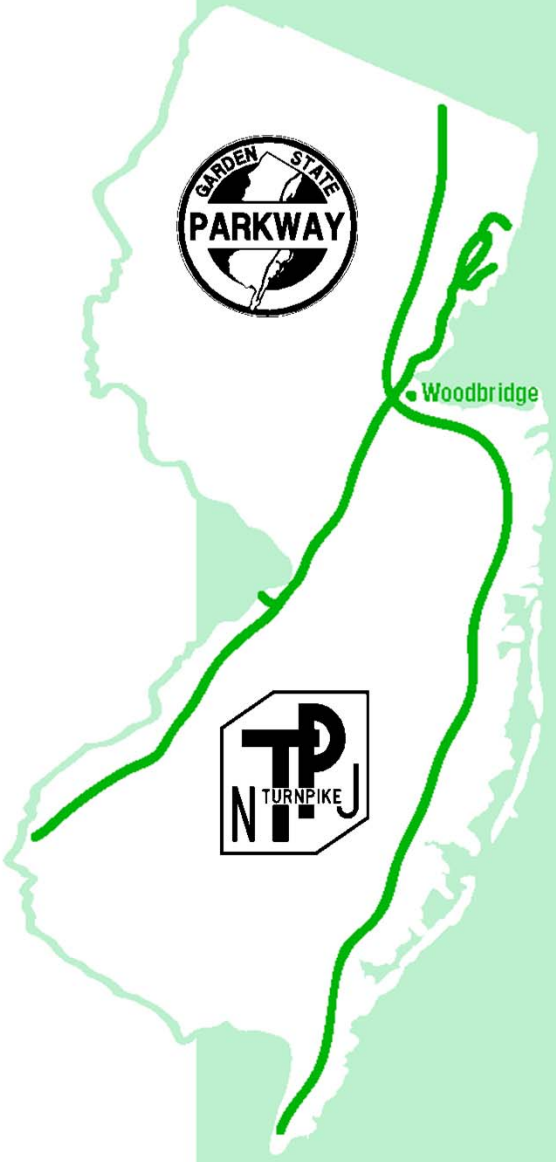
NEW JERSEY TURNPIKE AUTHORITY



HEALTH AND SAFETY PLAN (HASP) MANUAL

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I. Minimum Guidelines for Contractor HASP

PART 1 - GENERAL

1.01 SECTION INCLUDES:

A. Requirements for safety, including:

1. Health and Safety Plan (HASP)
2. Daily Safety Report
3. Safe Work Plan
4. Safety Personnel
5. Accident and Incident Notification
6. Safety Orientation
7. Safety Meetings
8. Maintenance of Safety Records
9. Hazardous Material Labeling and Storage
10. Personal Protective Equipment

1.02 CITED STANDARDS:

A. Occupational Safety and Health Administration Standards (OSHA)
B. American National Standards Institute (ANSI)
C. Factory Mutual (FM)
D. Underwriters Laboratory (UL)
E. Compressed Gas Association (CGA)
F. National Fire Prevention Association (NFPA)
G. Americans with Disabilities Act (ADA)
H. New Jersey Turnpike Authority Manual for Traffic Control in Work Areas ("Manual")

1.03 NOTED RESTRICTIONS:

A. Notice to Proceed may be issued but no contract Work shall commence until the HASP has been submitted.

B. Contractor shall conduct Safety Orientation within a week of starting the Work.

C. Failure to have the Competent Person at a work area may result in a stoppage of Work at that work area.

D. The Contractor shall not change the approved Safety Representative without prior written notification to the Engineer.

E. The use of explosives shall not be permitted on Authority's property without prior approval of the Chief Engineer.

1.04 DELIVERABLES:

A. Submit Safe Work Plan as defined in Section 2.03 to the Engineer for review at least one week prior to the Progress Meeting.

B. Written records of each Worker Safety Meeting (such as tool box talks or tailgate meetings), including the topics covered.

PART 2 -PRODUCTS

2.01 HEALTH AND SAFETY PLAN (HASP)

A. The HASP shall contain at a minimum:

1. Cover page with name of Contractor, Title of Contract, and Contract number. Include plan revision number, date of revision, name and signature of Safety Representative.

2. Table of contents listing each section and exhibit that clearly identifies the revision number and date of each section and exhibit

3. Safety Policy Statement signed by an authorized representative of the Contractor.

4. Organization chart of Contractor and subcontractor personnel responsible for implementing the HASP and their duties and responsibilities. The chart shall show the reporting relationship and integration of the Safety Representative with all personnel, including top-level managers, responsible for implementing the HASP.

5. Description of Safety Representative's duties and responsibilities and evidence that the Safety Representative meets the requirements specified under 3.03 Safety Personnel.

6. A Site inspection procedure to ensure that a walk-through of the Site is conducted daily for each work shift and recorded in a Daily Safety Report. Include copy of Report form.

7. An accident investigation procedure including a decision chart for identifying root causes. Include accident investigation form(s).

8. A plan for the safe and effective response to medical emergencies for Contractor and subcontractor personnel. Emergency medical services shall include first-aid treatment (including all necessary first aid supplies), and ambulance service (or other standing arrangement) for the immediate transport of injured workers to medical treatment.

