

4. Do you have a completed Log and Summary of Occupational Injuries and Illnesses, OSHA No. 200, for the calendar year 1998?

Yes No

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

Yes No

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

- (1) OSHA 101
- (2) State Workers' Compensation Form
- (3) Insurer's Form
- (4) Other

6. 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?

7. a. Are you the person normally responsible for determining whether or not a case is recordable?

Yes No

b. If not, who is? _____

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

- a. Self taught/no formal training
- b. Trained by supervisor, colleague, or previous recordkeeper
- c. Classroom training
- d. Other (please specify)_____

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

10. Do employees of your establishment request access to the OSHA log?
 Frequently Occasionally Never

11. Recording criteria for work related **injuries** includes:

<input type="checkbox"/> C	All injuries are recordable	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> C	Visit to doctor for observation only	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> C	First aid	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> C	Medical treatment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> C	Loss of consciousness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> C	Restricted work activity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> C	Days away from work	<input type="checkbox"/> Yes	<input type="checkbox"/> No

12. Recording criteria for work related **illnesses** includes:

<input type="checkbox"/> C	Illnesses are recordable only when they meet the same criteria for recording injuries	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> C	All illnesses are recordable	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> C	Diagnosis by doctor	<input type="checkbox"/> Yes	<input type="checkbox"/> No

13. Criteria used to **distinguish between injuries and illnesses** for OSHA recordkeeping purposes includes:

<input type="checkbox"/> C	Length of event or exposure (instantaneous vs non-instantaneous)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> C	Type of condition (e.g. laceration vs infection)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

14. Criteria to determine if an injury or illness is **work related** for OSHA recordkeeping purposes includes:

<input type="checkbox"/> C	It occurred on employer's premises	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> C	Employee says it is work related	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> C	Only if the doctor says it is work related	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> C	Workers' Compensation decides	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> C	Only if it occurred while the employee was on the clock	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- C Its is caused by work Yes No
- C It is contributed by work Yes No
- C It is aggravated by work Yes No

15. What constitutes **restricted work activity** for OSHA recordkeeping purposes?

- C Cannot work full shift Yes No
- C Cannot perform scheduled duties Yes No
- C Cannot perform all duties employee would perform throughout the year Yes No
- C Doctor's note with restrictions that does not affect the employee's ability to perform all duties Yes No

16. a. Does your company use temporary employees?

- Yes No

b. If yes, does your company supervise them on a daily basis?

- Yes No

c. If yes, do you record their injuries and illnesses on you OSHA log?

- Yes No