?

Yes No Don't Know

e1. If yes, briefly describe the programs or policies.

e2. If yes, do you think these programs encourage or discourage the reporting of work-related injuries or neither encourage or discourage whether workers report injuries or illnesses to your employer?

Encourage Discourage Neither

8. Are there any other programs, policies or practices in your workplace that you believe affect workers' decisions about whether or not to report a work-related injury or illness?

Yes No Don't Know

If yes, explain the policy, program or practice and how it affects workers' decisions to report or not report a work-related injury or illness.

Medical

9. Did you experience an injury or illness during CY 2007 or 2008 that was caused or aggravated by an event or exposure at work?

Yes No

a. If yes, briefly describe this injury and/or illness.

b. Have you or your employer filed for workers' compensation for this injury or illness?

Yes No

c. Did your injury and/or illness involve any days away from work or days of restricted work activity?

Yes No

If yes, explain

d. If yes, how many workdays?

_____ Number of days away from work
_____ Number of days restricted work activity

e. Who was your healthcare provider?

f. Were you sent for a second opinion?

Yes No

If yes, who did you see?

10. Have you ever called in sick due to pain from performing tasks at work?

Yes No

11. Have you ever taken vacation days due to pain from performing tasks at work?

Yes No

12. Do you take over the counter medication (Advil, Tylenol, etc.) for an unreported but work-related injury?

Yes No

13. Do you know of anyone who has quit because of pain or injury? Who?

Yes No

14. Do you know of anyone who has quit because the work tasks are too physically demanding? **Who?**

Yes No

15. Are there specific departments, shifts, tasks that you know are more at risk for injury?

If yes, which ones?

Yes No

16. Do you know of any employees who have been provided transportation so they could get into work because they were in a cast, on narcotic medication, or for any other reason?

Yes No

If yes, briefly describe/explain.

17. Are you aware of any instances where an employee came into work the day they were having surgery, only to "clock in" and leave within the hour to go and have the surgery?

Yes No

If yes, explain.

18. Do you know of any employees who had an occupational injury and were given restricted work but just sit around because there is nothing for them to do that meets their restrictions?

Yes No

If yes, explain.

19. Have you ever been encouraged to report an injury or illness as a non work-related event or exposure to a medical provider?

Yes No

If yes, explain.

PR OSHA Records

20. Does your employer keep a PR OSHA Form 300, (may also be referred to as the PR OSHA Log, the Log of Occupational Injuries and Illnesses, the PR OSHA 300 Form, the Form 300, the Injury/Illness Log, or PR OSHA Log of Injury and Illness) to record work-related injuries and illnesses for your establishment?

Yes No Don't Know

If yes, have you seen the log?

Yes No

If yes, did you see it by?

Viewing the 300A summary portion of the log posted by the employer?
 By requesting access to see the entire PR OSHA Log?
 Other? Please describe.

21. Are you aware of any instances where an employee did not receive appropriate medical treatment for a work-related injury or illness so that the injury or illness would not be recorded on the PR OSHA Log of Injury and Illness?

Yes No

If yes, explain.

If yes, did this ever happen to you?

Yes No Don't Know

If yes, please explain:

22. Do you have any other comments about the injury and illness reporting and recording practices in your workplace?

HEALTH CARE PROFESSIONAL INTERVIEW (First Aid and or Medical)

Name of establishment being inspected:

Full Name:

Job Title:

Date of Interview:

If the HCP is off-site:

HCP Address:

HCP Telephone:

***NOTE: IT IS IMPORTANT TO REVIEW THE EMPLOYER'S FIRST AID LOGS.
REQUEST THE EMPLOYER'S FIRST AID LOGS.***

1. What is your business relationship with the company?

- Employee
- Contractor hired by the company
- Independent medical or first-aid provider
- Other

2. Note: If the HCP is NOT an employee of the company, ask the following:

Does your company provide any other services to the employer?