9. An evacuation plan that designates one or more assembly areas for personnel and ensures that each person is accounted for in the event of fire or other such emergency.

10. A list of emergency phone numbers which shall identify the proper numbers to call for all emergencies including fire, police, medical (hospital, clinic, ambulance), and the release of contaminants into the environment.

11. Disciplinary procedures for violations of safety rules.

12. Describe method of abating Blood Borne Pathogen exposures.

13. A detailed safety orientation plan for Contractor and subcontractor personnel, including:

    a. Description of the Work;
    b. Review of Safety Policy Statement;
    c. Discussion of general safety rules with a copy of the rules distributed to each employee;
    d. Procedure for notification of accidents, injuries and incidents;
    e. Procedure for accidental utility damage;
    f. Location of First Aid, eye wash stations and Medical facilities;
    g. Specific Site hazards and safe work practices;
    h. Review of public safety concerns;
    i. Attendance requirements at Worker Safety Meetings;
    j. Personal Protective Equipment requirements;
    k. Substance abuse policy;
    l. Baseline Medical Monitoring requirements for lead exposure.
    m. Fire prevention requirements;
    n. Review of hazardous communication program;
    o. Housekeeping requirements;
    p. Construction equipment safety;
    q. Vehicle safety;
    r. Warning devices and safety postings; and
    s. Disciplinary procedures.

14. Outline of general safety rules and procedures for the performance of the Work. The Contractor shall ensure that all applicable safety regulations are addressed and included in this section. Examples for inclusion in this section are as follows:

    a. Hazcom Program,
    b. Hearing Conservation Program,
    c. Respiratory Protection Program,
    d. Confined Space Program
    e. Use and storage of compressed gases and
    f. Control of Hazardous Energy Sources (Lock-out/Tag-out)

15. Outline of site-specific safety rules and procedures for the performance of the Work. Examples for inclusion in this section are as follows:

a. Public protection,
b. Plans for fire protection and emergency response, and
c. Plans for Lead and Asbestos Abatement.
d. Plans for Dust Control/Silica Exposure

16. A plan for site security including prevention of unauthorized entry onto the Site and prevention of vandalism. This plan shall include where necessary one or more of the following: use of fencing, barricades, signs, guard service, and worker identification.

17. Any other related safety information.

18. Submit HASP to the Engineer.

2.02 DAILY SAFETY REPORT

The Daily Safety Report is a report that details all safety related activities and issues observed during the work shift.

A. The Daily Safety Report shall include at a minimum:

1. A header stating:
   - Title of Contract and Contract Number,
   - Date,
   - Time of shift,
   - Work area(s) inspected, and
   - Weather conditions.

2. An entry for each safety deficiency that includes:

   - Location and nature of deficiency, unsafe act or unsafe condition
   - Time noted
   - Names of persons and firms that were notified of the deficiency including time notified
   - Time and nature of corrective action(s)

3. An entry for each deficiency that was not corrected on the prior shift's Daily Safety Report until the deficiency is corrected;

4. A notation of each accident, incident, or injury reported including name of injured party or affected property owner; time of accident, incident, or injury, and description of accident, incident, or injury;

5. Notation of Safety Meetings conducted and attended including type of meeting and the name of each person in attendance;

6. A notation of visits by safety representatives of the Authority, State or Federal Authorities, including name and phone number of representative, time of visit, and department or authority represented; and

7. Name and signature of person completing the report.

8. Daily Safety Report shall be submitted on a weekly basis to the Engineer.

2.03 SAFE WORK PLAN

A. The Safe Work Plan (SWP) is a written work plan that identifies types of activity or operations to be performed, the method of work for performing each activity, the associated work hazards, and the corresponding equipment and methods that will be used to prevent accidents. The SWP shall define a plan of action for each identified hazard including comprehensive prevention methods for exposures to workers, the public, property, and the environment. At weekly Progress Meetings, the SWP will be reviewed. Activities not previously identified will require that a SWP to be developed and submitted.

B. Each primary construction activity on the Progress Schedule shall be identified and described in the SWP with corresponding sub-tasks as appropriate. The following headings should be used for the SWP.

1. Primary Task:
Describe scope of work.

2. Work Element(s)
Describe sub-tasks and activities of the Primary Task, as appropriate. Identify the equipment and methods of construction for the Work Element.

3. Hazard Description
Describe each foreseeable hazard for the Work Element.

4. Accident Prevention Methods

a. Describe controls and procedures that will be implemented to reduce or eliminate each foreseeable hazard described above; reference attachments as necessary. When controls are compliance based, such as for confined space entry, all applicable compliance information shall be included or appropriately referenced. Of particular concern are training items that will be required to educate the employees about exposures such as Tool box meetings held to discuss the hazard and accident prevention methods. More formal training (offsite, confined space, trenching competent person, etc.) should be listed and documentation referenced or provided.

b. Priority should be given as follows in controlling hazards: 1.) Elimination of the hazard. 2.) Engineering controls. 3.) Provision of Personal Protective Equipment (PPE). 4.) Management controls / training, such as a safety monitor for falls exposures.

c. Accident prevention procedures shall be based on industry standards including, but not limited to:

- OSHA Standards
- Mine Safety and Health Regulations.
- American National Standards Institute (ANSI)
- National Fire Protection Association (NFPA)

- American Conference of Governmental Industrial Hygienists (ACGIH).

d. Absence of an applicable standard or regulation does not preclude the Contractor from providing appropriate controls within a SWP.

e. Such occurrences may be governed by the OSHA Act – General Duty Clause, 5 (a) 1. Specific references in the SWP to codes standards and regulations are not necessary.

