



OFFICIAL STATE BUSINESS

**Public Sector Guidelines of Occupational
Injuries and Illnesses**

Recordkeeping Year 2013

IMPORTANT NOTIFICATION BOOKLET

The Public Employee Occupational Safety & Health Unit (PEOSH) at the Oklahoma Department of Labor has issued revised forms. A copy of the new recordkeeping forms package is included for your convenience.

THIS REPORT IS MANDATORY



Preface

This is your Notification & Recordkeeping Booklet for 2013. All employee occupational injury and illness data must be recorded on the enclosed form (OK Form 300) in this booklet. Please route the recordkeeping booklet to the appropriate personnel.

You will need to record any work-related injuries and illnesses that occur in your workplace during 2013. This packet contains copies of the new recording forms and instructions you will need to keep records of any work-related injuries or illnesses which occur during 2013. (These new forms are also available on the ODOL website at www.ok.gov/odol in Adobe Acrobat® PDF.)

Booklet packet contents:

1. Instructions to participating employers and contact information
2. The revised Oklahoma forms for recording work-related injuries and illnesses containing:
 - Log of Work-Related Injuries & Illnesses (OK Form 300)
 - Summary of Work-Related Injuries & Illnesses (OK Form 300A)
 - Injury & Illness Report including Case information (OK Form 301)

PLEASE NOTE: ODOL has provided one copy of each form in the packet. You may photocopy these as needed or print additional copies from the web site.

Retain this form for your records. In January 2014 you will post a copy of the OK Form 300A from February 1st – April 30th, even if you have no work-related injuries or illnesses. Submit the OK Form 300A and OK Form 301 - Case Information page on the web at <https://www.ok.gov/odol/public-sector-survey> or mail to the Oklahoma Department of Labor (ODOL) by February 21, 2014, and keep one copy for your master file. (Note: Only if the incident resulted in Days Away From Work (column H) or death (column G) submit the OK Form 301 - Case Information page.)

In 1970, the Oklahoma Occupational Health and Safety Standards Act became an official part of the Oklahoma labor law. The public policy of this act is: "Occupational accidents produce economic and social loss, impair productivity and retard the advancement of standards of living. Both humane and economic considerations recommend the establishment and implementation of effective injury control measures. A unified, continuing, professional effort is required. A dynamic program of health and safety education and training is the best-known solution to the control of occupational accidents."

The Act charges the Commissioner to ". . . prescribe, adopt, promulgate, amend and rescind, health and safety standards . . . designed for the prevention of accidents in all places of employment and for the protection of the life, health, and safety of employees. . ." And, "To assure the availability of accurate, timely statistical data concerning occupational health and safety in Oklahoma, all employers as defined in Section 402 of this title shall submit reports, on a form and in a manner prescribed by the Commissioner of Labor. Reports shall include only those injuries arising from employment within the State of Oklahoma."

In response to this Act, ODOL has the responsibility of developing and maintaining an effective statistical program in order to collect, compile, and analyze occupational health and safety data. The first year for Oklahoma to participate in the survey was 1986.

The occupational injury and illness data collected by the survey is based on the records that employers are required to keep under the Oklahoma Occupational Health and Safety Standards Act of 1970. This Act requires employers to keep records of work-related injuries and illnesses which result in loss of consciousness, restriction of work or motion, transfer to another job or medical treatment beyond first aid.

The results of the survey are used in measuring and evaluating the effectiveness of the state occupational health and safety program in reducing work-related injuries and illnesses. The survey results also provide indicators of the magnitude of the state's occupational health and safety problems and help determine which agencies have the greatest need to improve their safety programs.

Your cooperation in the effort to identify occupational injuries and illnesses among Oklahoma's public work force is appreciated. If you have any questions concerning recordkeeping requirement, contact ODOL at 405-521-6100 or 888-269-5353.



Information for the Public Sector Employer

During 2013, you are required to maintain a record of recordable occupational injuries and illnesses on the Log of Occupational Injuries and Illnesses form, which is included in this packet. You will need the information recorded on the log to complete the **OK Form 300A** questionnaire which you copy and post. The summary may be completed on the web at <https://www.ok.gov/odol/public-sector-survey> or the original must be returned to ODOL .