- Workman's Compensation claim handling
- Safety and Health Consulting Services
- Safety and Health Training
- Audiograms
- Respiratory Medical Evaluations
- Medical testing for the expanded health standards (e.g. Lead)
- Other Services:

Are you a certified Worker's Compensation Provider?

- Yes No

To whom do you report your medical findings?

- Directly to the Company
Name of Contact Person:
- Workman's Compensation (State)
- The Company's Private Insurance Agency
- The Company's Third Party Administrator
Name of Contact Person:
- Other:

3. Are you familiar with the job functions of employees in this establishment?

- Yes No

If yes, how did you learn about these? (Check all that apply):

- Employer provided written job description
- Walked through the establishment to view job tasks
(Date of last visit: _____)
- Employees describe their job functions when they arrive for care
- Employer/supervisor describes job functions when employees arrive for care

4. What is your level of medical or first-aid training?

- Physician
- Paramedic or EMT
- Physician Assistant
- First aid/CPR certification
- Registered Nurse
- Nurse Practitioner
- Licensed Practical Nurse
- Other _____

Note: If interviewing a physician or nurse ask: Do you have specialized training in occupational health?

- Yes
- No

If yes, please specify:

- For physicians:
- Board certification in occupational medicine
 - Board eligibility in occupational medicine
 - Other:

- For nurses:
- Occupational health nursing certification
 - Other:

5. Do you provide first aid to employees?

- Yes
- No

If yes, please explain types of first aid provided:

Do you provide medical treatment to employees?

- Yes
- No

If no, who provides medical treatment to employees? Please include name and contact information (phone, address, email):

6. Are you familiar with PR OSHA Recordkeeping procedures?

- Yes
- No

If yes, have you had formal training in the PR OSHA recordkeeping program?

- Yes
- No

If yes, please describe:

7. Have you provided medical treatment or first aid to employees from this company in the past 4 years?

Yes No

If not, how long have you provided treatment at this company?

If yes, did you provide these services at the worksite?

Yes No

8. Have you provided medical treatment or first aid to employees from this company who had workrelated injuries or illnesses?

Yes No

If yes, did you provide these services at the worksite?

Yes No

9. Have you provided medical treatment or first aid to employees from this company who had injuries or illnesses not related to work?

Yes No

If yes, did you provide these services at the worksite?

Yes No

10. How are injured or ill employees from this company referred to you for treatment?

Employee self-referral Brought by EMS
 Referred by employer/supervisor Other (explain):
 Referred by on-site designated first responder

11. Has a company representative accompanied the employee when the employee sought treatment?

Always Sometimes Infrequently Never

If yes, did a company representative remain with the employee during assessment and treatment?

Always Sometimes Infrequently Never

12. Do you keep the first aid logs?

Yes No

13. Has a company representative offered any suggestions or instructions on how you should medically diagnose, assess, or treat injured or ill workers?

Yes No

If yes, please describe:

a. Has a company representative offered any instructions or suggestions to identify an injury or illness as minor discomfort?

Yes No

b. Have you ever been asked to give medications at over-the-counter dosages whenever possible?

Yes No

c. Have you ever been asked by an employer to give an injured or ill worker a non-rigid splint instead of a rigid splint?

Yes No

d. Have you ever used or been asked to use strips to treat a cut or laceration instead of medical glue or sutures?

Yes No

14. Do workers who sustain a worksite injury or illness get drug tested routinely?

Yes No Don't Know

15. Are workers who sustain a worksite injury or illness provided additional safety training?

Yes No Don't Know

If yes, please describe.

16. Do workers who sustain a worksite injury or illness have anything added to their personnel file?

Yes No Don't Know

If yes, please describe.

17. Are you the person normally responsible for determining whether or not a case is recordable on the PR OSHA 300 log?

Yes No

If not, who is?

If not, do you participate in the decision-making for recordability?

Yes No

If yes, please explain your role in the decision making.

18. Has PR OSHA recordability ever entered into your decision on how to treat a worker?

Yes No

If yes, in what way?

