

Recordkeeping Violation Documentation Worksheet (sample)

OPTIONAL

RECORDKEEPING VIOLATION DOCUMENTATION WORKSHEET

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(This Form Effective - January 1, 2002)

1. UNIQUE CASE NUMBER: OSHA-O2-1  
(Designate a number that will stay the same at all times. Example: OSHA-98-1, where OSHA means it was discovered by us, 98 is the year, and the numbers will be in sequence.)

2. DATE OF INJURY/ILLNESS: 05/25/02

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

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

G	H	I	J	K	L

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

G	H	I	J	K	L
	X			12	15

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

5. WORK RELATIONSHIP: Describe event or exposure including placement of employee on or off premises; OSHA 301 equivalent or company accident report often provides this information. Ex: Cut finger while loading scrap metal at work; Broke arm in auto accident while driving to customer's office, develops dermatitis from cleaning parts with solvent on premises.  
*Employee was standing on a ladder in the steel mill, welding pipes. A fork lift passed through the area causing a vibration which caused the ladder to shake. The employee fell to the floor fracturing the left arm and left leg.*

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

7. COMMENTS: (Be specific and show all relevant information) Examples: MT-Naprosyn 440 mg BID (twice a day); DAW-RWT - give dates (9/14/02 through 9/21/02); SI - Aplastic Anemia from Benzene exposure  
*Employee was away from work 15 calendar days from 5/26/02 through 6/9/02, and subsequently returned to work on a restricted basis for 12 days from 6/10/02 through 6/21/02. Employee was released to full duty on 6/22/02.*

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