Instructions and information for determining the recordability of a case and for completing the log and summary are found in this booklet. Should you have any questions concerning your recordkeeping and reporting responsibilities under the Oklahoma Occupational Health and Safety Standards Act of 1970 or have any difficulty in completing the form, contact ODOL at 405-521-6100 or 888-269-5353.

Posting Requirement for Public Sector Employers

Complete the **OK Form 300A** with final totals from the log and OK Form 301, copy the summary for posting and complete the summary on the web or return the original to ODOL by February 21, 2014. Only Section 2 and 3 of the OK Form 300A covering the previous calendar year shall be posted no later than February 1st, and shall remain in place until April 30th.

Reporting of Fatality or Multiple Hospitalizations

All employers are required to report accidents resulting in one or more fatalities or the hospitalization of five (5) or more employees.

The report is made to the Public Employees Occupational Safety & Health (PEOSH) Unit in the Oklahoma City office of the Oklahoma Department of Labor. The reporting form is available on the ODOL website at www.labor.ok.gov or by calling 405-521-6140 or toll free at 888-269-5353.

The report must be made within 48 hours after the occurrence of the accident or within 48 hours after the occurrence of the fatality, regardless of the time lapse between the occurrence of the accident and the death of the employee.

Falsification or Failure to Keep Records or Reports

Any false statements, representation, or certification regarding the OK Form 300 or OK Form 300A may result in issuance of a citation. Continued, willful failure to maintain required records or file reports required by this part, or in the details required by forms and instructions issued under this part, may result in pursuance of criminal sanctions.



Important Points to Remember

Cases should be evaluated according to the guidelines given in Chart 1, Page 6.

All work-related deaths must be recorded, while only those injuries or illnesses which require medical treatment (other than first aid), or involve loss of consciousness, restriction of work or motion, or transfer to another job are recordable.

An occupational injury is an injury such as a cut, fracture, sprain, amputation, etc., which results from a work accident.

An occupational illness of an employee is any abnormal condition or disorder, other than one resulting from an occupational injury, caused by exposure to environmental factors associated with employment. It includes acute and chronic illnesses or diseases which may be caused by inhalation, absorption, ingestion or direct contact. Four (4) categories of occupational illnesses and disorders that are utilized in classifying recordable illnesses are located on page 6. Each category lists several examples, but these are not to be considered a complete listing of the types of illnesses and disorders that are to be included under each category.

A "significant" diagnosed injury or illness is recordable under the general criteria even if it does not result in death, **Days Away from work, Restricted work or job Transfer (DART)**, medical treatment beyond first aid, or loss of consciousness. These include cases involving cancer, chronic irreversible disease, a fractured or cracked bone, or a punctured eardrum. These cases must always be recorded under the general criteria at the time of diagnosis by a **Physician** or other **Licensed Health Care Professional (PLHCP)**.

Once you determine that a case is recordable, you must determine whether or not it involves DART.

Days on job with restriction or transfer include:

- work at another job on a temporary basis, or
- work at a permanent job less than full-time, or
- work at a permanently assigned job but could not perform all duties normally connected with it.

The number of days away from work does not include the day of injury or onset of illness. Each recordable illness must have an entry in one of columns (M)(2) through (M)(6).

1904.29(b)(6)

There are situations where an employer does not put the employee's name on the forms for privacy reasons. If you have a "privacy concern case," you may not enter the employee's name on the OSHA 300 Log. Instead, enter "privacy case" in the space normally used for the employee's name. This will protect the privacy of the injured or ill employee when another employee, a former employee, or an authorized employee representative is provided access to the OSHA 300 Log under § 1904.35(b)(2). You must keep a separate, confidential list of the case numbers and employee names for your privacy concern cases so you can update the cases and provide the information to the government if asked to do so.

1904.29(b)(7)

You must consider the following injuries or illnesses to be privacy concern cases:

1904.29(b)(7)(i)

An injury or illness to a intimate body part or the reproductive system;

1904.29(b)(7)(ii)

An injury or illness resulting from a sexual assault;

1904.29(b)(7)(iii)

Mental illnesses;

1904.29(b)(7)(iv)

HIV infection, hepatitis, or tuberculosis;

1904.29(b)(7)(v)

Needlestick injuries and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material (see § 1904.8 for definitions)

Basic Requirement

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

Implementation

What is the "work environment"?