PART 3 -EXECUTION

3.01 SAFETY RESPONSIBILITIES:

A. The safety of the motorists and other persons, Authority employees, employees of the Contractor and its subcontractors, as well as protection of property and the environment, shall be a primary concern of the Contractor. The Contractor shall assume the full responsibility and obligation to provide a safe working environment at all times and shall maintain a safe, clean, and healthy worksite.

3.02 HEALTH AND SAFETY PLAN (HASP)

A. The Contractor shall develop and maintain a Health and Safety Plan (HASP) to:

1. Protect the lives and health of all persons;

2 Prevent damage to the property of others; and

3 Prevent damage to the environment.

B. Each subcontractor shall comply with the Contractor's HASP.

C. Should an accident or incident occur, the Contractor shall take immediate action to prevent the recurrence of each accident or incident. in addition, the Contractor shall review the HASP based on such an occurrence and revise as necessary. Upon any changes in work conditions, the Contractor shall also revise the HASP. The Contractor shall submit each revision of the HASP to the Engineer.

3.03 SAFETY PERSONNEL

A. Safety Representative (SR):

1. A SR is an employee of the Contractor. The SR is required to have at least 5 years heavy construction experience in the type of work of the contract with at least 2 years in a supervisory capacity. The SR shall have completed a 30 hour OSHA Construction Safety and Health course.

   Resume and certificates demonstrating the SR's qualifications shall be submitted to the Engineer for review and acceptance.

2. Duties of the SR include, but are not limited to;

a. Primary role is contract safety.
b. Is key contact person for all safety-related issues for the Contractor.
c. Person must be reachable 24 hours a day.
d. Responsible for designating a Competent Person for each work operation for each shift.
e. Ensure an alternate SR is designated for time when primary SR is unavailable – vacation, sick, etc.
f. Shall be familiar with the work being performed, shall be competent to instruct others, and shall be familiar with HASP.
g. Safety Representative shall have the authority to order the work to be stopped in the affected area if an unsafe condition is identified.

B. Competent Person (CP):

1. A CP is an employee or designee of the Contractor. The CP is required to have at least 3 years heavy construction experience and at least 1 year in a supervisory capacity in the designated work operation to which they are assigned. CP shall be given the authority to assure corrective action is accomplished. The CP shall have completed a 30 hour OSHA Construction Safety and Health course.

   Resume and certificates demonstrating the CP's qualifications shall be submitted to the Engineer for review and acceptance.

2. Duties of the Competent Person include, but are not limited to:
   a. A Competent Person shall be familiar with the work being performed.
   b. A Competent Person shall be competent to instruct others.
   c. A Competent Person shall be familiar with the HASP.
   d. A Competent Person shall have the authority to order the work to be stopped in the affected area if an unsafe condition is identified.

C. All workers shall have successfully completed the 10-hour OSHA course on Construction Safety and Health (29 CFR 1926).

3.04 ACCIDENT AND INCIDENT NOTIFICATION

A. The Contractor shall immediately notify the Engineer of each accident involving personal injury, causing damage to property or the environment, or affecting the safe movement of traffic. The Contractor shall transmit copies of the required Accident Investigation Report(s) to the Engineer within 24 Hours of each accident.

B. In the event of a serious accident, the Safety Representative shall convene an accident investigation meeting as soon as reasonably possible, which shall include the Engineer for the purpose of determining the cause of the accident and actions to be taken to prevent a recurrence of such an accident. Information derived from the accident investigation meeting may result in changes to the HASP, which shall be immediately revised and submitted to the Engineer.

C. A Serious Accident shall be defined as an accident or incident that reflects more than $100,000 in property damage, causes death, or causes serious injury, which shall include but not be limited to:

1. Fatalities,
2. Spinal cord injuries,
3. Burns to 10% of more of the body,
4. Amputations or crushing injuries,
5. Eye injuries causing partial of full loss of sight,
6. Injuries causing loss of hearing,
7. Severe head injuries,
8. Any occupational disease
9. Any occurrence resulting in hospitalization. and
10. Any injuries as a result of falls and electrocutions.

D. OSHA shall be notified in the event of a fatality or multiple (3 or more) hospitalizations.

E. In the event of a spill (or release) of a reportable quantity of a hazardous material, Contractor shall immediately notify the appropriate authorities having jurisdiction and the Engineer. The Contractor shall be responsible for statutory reporting and shall bear all costs for immediate clean-up and disposal of spilled materials or liquids.

3.05 UNSAFE CONDITIONS

A. An Unsafe Condition is a condition that gives rise to the imminent possibility of Serious Injury to workers or the public, of serious damage to property or the environment, or of affecting the safe movement of traffic. When an Unsafe Condition exists, work shall be stopped by the Engineer following notification by the Safety Representative. If the Contractor does not take corrective action immediately, or within the time period specified by the Engineer, the Contractor shall not be permitted to resume work until corrective action is performed.