19. Have you ever been asked to override or change the treatment of an employee when receiving a recommendation from a different Health Care Professional?

Yes No

If yes, what criteria are evaluated for overriding a case?

20. In your opinion, are workers uncomfortable or fearful about reporting an injury or illness?

Yes No Don't Know

If yes, and you know why, explain:

If yes, how often does this occur?

21. Have workers requested an injury or illness not be recorded on the PR OSHA 300 Log?

Yes No Don't Know

If yes, and you know why, explain:

If yes, how often does this occur?

22. Have workers ever requested you to downplay the severity of an injury or illness?

Yes No

If yes, and you know why, explain:

If yes, how often does this occur?

23. Are you aware of any safety incentive programs or programs that provide prizes, rewards or bonuses to an individual or groups of workers at this worksite that is based on the number of injuries and illnesses recorded on the PR OSHA log?

Yes No

If yes, please describe.

If the company does have such a policy or program, is there written documentation?

Yes No

If a written policy exists, please provide a copy with this inspection.

24. Are you aware of any disciplinary programs or other policies or practices that are tied to injury and illness reporting?

Yes No Don't Know

If yes, please describe.

If the company does have such a policy or program, is there written documentation?

Yes No

If a written policy exists, please provide a copy with this inspection.

25. In your experience, are there specific departments, shifts, or tasks that you find increase employees' chances of developing a musculoskeletal disorder?

Yes No Don't Know

26. Do you know of employees who were put on work restrictions that the company did not honor?

Yes No

27. Do you know of employees taking over-the-counter medication or other treatments (e.g. chiropractor) for work-related aches and pains?

Yes No

28. Are exposures to blood or other potentially infectious material recorded on the company's PR OSHA 300 Log?

Yes No Don't Know

MANAGEMENT/COMPANY REPRESENTATIVE INTERVIEW QUESTIONNAIRE

Name of establishment being inspected:

Location/Address

Full Name:

Job Title:

Date of Interview:

1. Does the company maintain a record of occupational injuries and illnesses?

Yes No

2. What is the name and job title of the individual(s) who maintains this information?

3. Does the company have a computerized recordkeeping system?

Yes No

4. Does the company have other establishments or locations?

Yes No

If yes, do you use centralized recordkeeping?

Yes No

5. Do you have a completed PR OSHA Form 300 Log and PR OSHA Form 300A Summary of Occupational Injuries and Illnesses for the past five calendar years?

Yes No

6. When an employee experiences a work-related injury or illness, to whom do they make the first report of injury or illness?

(List name and/or job title):

7. Does the company maintain any type of first aid log?

Yes No

If yes, who enters information on the log?

Note to inspector: If yes, request a copy:

Obtained *Not Obtained*

8. Have you informed your employees how to report work-related injuries and illnesses?

Yes No

If yes, what is the procedure?

9. Does the company investigate the circumstances of occupational injuries and illnesses?

Yes No

If yes, is a written report produced?

Yes No

10. Does the company have on-site first-aid staff?

Yes No

If yes, what is their level of medical training?

Does the company have on-site medical staff?

Yes No

If yes, what is their level of medical training?

If no, who provides treatment?

- Employee's personal physician
- Offsite company healthcare professional
- Ambulance staff (EMT, Paramedic)
- Health clinic or hospital
- Other healthcare provider:

11. Does the company use either temporary help or temporary agency workers?

Yes No

If yes, does the company supervise them on a daily basis?

Yes No

If no, who does supervise them?

If yes, are their injuries and illnesses recorded on your PR OSHA Log?

Yes No

12. Does the company have safety incentive programs or programs that provide prizes, rewards or bonuses to an individual or groups of workers based on the number of injuries and illnesses recorded on the PR OSHA log?

Yes No

If yes, please describe the program or policies.

Note to inspector: If written, request a copy:

Obtained Not Obtained Not written

a) Does the company award prizes, rewards or bonuses that are linked to the number of injuries or illnesses recorded on the PR OSHA log to supervisors or managers?