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

Establishment:

Can an establishment include more than one physical location? Yes, but only if the direct supervision of all staff is the responsibility of one common individual as defined in Title 380: 40-1-5.



ATTENTION: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 2013

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries that are diagnosed by a physician or licensed health care professional (PHLCP). You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two (2) single lines for a single case if you need to. You must complete an Injury & Illness Incident Report (OK Form 301) for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call the Oklahoma Department of Labor for help at 1-888-269-5353.

Establishment _____
 Location _____
 Physical City _____

Identify the person		Describe the case				Classify the case											
(A) Case no.	(B) Employee's name	(C) Job title (e. g., Welder)	(D) Date of injury or onset of illness	(E) Event location (e.g., Loading dock, north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	Using these four categories, "X" ONLY the most serious result for each case:				Enter number of days injured or ill worker was:		"X" injury column or choose one illness type:					
						Death	Days away from work	Remained at work		Away from work (K)	On job transfer or restriction (L)	Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
								On job transfer or restriction	Other recordable cases								

Page totals ► _____

Transfer these totals to the Summary page (Form 300A) before you post it.

- injury
- Skin disorder
- Respiratory condition
- Poisoning
- Hearing loss
- All other illnesses



OK Form 300 -- Log of Work-Related Injuries & Illnesses

Oklahoma Department of Labor
405-521-6100; 888-269-5353; www.labor.ok.gov

Year 2013

Instructions for OK Form 300

Each public sector employer must maintain, for each establishment or site (as defined in Title 380: 40-1-6), a log of all recordable injuries and illnesses. If you have more than one establishment, you must keep a separate Log for each physical location that is expected to be in operation one year or longer. This form (OK Form 300) may be used for that purpose. A substitute for the OK Form 300 is acceptable if it is as detailed, easily readable, and understandable as OK Form 300 Log.

Enter each recordable case on the log within seven (7) calendar days after learning of its occurrence. Although your records must be maintained at the place of employment to which they refer, it is possible to prepare and maintain the log at another location, using electronic equipment if desired.

Logs must be maintained and retained for five (5) years following the end of the calendar year to which they relate. Logs must be available (normally at the place of employment) for inspection and copying by representatives of ODOL. Access to the log is also provided to employees, former employees, and their representatives.

Changes in Extent of or Outcome of Injury or Illness

If, during the five-year period the log must be retained, there is a change in an extent and outcome of an injury or illness which affects entries in columns (G) (H) (I) or (J), the first entry should be lined out and a new entry made. For example, if an injured employee at first required only medical treatment with no lost work days but later lost days away from work, the check in column (J) should be lined out, and a check entered in column (H) and the number of days away from work entered in column (K).

In another example, if an employee with an occupational illness with days away from work, returned to work, and then died of the illness, any entries in column (H) should be lined out and the death entered in column (G).

The entire entry for an injury or illness should be lined out if later found to be non-recordable. This would include for example: an injury which is later determined not to be work-related or which was initially thought to involve medical treatment but later was determined to have involved only first aid.

Instructions for Completing Log & Summary

Column A CASE NUMBER.
Any numbering system the employer chooses may be used. Each injury/illness shall have a distinct number.

Column B EMPLOYEE NAME.
Insert the name of the employee unless the injury/illness is one of the following: . . . Intimate body part/Reproductive system; Sexual assault; Mental illness; HIV; Hepatitis; TB; Needlestick; Employee request. In these cases insert the words "privacy concerns" in place of the name.

Column C Self-explanatory.

Column D DATE OF INJURY OF ONSET OF ILLNESS.
For occupational injuries, enter the date of the work accident which resulted in the injury. For occupational illnesses enter the date of initial diagnosis of illness, or, if absence from work occurred before diagnosis, enter the first day of the absence attributable to the illness which was later diagnosed or recognized.

Column E Describe the location where the injury/illness occurred.

Column F Describe injury or illness, parts of body affected, and object/substance that directly injured or made the person ill.