3.06 FITNESS FOR DUTY

A. The Contractor shall not permit a worker whose ability or alertness is impaired because of drugs, fatigue, illness, intoxication, or other conditions to work at the Site. The Contractor is encouraged to have a substance abuse program, pre-employment drug testing, and testing for cause.

3.07 EMPLOYEE CONDUCT

A. The Engineer shall have the right to refuse access to the Site or require immediate removal from the Site any individual violating site safety or security regulations.

3.08 SAFETY ORIENTATION

A. Prior to working on Site, each employee shall undergo safety orientation as outlined in this Section. Orientation sign in sheets and orientation employee numbers shall be made available to the Engineer upon request.

3.09 SAFETY MEETINGS

A. Worker Safety Meetings

1. Worker Safety Meetings shall be held no less than once each week. Each employee of the Contractor and each subcontractor working at the Site shall attend these meetings.
2. An employee failing to attend a Worker Safety Meeting shall not be permitted to perform any work that requires safety precautions that were discussed in the Worker Safety Meeting, until the employee has received the same instruction from the Worker Safety Meeting Instructor.
3. The Contractor shall notify the Engineer at least 1 week in advance of each scheduled Worker Safety Meeting. A record of each Worker Safety Meeting, including the topics covered, and a signed list of attendees, shall be prepared by the Safety Representative. Documentation of the Contractor and Subcontractor's Safety Meetings shall be made available to the Engineer upon request.
4. Each Worker Safety Meeting shall include instruction and discussion of safe working methods and applicable rules required for the safe performance of the work scheduled during the 2-week period following the Worker Safety Meeting.
5. The Worker Safety Meeting may be conducted by the Safety Representative or by a supervisor of the contractor qualified to perform the safety meeting as approved by the Safety Representative.

B. Safety Briefing

1. A safety briefing shall be held at the start of each workday to instruct all employees in safety precautions applicable to that day's work.

C. Management Safety Meeting

1. Safety will be on the agenda at every Progress Meeting with the Contractor and the Engineer. The Project Superintendent and Safety Representative shall attend.

3.10 MAINTENANCE OF SAFETY RECORDS

A. The Contractor shall maintain the following Safety Records for a period of not less than six years after Construction Completion:

1. All Health and Safety Plans and revisions thereto;
2. Safe Work Plans;
3. Daily Safety Reports;
4. Worker Safety Meeting records;
5. Training records and Certification Cards including, Safety Orientation, Roadway Worker and all other training provided to employees;
6. Competent Person Designations;
7. Material Safety Data Sheets;
8. Accident/Incident reports including; Report of Injury, Accident Investigation Report, and OSHA Form 300
9. Written notice of Citations, Suits, or Complaints; and
10. Other compliance records as required by City, State, and Federal Agencies.

3.11 HAZARDOUS MATERIAL LABELING AND STORAGE

A. The Contractor shall ensure that each hazardous material is clearly marked or labeled in accordance with either the NFPA 704 Hazard Warning System (NFR Diamond) or the new color bar format (HMIG labels) as specified in the OSHA Federal Hazard Communication Standard (29 CFR 1900.1200). Each Hazardous material shall be stored in accordance with the manufacturer's recommendations, NFPA Standards, OSHA Standards, and all other storage provisions of the Contract.

3.12 PERSONAL PROTECTIVE EQUIPMENT (PPE)

A. The Contractor shall enforce the following PPE requirements:

1. Eye Protection -100 % eye-protection is required with anti-fog coating.
2. Outside of environments such as office trailers and closed equipment cabs (cranes, excavators, trucks etc.), eye protection is continuously required. Eye protection must meet the ANSI Z87.1-2003 standards.
3. Hard Hats – Worn at all times,
4. Hard hats shall be SEI Certified as meeting the ANSI Z89.1 requirements for Type I Class E protection.
5. Safety Vests – Safety vests shall be worn at all times and must meet ANSI 107-2004 (Class 3) standards
6. Hand protection/gloves must be worn when any manual work activity is associated with any jagged or sharp edges or where chemical protection is necessary. All gloves provided must match the task exposures, e.g. cut resistant for sharp object exposure, specific chemical resistance for chemical exposure etc.
7. Hand Protection – Hand protection/gloves must be worn continuously when any tool is used either manual or powered, except if wearing gloves creates a greater hazard.
8. Foot Protection - Worn at all times,
9. Work shoes shall be at least six inches high, preferably leather, and be completely laced or buckled. The shoe shall have definite heels that are no more than one inch high.
10. Work Clothing – Worn at all times, and
11. Work clothing shall be suitable for heavy construction work (no tank tops or short trousers of any type)
12. Other PPE as required by safety and health standards.

3.13 ELECTRICAL

A. Ground Fault Circuit Interrupters designed for personnel protection shall be used on all electrical services used by workers. All other power sources, including portable generators (regardless of wattage), as well as extension cords plugged into permanent power sources, shall be protected by GFCI.

3.14 POWDER ACTUATED TOOLS

A. All operators of powder-actuated tools (Hilti, Ramset, etc.) shall be trained in the use of the specific tool by the manufacturer.