Yes No

If yes, briefly describe the programs or policies.

Note to inspector: If written, request a copy:

Obtained Not Obtained Not written

b) Are there demerits, punishment or disciplinary policies for reporting injuries or illnesses?

Yes No Don't Know

If yes, briefly describe the programs or policies.

Note to inspector: If written, request a copy:

Obtained Not Obtained Not written

c) Does the company require post-Injury Drug Testing for all or most work-related injuries and illnesses?

Yes No

If yes, briefly describe the programs or policies.

Note to inspector: If written, request a copy:

Obtained Not Obtained Not written.

13. Do you have physicians on contract?

Yes No

If yes, please list names, contact information.

If yes, have you changed contract healthcare providers within the past 3 years?

Yes No

If yes, how many times?

If yes, who were your previous contract healthcare providers?

14. What local hospital do you use?

Name: _____

Address: _____

15. Can an employee see his or her own physician if the employee has an occupational injury or illness?

Yes No Sometimes (explain)

16. Do you have a safety and health team and do they specifically investigate MSD-related injuries and provide abatement recommendations?

Yes No

17. Are there specific departments, shifts, tasks that you know are more at risk for MSD injury?

Yes No

18. Do you know of anyone who has quit because of pain or injury from work tasks? **If yes, who?**

Yes No

19. Do you know of any employees who have asked for changes to be made to the task or to be moved to a different task due to being injured or fear of being injured?

Yes No

20. Has your workers' compensation carrier ever recommended equipment or process changes to reduce risk to employees?

Yes No

If yes, were those recommendations implemented?

Yes No

21. What steps do you take to meet the certification requirement for the 300A?

22. Do you use the PR OSHA 300 logs to identify safety or health hazards?

Yes No

If yes, please describe:

APPENDIX D

Sample Recordkeeping Citations

When an employer fails to record an injury or illness case on the PR OSHA 300 log or equivalent form

4 OSH 1904.2(a): Each employer required by this part to keep records of fatalities, injuries, and illnesses did not record each fatality, injury and illness that was work-related, a new case, and meets one or more of the general recording criteria:

- Located at the (Company Name, City, PR): On or about (date of inspection), the employer did not record the following workplace injuries and illnesses on the PR OSHA 300 Log for calendar year 0000.

- a). On or about (date of injury or illness), (Job Title) - An employee received stitches due to a laceration on the left forearm from a shear machine.

When an employer fails to record an injury or illness case correctly on the PR OSHA 300 log or equivalent form

(Such as: incorrectly recorded a Days Away case as a Restricted Work/Job Transfer or as an Other recordable case.)

4 OSH 1904.5(b)(3): When an injury or illness involves one or more days away from work, you must record the injury or illness on the PR OSHA 300 log with a check mark in the space for cases involving days away from work.

- Located at the (Company Name, City, PR): On or about (date of inspection), the employer did not record the following workplace injuries and illnesses correctly on the PR OSHA 300 Log for calendar year 0000.

- a). On or about (date of injury or illness), (Job Title) - an employee was burned on the face from steam and the case was recorded as a job transfer, when the case resulted in days away from work.

OR

4 OSH 1904.5(b)(4): When an injury or illness involves restricted work or job transfer but does not involve death or days away from work the employer must record the injury or illness on the PR OSHA 300 log by placing a check mark in the space for job transfer or restriction.

- a) On or about (date of injury or illness), (Job Title) - an employee broke his hand resulting in two weeks of restricted work activity. The employer incorrectly recorded a day(s) of restricted work activity case 1904.5(b)(4) as a medical treatment case on the log.

When an employer fails to (fill out) or (did not accurately complete) a PR OSHA 301 or equivalent form for each injury or illness case

(Workers' compensation, Insurance or other reports are acceptable alternative records if they contain the information required by the 301, or are supplemented to do so.)