Column K CALENDAR DAYS AWAY FROM WORK.
Enter the number of calendar days on which the employee could not work because of occupational injury or illness. The number of days away should not include the day of injury or onset of illness.

Column L DAYS OF RESTRICTED WORK ACTIVITY.
Enter the number of calendar days on which because of injury or illness:
(1) the employee was assigned to another job on a temporary basis, or the employee worked at a permanent job less than full time, or
(2) the employee worked at a permanently assigned job but could not perform all duties normally associated with it.
The number of days away from work or restricted days does not include the day of injury or onset of illness.

Column M Check "injury" column or chose one illness type.

Totals Add checks or numbers for columns (G) through (M) and fill in all totals at the bottom of the page. If an employee is on restricted work or off work at the end of the year, estimate the additional time and change columns (K) and (L) for that employee. **No case shall exceed 180 days. Injuries/Illnesses shall be recorded in the year in which they occur.**



Definitions

INJURY is any injury such as a cut, fracture, sprain, amputation, etc., which results from a work accident. [See (M)(1)]

ILLNESS of an employee is any abnormal condition or disorder, caused by exposure to environmental factors associated with employment. It includes acute and chronic illnesses or diseases which may be caused by inhalation, absorption, ingestion, or direct contact. [See (M)(2)–(6)]

The listing below gives the categories of occupational illnesses and disorders that will be utilized for the purpose of classifying recordable illnesses. For purposes of information, examples of each category are given. These are typical, however, and are not to be considered the complete listing of types of illnesses and disorders that are to be counted under each category.

SKIN DISORDER

Examples: Contact dermatitis; eczema; or rash caused by primary irritants and sensitizers or poisonous plants; oil acne; chemical burns or inflammations, etc. [See (M)(2)]

RESPIRATORY CONDITION

Examples: Pneumonitis; pharyngitis; rhinitis or acute congestion due to chemicals, dusts, gases, or fumes; Silicosis; asbestosis and other asbestos-related diseases; coal worker’s pneumoconiosis; and other pneumoconioses. [See (M)(3)]

POISONING (Systemic Effect of Toxic Materials)

Examples: Poisoning by lead, mercury, cadmium, arsenic, or other metals; poisoning by carbon monoxide, hydrogen sulfide, or other gases; poisoning by benzol, carbon tetra chloride, or other organic solvents; poisoning by insecticide sprays such as parathion, lead arsenate; poisoning by other chemicals such as formaldehyde, plastics, and resins; etc. [See (M)(4)]

HEARING LOSS

Noise-induced hearing loss is defined for recordkeeping purposes as a change in hearing threshold relative to the baseline audiogram of an average of 10 decibels (dB) or more in either ear at 2000, 3000 and 4000 hertz, and the employee’s total hearing level is 25 dB or more above audiometric zero (also averaged at 2000, 3000 and 4000 hertz) in the same ear(s). [See (M)(5)]

ALL OTHER ILLNESSES

Self explanatory. [See (M)(6)]