3.15 CRANE OPERATION

A. Cranes shall meet the ANSI B30.5 Standard and applicable manufacturer's specifications.
B. The Contractor shall make available copies of the following documents:

1. Certification of Inspection.
2. License of crane operator.
3. Crane Manufacturer's Load Chart and Operating Manual for the Model and configuration of the crane.

C. Contractor shall not hoist over a building without notification and permission of the building owner.
D. Modifications or additions, which affect the safe operation of a crane, shall not be made without the Manufacturer's written permission.

3.16 RIGGING

A. Rigging shall meet the requirements of the ANSI B30.9 Standard.

B. Only riggers qualified pursuant to OSHA regulations shall be employed.

C. Contractor's wire rope, chains, and fiber slings shall have their manufacturer's safe working load identified and attached to each item. The Contractor shall have each sling inspected and certified as prescribed by law and regulations. Slings shall be inspected by a competent person prior to each use. Defective slings shall be taken out of service. Safety latches shall be used.

D. Only Alloy lifting chains of Grade 8 or better shall be used for lifting purposes.

3.17 WELDING AND CUTTING

A. Welding and cutting equipment and operations shall meet the requirements of the ANSI Z49.1 Standard, and the requirements of this section.

B. Gas welding and cutting equipment shall be listed by Underwriters Laboratories, (UL) or by Factory Mutual Laboratories, (FM).

C. Flash back arrestors are mandatory at either end of all torch set-ups. Both hoses at each end of the apparatus must have flash back arrestors i.e. at the cylinder and the torch ends.

D. Welding apparatus and equipment shall be inspected daily, prior to use. Defective apparatus and equipment shall not be used and shall be removed from service until repaired or replaced.

E. Whenever the operator leaves the work area. the cylinder valves shall be closed.

F. Torch valves shall be checked for leaks at the start of each shift.

G. Only friction lighters or other approved devices shall be used to light torches.

H. Splices or repaired insulation on arc welding cables shall not be permitted within 10 feet of the electrode holder. Cables shall be positioned so as not to interfere or create obstructions on walkways, scaffolds, stairs or ladders. Splices shall be equal to or greater than the original insulation on the cable.

I. Portable welding screens or shields shall be used to protect other workers and/or the public in the immediate area.

J. Fire extinguishers rated at 101b. ABC or larger shall be in the immediate area whenever welding or cutting is being carried out.

K. When welding, cutting or heating is such that normal fire prevention precautions are not considered adequate, Fire Watchers shall be assigned and maintained for a minimum of 30minutesfollowingthecompletion of the last cutting or welding operation.

3.18 COMPRESSED GAS CYLINDER STORAGE

A. All compressed gas cylinders shall be stored, used, and handled in accordance with the Compressed Gas Association guidelines, NFPA Standards, and the requirements of this section.

B. Each compressed gas cylinder shall be considered to be either in transport, storage, or use.

1. Compressed gas cylinders shall be transported and used in portable welding carts with the cylinders securely chained to the cart.
2. An operable dry chemical fire extinguisher, rated not less than 100bs pounds of extinguishing capacity per extinguisher (i.e. 10lb fire extinguisher) shall be mounted on each portable welding cart in use.
3. Valve protector caps shall be in place except when the cylinders are in use.
4. Compressed gas cylinders in storage (full or empty) shall; be chained or secured in an upright position to a firm base, have the proper protective cap in place, and be protected from sources of heat. Compressed gas cylinders will not be allowed to be stored in any gang box. .
5. Mixed gases shall not be stored together.
6. Improperly stored cylinders shall be immediately removed from the work area.
7. Excessive or unreasonable storage of cylinders on the Site is prohibited.

3.19 FIRE PROTECTION AND PREVENTION

A. Open flames and smoking shall be prohibited within 100' of flammable materials.

B. In addition to notifying the Engineer, the written permission of the water utility shall be obtained before shutting off water servicing a fire hydrant.

C. Prior written permission of the Engineer shall be obtained before blocking roadways, hydrants, post indicator valves, or access to firefighting equipment

D. The Safety Representative shall designate, as required. appropriately trained personnel to act as Fire Watchers. Fire Watchers shall be familiar with hazards that exist in the work area, and be trained in the operation of each type of fire extinguisher on the worksite.

E. Flammable Liquids shall be stored in Factory Mutual (FM) approved safety cans equipped with self-closing lids and flame arrestors.

F. Storage of flammable materials in or within 20 feet of structures shall be prohibited, unless in accordance with OSHA regulations.

G. Work stoppage and shutdown of equipment shall be mandatory upon alarm of fire. Personnel shall report to the designated assembly area(s).

H. Each temporary structure shall be constructed of fire rated material.

3.20 FALL PROTECTION

A. The Contractor shall comply with OSHA 1926 Construction Standards.

3.21 CONFINED OR ENCLOSED SPACES

A. The Contractor shall adhere to all the requirements for entering a Confined Space as listed in OSHA CFR 1926 Defined as Construction Confined Space Requirements.

B. NJTA Safety must be notified -in advance -of all permit required confined space entries.

3.22 SPILL PREVENTION, LEAKAGE CONTAINMENT, AND CLEAN-UP

A. The Contractor shall visually inspect all equipment for leak free operation on a daily basis. Any spillage shall be cleaned up promptly to prevent any release into the environment. Spill kits shall be maintained on site. The Contractor shall report all spills of Hazardous Materials including petroleum products to the authority having jurisdiction and the Engineer.