4 OSH 1904.29(b)(2): Employer must complete a PR OSHA 301 Incident Report form, or an equivalent form, for each recordable injury or illness entered on the PR OSHA 300 log.

Located at the (Company Name, Town, PR): On or about (date of inspection), An incident Report (PR OSHA 301 or equivalent) for each injury or illness was not (filled out) or (accurately completed) as required by the regulation.

a) On or about (date of injury or illness), (Job Title) - A 301 or equivalent was not filled out due to a work-related injury or illness to an employee resulting in the general recording criteria;

OR

b) On or about (date), (Job Title) - A 301 or equivalent was not accurately completed (SPECIFY WHAT WAS INCOMPLETE on the PR OSHA Form 301).

When an employer fails to create, certify or post a PR OSHA form 300A

4 OSH 1904.32(a)(2), (3), (4): The Summary of Work-Related Injuries and Illnesses (PR OSHA Form 300A or equivalent) was not created, certified or posted:

(STATE WHAT WAS FOUND INCOMPLETE UNDER SPECIFIC PARAGRAPHS UNDER 1904.32)

Note: The employer shall not be cited for where no records are kept and there have been no injuries or illnesses. See CPL 02-00-135.

Note: When determining the classification of the citation, the CSHO shall take into account the existence of incentive or disciplinary programs that potentially affect the recording of injuries and illnesses.

APPENDIX E

Days Away From Work Case Rates for Musculoskeletal Disorders, 2007

Industry	NAICS	MSD DAW
Animal (except poultry) slaughtering	311611	42.3
Scheduled passenger air transportation	481111	240.1
Steel foundries (except investment)	331513	53.9
Other nonferrous foundries (except die-casting)	331528	140.3
Concrete pipe manufacturing	327332	32.7
Soft drink manufacturing	312111	130.7
Couriers	492110	136.3
Manufactured home (mobile home) manufacturing	321991	61.2
Rolling mill machinery and equipment manufacturing*	333516	36.0
Iron foundries	331511	95.9
Nursing care facilities	623110	134.7
Fluid milk manufacturing	311511	96.8
Seafood canning	311711	99.8
Marine cargo handling	488320	85.5
Copper foundries (except die-casting)	331525	51.8
Bottled water manufacturing	312112	96.0
Refrigerated warehousing and storage	493120	70.0
Motor vehicle seating and interior trim manufacturing	336360	78.0
Pet and pet supplies stores	453910	89.5
Poultry Processing	311615	21.1
Support Activities for Animal Production	115210	27.6

Incidence rates represent the number of injuries and illnesses per 10,000 full-time workers and were calculated as:

$(N / EH) \times 20,000,000$ where,

N = number of injuries and illnesses,
 EH = total hours worked by all workers during the calendar year,
 20,000,000 = base for 10,000 full-time equivalent workers (working 40 hours per week, 50 weeks per year).

* A 2007 MSD days away from work rate for NAICS 333516 was not published. The rate for the broader industry NAICS 333510 is used in its place.

APPENDIX F

CSHO CHECKLIST

Prior to inspection of establishment obtained the following documents:
 Letter to employer and MAO

Year	Obtain a Copy of Form 300, 301 and 300A and include in case file?	Calculate and check the DART against the ER's?	Obtain employee rooster from this year?	Check to make sure all cases on Form 300 are correct? (this would include overrecorded cases)	Look at all employee documents for employees in the sample and reconstruct the recordable cases?	Interview employees using the employee rooster about injuries/illnesses in the indicated cycle years	Enter Form 300A data into IMIS system?	Data should be sent to the National Office?
2007	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2008	Yes	No	No	Yes	Yes (even though the list is made from 2007 employees; we also reconstruct this log)	Yes (even though the list is made from 2007 employees)	Yes	Yes
2006	Yes	No	No	Review as usual procedure but do not verify each case	No	No	Yes	No
2009	Yes	No	No	Review as usual procedure but do not verify each case	No	No	Yes	No