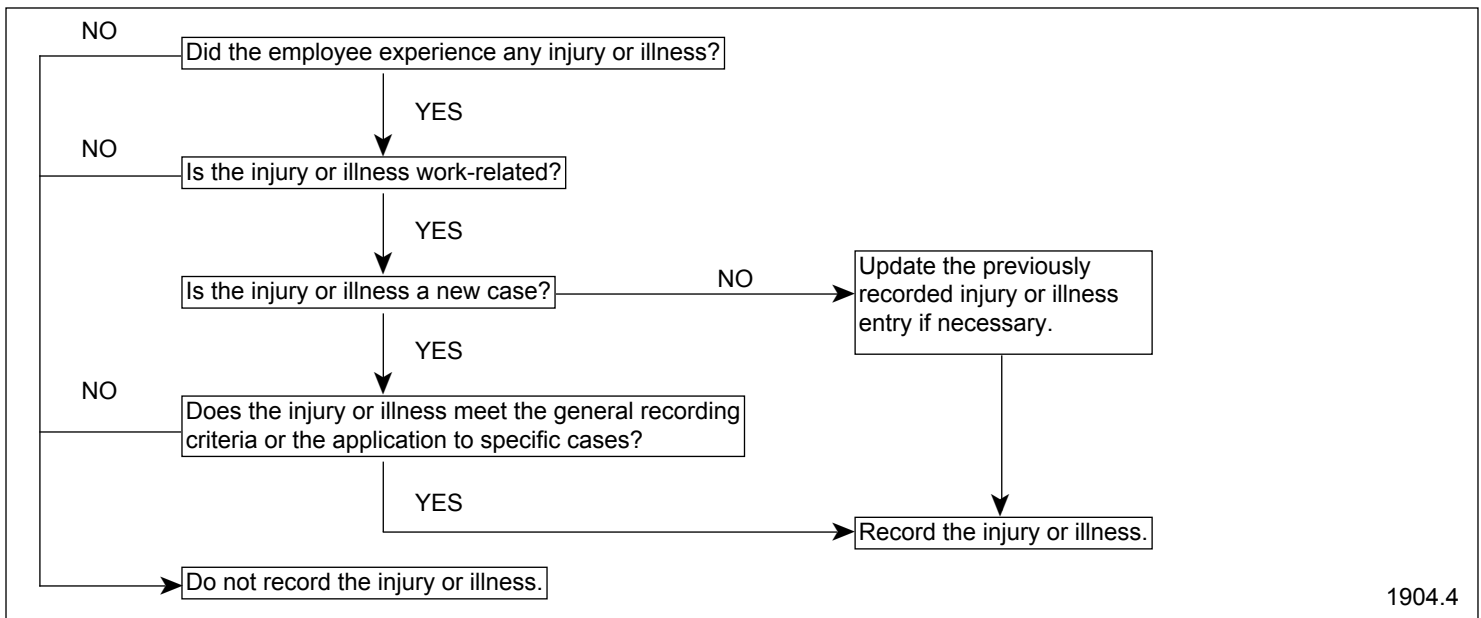
MEDICAL TREATMENT includes treatment (other than first aid) administered by a **Physician** or **Licensed Health Care Professional (PLHCP)**.

PLACE OF EMPLOYMENT is defined as the premises or vehicles in or about which an employee is permitted to work.

For place(s) of employment engaged in activities (such as construction, transportation, communication, sanitary services, fire protection or law enforcement) which may be physically dispersed, reports should be located at the place which employees normally report.

Recordkeeping Criteria Decision Tree

Chart 1





Recordkeeping Criteria

Fatalities, Injuries and Illnesses must be recorded when:

- Is work-related; and
- Is a new case; and
- Meets the general recording criteria (1904.7 to 1904.12)

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

(b) *Implementation.*

How do I decide if a case meets one or more of the general recording criteria?

A work-related injury or illness must be recorded if it results in one or more of the following:

- 1) Death,
- 2) Days away from work,
- 3) Restricted work or transfer to another job,
- 4) Medical treatment beyond first aid,
- 5) Loss of consciousness,
- 6) A significant injury or illness diagnosed by a physician or other licensed health care professional.

Guidelines for Determining Recordability

Recordability -- First Aid vs Medical Treatment, and Significant Diagnosed Injury or Illness; 1904.7

Not Recordable

- Visits to a physician or their LHCP solely for observation or counseling.
- Diagnostic procedures, such as x-rays and blood tests, including the administration of prescription medications solely for diagnostic purposes (e.g., eye drops to dilate pupils).

First Aid (All-inclusive)

- Using nonprescription medications at nonprescription strength (for medications available as both prescription and nonprescription drugs). A recommendation by a **Physician** or other **Licensed Health Care Professional** to use a nonprescription drug at prescription strength is considered medical treatment for recordkeeping purposes.
- Administering tetanus or diphtheria immunizations (other immunizations, such as Hepatitis B vaccine or rabies vaccine, are considered medical treatment).
- Cleaning, flushing or soaking wounds on the surface of the skin.
- Using wound coverings such as bandages, Band-Aids, gauze pads, butterfly bandages, Steri-Strips, etc. (other wound closing devices such as sutures, staples, etc. are considered medical treatment).
- Using hot or cold therapy.
- Using any non-rigid means of support such as elastic bandages, wraps, non-rigid back belts, etc. (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for recordkeeping purposes).
- Using temporary immobilization devices while transporting an accident victim (e.g. splints, slings, neck collars, back boards, etc.).
- Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister.
- Using eye patches.
- Removing foreign bodies from the eye using only irrigation or a cotton swab.
- Removing splinters or foreign material from areas other than the eyes by irrigation, tweezers, cotton swabs or other simple means.