3.23 MOTOR VEHICLES AND MOBILE CONSTRUCTION EQUIPMENT

A. Vehicle and equipment operators shall visually inspect and test essential controls, safety equipment, and safety devices before placing the vehicle or equipment in use. Construction equipment, whether owned, leased, or rented shall be removed from service if unsafe.

B. Modification of construction equipment affecting its safety shall not be performed unless approved in writing by the manufacturer.

C. All motor vehicle and equipment operators shall be trained for the type of equipment they operate.

Self-propelled shall be equipped with backup lights and a reverse signal alarm. The alarm shall produce a 0.2 to 0.5 second audible warning within the initial three feet of backward movement of the vehicle on which it is mounted and at regular intervals thereafter of not more than three seconds, throughout the backward movement. The alarm shall automatically cut out when backward movement ceases. Sound intensity shall range from 90 to 100 dbs. at a distance of five feet from the alarm. Actuation shall be automatic by direct connection to any part of the equipment that moves or acts in a manner distinctive only of rearward movement of the vehicle, with no manual controls between the source of actuation and the alarm.

3.24 EXCAVATIONS

A. All excavations must be considered to be in type C soil.

END OF SECTION

II. DEFINITIONS

Daily Safety Report - A report that details all safety related activities and issues observed during the work shift.

Four Week Rolling Schedule - This is also referred to as the "Four week look ahead". It is typically the four week plan that the contractor generates which describes their work activities for the next four weeks.

Health and Safety Plan - A written plan that outlines the safety management systems that will be used by the Contractor to control losses at their job sites.

Personal Protective Equipment - Protective clothing, helmets, goggles, or other garment designed to protect the wearer's body or clothing from injury by blunt impacts, electrical hazards, beat, chemicals, and infection, for job related occupational safety and health purposes.

Safety Meetings - Any meeting that is conducted which contains relevant information regarding the health and safety of the workers and the general public.

Safety Orientation - A safety briefing that is given to each employee by the Contractor, prior to getting on the job site that identifies the specific hazards and exposures that the employee will be exposed to and the necessary methods of protection and control.

Safety Record - Any and all information related to safety activities.

Serious Accident - A Serious Accident shall be defined as an accident or incident that reflects more than $100,000 in property damage, causes death, or causes serious injury, which shall include but not be limited to:
1. Fatalities,
2. Spinal cord injuries,
3. Burns to 10% of more of the body.

Work-shall have the same definition as in the Contract Documents.

Work Element(s) – Work Element is part of the Safe Work Plan. It is a description of sub-tasks and activities of the Primary Task. For example the Primary Task may be "The installation of a 24" storm sewer pipe", while the Work Element(s) would be to excavate, place gravel, set sewer pipe, etc.

FORMS
Daily Safety Report (Sample) - See attached.
Report of Injury - See attached.
Accident Investigation Form and Accident Investigation Report - See attached OSHA Form 300.

III. SAMPLE FORMS

DAILY SAFETY REPORT

Contract No._____

Shift: Day____ (7am-3:30pm); 2nd Shift____ (____-____ am/ pm); 3rd Shift____ (____-____ am/ pm)

Weather Conditions:

Other weather events impacting activity:

_____

Training Conducted:

Meeting Summary:

Daily Task Summary:

Safety Deficiencies:

Item	Site Location	Responsible Contractor Supervisor	Assessment Findings Positive at Risk	Corrective Actions
1				
2				
3				
4				
5				

Accident / Incidents reported this date: _____. If Yes, add summary.

_____

Signature of Safety Supervisor / Safety Alternate

NEW JERSEY TURNPIKE AUTHORITY

WC
Worker's Compensation
Claims Reporting Procedures

INJURED WORKER'S NOTIFICATION FORM

(Employers Authorization for Medical Treatment)

**Please complete the following and fax it to the Medical Provider (or send with injured worker) prior to the first medical treatment.

NOTE: THIS IS AN EMPLOYEE OF AN ENROLLED CONTRACTOR WORKING ON THE NEW JERSEY TURNPIKE AUTHORITY JOBSITE WHO STATES AN INJURY OCCURRED ON THE JOB.

Employee Name (Injured worker): _____ DOB: _____

Job Title: _____ Social Security Number: _____ Gender: _____

Date of Injury: _____ Time of Injury: _____ Time Employee Began Work: _____

Date Employee Reported Accident to Employer: _____

Employer Name & Address (Enrolled Contractor Entity Name): _____

_____

_____

Employer Main Contact Person: _____ Ph #: _____

Accident Location (address): _____

Accident/Injury Description [include specific body part (s)]: _____

_____

_____

_____

Witness(es) Name: _____ Ph #: _____

Did Employee Leave Work? Yes or No Time: _____ Did Employee Return to Work? Yes or No Time: _____

If Employee Is Disabled, Is There Light Duty Available? Yes or No If Yes, What Type?

Does Employee Have Prior Health Condition(s)? Yes or No If Yes, Explain:

Do You Question the Accident and Injuries? Yes or No If Yes, Explain:

Which of the Following Test(s) Will Be Administered to the Injured Worker?

