* OSHA ARCHIVE DOCUMENT *

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Recordkeeping Violation Documentation Worksheet (blank)

OPTIONAL

RECORDKEEPING VIOLATION DOCUMENTATION WORKSHEET

OPTIONAL

(This Form Effective - January 1, 2002)

- 1. UNIQUE CASE NUMBER: (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:
- 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 <u>G</u> through **M** of the employer's 300 log entry.

G	Н	Ι	J	Κ	L

 Table 2.
 If recorded incorrectly in Table 1, or not
recorded at all, correctly record here. G Η Ι J Κ L

4.	INJURY/ILLNESS INFORMA	Column M)	1) If Injury Check here	[]	
	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.

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

The Beath (D) ------ [] The Medical Treatment beyond First Aid (MT) ------ [] Days away from work (DA) - - - [] 🔊 A significant injury or illness diagnosed by a physician Loss of consciousness (LC) - - - - [] or other health care professional (SI) ----- [] Recordable condition under 1904.8 thru 1904.12 Restricted work or transfer to another job (**RT**) - - - - - [] (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 (9/14/02-9/21/02); SI - Aplastic Anemia from Benzene exposure

8.	Su	PPORTING DOCUMENTA	TION	or E	EVIDENCE	: (Check all doc	umen	tation us	sed for substantiating case reco	rdal	bility)
	ß	OSHA 300 Form	[]	RF	Employee	roster (payroll)	[] 🕸	Medical Records/Files	[]
	ß	Nurse/Doctor/Clinic logs	[]	ß	Insurers' a	ccident reports	[] 🖻	Company Accident Reports	[]
	ß	Absentee Records	[]	r\$°	Company	First Aid Reports	[]] B	Union Records	[]
	ß	Accident and Health Benef	it Insur	ance	[]	🖙 OSHA 301 F	Form o	or Work	ers' Comp. Equivalent	[]
	R°	State Workers' Compensat	ion For	m	[]	S Other (Speci	fy)			_ []

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