Guidelines for Determining Recordability, continued

First Aid, continued

- Using finger guards.
- Using non-therapeutic massages (physical therapy or chiropractic treatment are considered medical treatment for recordkeeping purposes).
- Drinking fluids for relief of heat disorders.

Medical Treatment

- All treatment that does not fall into first aid as listed above.
- Using prescription medications or use of a non-prescription drug at prescription strength.
- Using wound closing devices such as surgical glue, sutures, staples, etc.
- Using any devices with rigid stays or other systems designed to immobilize parts of the body.

Significant Diagnosed Injury or Illness

- Any serious or significant work-related disorder that is diagnosed by a **Physician** or other **Licensed Health Care Provider** or identified by a positive medical test. These include work-related cases involving cancer, chronic irreversible disease, a fractured or a cracked bone or a punctured eardrum.

Submittal Instructions

Submit the **OK Form 300A - Summary of Work-Related Injuries & Illnesses** and **OK Form 301 - Injury & Illness Report -- Case Information** on the web at <https://www.ok.gov/odol/public-sector-survey> or mail to the Oklahoma Department of Labor (ODOL) by February 22, 2013, and keep one copy for your master file.

Note: Only if the incident resulted in Days Away From Work (column H) or death (column G) submit the **OK Form 301 - Case Information page**.

If you have any questions or if you need help completing this survey, contact ODOL at 405-521-6858 or 888-269-5353.



At the end of the year, you are required to enter the average number of employees and the total hours worked by your employees on the OK Form 300A. If you don't have these figures, you can use the information on this page to estimate the numbers you will need to enter on the OK Form 300A at the end of the year.

How to figure the average number of employees who worked for your establishment:

- Step ❶: **Add** the total number of employees your establishment paid in all pay periods during the year. Include all employees; full-time, part-time, temporary, seasonal, salaried and hourly. The number of employees paid in all pay periods = ❶ _____
- Step ❷: **Count** the number of pay periods your establishment had during the year. Be sure to include any pay periods when you had no employees. The number of pay periods during the year = ❷ _____
- Step ❸: **Divide** the number of employees by the number of pay periods. $\frac{\text{❶}}{\text{❷}} = \text{❸} \text{_____}$
- Step ❹: **Round the answer** to the next highest whole number. Write the rounded number in the blank marked Annual average number of employees. The number rounded = ❹ _____

For example, a public entity figured its average employment this way:

For pay period....	The entity paid this number of employees...		
1	10	Number of employees paid = 830	❶
2	0	Number of pay periods = 26	❷
3	15		
4	30	830 / 26 = 31.92	❸
5	40		
▼	▼	31.92 rounds to 32	❹
24	20		
25	15	32 is the annual average number	
26	+ 20	of employees	
	830		

How to figure the total hours worked by all employees:

Include the hours worked by salaried, hourly, part-time and seasonal workers, as well as hours worked by other workers subject to day-to-day supervision by your establishment (e.g., temporary help services workers).

Do not include vacation, sick leave, holidays or any other non-work time, even if employees were paid for it. If your establishment keeps records of only the hours paid or if you have employees who are not paid by the hour, estimate the hours that the employees actually worked.

If this number is not available, you can use this optional worksheet to estimate the number.

Optional Worksheet

- _____ **Find** the number of full-time employees in your establishment for the year.
- X** _____ **Multiply** by the number of work hours for a full-time employee per year.
- _____ This is the **number** of full-time hours worked.
- +** _____ **Add** the number of any overtime hours as well as the hours worked by other employees (part-time, temporary, seasonal).
- _____ **Round** the answer to the next highest whole number. Write the rounded number in the blank marked Total hours worked by all employees last year.