____ Drug Screen ____ Breath Alcohol ____ Drug Screen & Breath Alcohol _____ Urine Collection Only

Completed by (Print): _____ **Ph #:** _____ **Date:** _____

Signature: _____ **Job Title:** _____

New Jersey Turnpike Authority Roadway Construction Program Accident Investigation Report

The unsafe acts of people, and the unsafe conditions that cause accidents, can be corrected only when they are known specifically. It is your responsibility to **identify** them and **correct** them. This report and investigation **must be completed within 24 hours of the accident.** The employee involved and his/her supervisor should cooperate to complete **all** the information requested. Please use additional paper as necessary.

PART I – General Information:

Name of Injured Social Sec. #

PART II – Employee's Description of Accident (What Happened?)

Day/Date of Accident _____ Time _____

Exact Location (e.g. Roadway & Milepost, Ramp, Facility)_____

When was supervisor notified? _____Who did you report the accident to? _____

Job or Activity at Time of Accident: _____

Describe the Accident: _____
_____
_____

Describe the Injury and body part(s) affected: _____
_____
_____

Names of **on-duty** supervisor and any **witness**(es): _____
_____

Employee Signature: _____ Phone # _____ Date _____
(I certify that the information provided above is true and complete.)

PART III – Supervisor's Investigation of the Accident: If you **do not agree with the employees report,** notify your Human Resources Manager and/or the Office of Workers Compensation immediately, and provide details with this report.

A. Describe the Acts that led up to or contributed to the Accident: _____
_____
_____

B. Describe the Conditions that led up to or contributed to the Accident: _____
_____
_____

C. Identify some Cause(s) that led up to or contributed to the Accident: _____
_____
_____

Accident Investigation Report (cont'd)

PART IV –Corrective Action Taken

(What Training, PPE, Procedures and/or Equipment do you recommend to prevent a recurrence of a similar accident?)

_____

_____

_____

Has it been done? _____ If not, give reason _____
_____

PART V – Accident Analysis Details

Severity of Injury / Damage:

____ Fatality _____ Lost Workdays _____ Medical Treatment (off premises) _____ First Aid (On Site)
____ Significant Property Damage

Panel of Physicians List Provided to Employee _____ Yes (Attach Copy to this Report) _____ No

Employment Category:

___ Regular, Full-time ___ Regular, Part-time ___ Temporary ___ Contractor ___ Other _____

Time in Occupation at time of accident:

_____ Less than 6 months _____ 6 mos. To 2 years _____ 2 to 5 years _____ More than 5 years

Work Shift at time of accident:

_____ Day Shift _____ Evening Shift _____ Night Shift

Prepared by: (Name & Title)	Work Phone #:	Date Report Prepared:
Reviewed by: (Name & Title)	Work Phone #:	Date Report Reviewed:

Follow-up Action:

_____
_____
_____
_____
_____

U.S. Department of Labor
Occupational Safety and Health Administration

OSHA
Forms for Recording
Work-Related Injuries and Illnesses

Dear Employer:

This booklet includes the forms needed for maintaining occupational injury and illness records for 2004. These new forms have changed in several important ways from the 2003 recordkeeping forms.

In the December 17, 2002 Federal Register (67 FR 77165-77170), OSHA announced its decision to add an occupational hearing loss column to OSHA's Form 300, Log of Work-Related Injuries and Illnesses. This forms package contains modified Forms 300 and 300A which incorporate the additional column M(5) Hearing Loss. Employers required to complete the injury and illness forms must begin to use these forms on January 1, 2004.

In response to public suggestions, OSHA also has made several changes to the forms package to make the recordkeeping materials clearer and easier to use:

- On Form 300, we've switched the positions of the day count columns. The days "away from work" column now comes before the days "on job transfer or restriction."
- We've clarified the formulas for calculating incidence rates.
- We've added new recording criteria for occupational hearing loss to the "Overview" section.
- On Form 300, we've made the column heading "Classify the Case" more prominent to make it clear that employers should mark only one selection among the four columns offered.

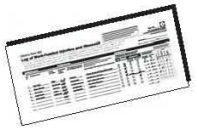
The Occupational Safety and Health Administration shares with you the goal of preventing injuries and illnesses in our nation's workplaces. Accurate injury and illness records will help us achieve that goal.

Occupational Safety and Health Administration
U.S. Department of Labor

What's Inside...

In this package, you'll find everything you need to complete OSHA's *Log* and the *Summary of Work-Related Injuries and Illnesses* for the next several years. On the following pages, you'll find:

- ***An Overview: Recording Work-Related Injuries and Illnesses —*** General instructions for filling out the forms in this package and definitions of terms you should use when you classify your cases as injuries or illnesses.
- ***How to Fill Out the Log —*** An example to guide you in filling out the *Log* properly.
- ***Log of Work-Related Injuries and Illnesses —*** Several pages of the *Log* (but you may make as many copies of the *Log* as you need.) Notice that the *Log* is separate from the *Summary*.



- ***Summary of Work-Related Injuries and Illnesses —*** Removable *Summary* pages for easy posting at the end of the year. Note that you post the *Summary* only, not the *Log*.