Section 1: Establishment Information

Establishment _____ ID _____

Location _____ Physical Address _____

Mailing Address _____ Physical City _____

Mailing City _____ Mailing State _____ Mailing Zip _____ Telephone _____

Instructions: All establishments covered by Part 1904 must complete the questions below, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary. Using the Log, count the individual entries you made for each category. Then write the total below, making sure you've added the entries from every page of the Log. If you had no cases, write "0". Employees, former employees and their representatives have the right to review the OK Form 300 in its entirety. They also have limited access to the OK Form 301 or its equivalents. See 29 CFR Part 1904.35, in OSHA's recordkeeping rules, for further details on the access provisions of these forms.

1. Annual average number of employees: → 2. Total hours worked by all employees last year: →

3. Check any conditions that might have affected your answers to questions 1 and 2 above during 2013:

Strike or lockout Natural disaster or adverse weather conditions Other reason: _____

Shutdown or layoff Shorter work schedules or fewer pay periods than usual Nothing unusual happened to affect our employment or hours figures.

Seasonal work Longer work schedules or more pay periods than usual

4. Did you have ANY occupational injuries or illnesses during 2013?

Yes. Go to Section 2: OK Form 300A -- Summary of Work-Related Injuries and Illnesses, 2013. No. Go to Section 3: Contact Information and Certification.

Section 2: OK Form 300A -- Summary of Work-Related Injuries and Illnesses, 2013

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
_____	_____	_____	_____
(G)	(H)	(I)	(J)

For each case in Column G or H complete the OK Form 301 -- Injury & Illness Report -- Case Information

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
_____	_____
(K)	(L)

Injury and Illness Types

Total number of....		(M)
(1) Injuries	_____	The total Number of Cases recorded in G + H + I + J must equal total Injury & Illnesses Types recorded in M (1 + 2 + 3 + 4 + 5 + 6).
(2) Skin disorders	_____	
(3) Respiratory conditions	_____	
(4) Poisonings	_____	
(5) Hearing loss	_____	
(6) All other illnesses	_____	

Section 3: Contact Information and Certification (Knowingly falsifying this document may result in a fine.)

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate and complete.

Name of Agency Executive / Representative _____ Telephone _____ Ext. _____ Fax Number _____

Title _____ E-Mail _____ Today's Date (MM/DD/YYYY) _____

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. If you have any comments about these estimates or any other aspects of this data collection, contact: Oklahoma Department of Labor, 3017 N Stiles, Suite 100, Oklahoma City, OK 73105; 1-888-269-5353.



Case Information

ID

Go to your completed OK Form 300. Copy the case information from that form into the spaces below. When submitting for the public sector survey, only include the OK Form 301 - Case Information page for incidents resulting in Cases with Days Away From Work (column H) or Death (column G).

Table with 6 columns: Case number from Log (column A), Employee's name (column B), Job title (column C), Date of Injury or onset of Illness (column D), Number of days away from work (column K), Number of days of job transfer or restriction (column L)

Tell us about the Employee

1. Check the category which best describes the employee's regular type of job or work: (optional)

- Office, professional, business, or management staff
Sales
Product assembly, product manufacture
Repair, installation or service of machines, equipment
Construction
Other:
Healthcare
Delivery or driving
Food service
Cleaning, Maintenance of building, grounds
Material handling (e.g. stocking, loading/unloading, moving, etc.)
Farming

2. Employee's race or ethnic background: (optional-check one or more)

- American Indian or Alaska Native
Asian
Black or African American
Hispanic or Latino
Native Hawaiian or Other Pacific Islander
White
Not available

3. Employee's age: OR date of birth: MM-DD-YYYY

4. Employee's date hired: MM-DD-YYYY

OR check length of service at establishment when incident occurred:

- Less than 3 months
From 3 to 11 months
From 1 to 5 years
More than 5 years

5. Employee's sex:

- Male
Female

Tell us about the Incident

6. Time employee began work: am pm

7. Time of event: am pm OR Check if time cannot be determined

Event occurred: before during after work shift

8. What was the employee doing just before the incident occurred? Describe the activity as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

9. What happened? Tell us how the injury or illness occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

10. What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

11. What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.

12. Was the employee treated in an emergency room? yes no

13. Was employee hospitalized overnight as an in-patient? yes no

14. If the employee died, record date of death: MM-DD-YYYY

Table with 6 columns: N, P, S, E, SS, OCC