- ***Worksheet to Help You Fill Out the Summary —*** A worksheet for figuring the average number of employees who worked for your establishment and the total number of hours worked.
- ***OSHA's 301: Injury and Illness Incident Report —*** A copy of the OSHA 301 to provide details about the incident. You may make as many copies as you need or use an equivalent form.



Take a few minutes to review this package. If you have any questions, ***visit us online at www.osha.gov*** **or** ***call your local OSHA office.*** We'll be happy to help you.

U.S. Department of Labor
Occupational Safety and Health Administration

An Overview: Recording Work-Related Injuries and Illnesses

The Occupational Safety and Health (OSH) Act of 1970 requires certain employers to prepare and maintain records of work-related injuries and illnesses. Use these definitions when you classify cases on the Log. OSHA's recordkeeping regulation (see 29 CFR Part 1904) provides more information about the definitions below.

The *Log of Work-Related Injuries and Illnesses* (Form 300) is used to classify work-related injuries and illnesses and to note the extent and severity of each case. When an incident occurs, use the *Log* to record specific details about what happened and how it happened. The *Summary* — a separate form (Form 300A) — shows the totals for the year in each category. At the end of the year, post the *Summary* in a visible location so that your employees are aware of the injuries and illnesses occurring in their workplace.

Employers must keep a *Log* for each establishment or site. If you have more than one establishment, you must keep a separate *Log* and *Summary* for each physical location that is expected to be in operation for one year or longer.

Note that your employees have the right to review your injury and illness records. For more information, see 29 Code of Federal Regulations Part 1904.35, *Employee Involvement.*

Cases listed on the *Log of Work-Related Injuries and Illnesses* are not necessarily eligible for workers' compensation or other insurance benefits. Listing a case on the *Log* does not mean that the employer or worker was at fault or that an OSHA standard was violated.

When is an injury or illness considered work-related?

An injury or illness is considered work-related if an event or exposure in the work environment caused or contributed to the condition or significantly aggravated a preexisting condition. Work-relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the workplace, unless an exception specifically applies. See 29 CFR Part 1904.5(b)(2) for the exceptions. The work environment includes the establishment and other locations where one or more employees are working or are present as a condition of their employment. See 29 CFR Part 1904.5(b)(1).

Which work-related injuries and illnesses should you record?

Record those work-related injuries and illnesses that result in:

- death,
- loss of consciousness,
- days away from work,
- restricted work activity or job transfer, or
- medical treatment beyond first aid.

You must also record work-related injuries and illnesses that are significant (as defined below) or meet any of the additional criteria listed below.

You must record any significant work-related injury or illness that is diagnosed by a physician or other licensed health care professional. You must record any work-related case involving cancer, chronic irreversible disease, a fractured or cracked bone, or a punctured eardrum. See 29 CFR 1904.7.

What are the additional criteria?

You must record the following conditions when they are work-related:

- any needlestick injury or cut from a sharp object that is contaminated with another person's blood or other potentially infectious material;
- any case requiring an employee to be medically removed under the requirements of an OSHA health standard;
- tuberculosis infection as evidenced by a positive skin test or diagnosis by a physician or other licensed health care professional after exposure to a known case of active tuberculosis.
- an employee's hearing test (audiogram) reveals 1) that the employee has experienced a Standard Threshold Shift (STS) in hearing in one or both ears (averaged at 2000, 3000, and 4000 Hz) and 2) the employee's total hearing level is 25 decibels (dB) or more above audiometric zero (also averaged at 2000, 3000, and 4000 Hz) in the same ear(s) as the STS.

What is medical treatment?

Medical treatment includes managing and caring for a patient for the purpose of combating disease or disorder. The following are not considered medical treatments and are NOT recordable:

- visits to a doctor or health care professional solely for observation or counseling;

What do you need to do?

1. Within 7 calendar days after you receive information about a case, decide if the case is recordable under the OSHA recordkeeping requirements.
2. Determine whether the incident is a new case or a recurrence of an existing one.
3. Establish whether the case was work-related.
4. If the case is recordable, decide which form you will fill out as the injury and illness incident report.

   You may use *OSHA's 301: Injury and Illness Incident Report* or an equivalent form. Some state workers compensation, insurance, or other reports may be acceptable substitutes, as long as they provide the same information as the OSHA 301.

How to work with the Log

1. Identify the employee involved unless it is a privacy concern case as described below.
2. Identify when and where the case occurred.
3. Describe the case, as specifically as you can.
4. Classify the seriousness of the case by recording the **most serious outcome** associated with the case, with column G (Death) being the most serious and column J (Other recordable cases) being the least serious.
5. Identify whether the case is an injury or illness. If the case is an injury, check the injury category. If the case is an illness, check the appropriate illness category.

U.S. Department of Labor
Occupational Safety and Health Administration

- diagnostic procedures, including administering prescription medications that are used solely for diagnostic purposes; and
- any procedure that can be labeled first aid. (*See below for more information about first aid.*)

What is first aid?

If the incident required only the following types of treatment, consider it first aid. Do NOT record the case if it involves only:

- using non-prescription medications at non-prescription strength;
- administering tetanus immunizations;
- cleaning, flushing, or soaking wounds on the skin surface;
- using wound coverings, such as bandages, BandAids™, gauze pads, etc., or using SteriStrips™ or butterfly bandages.
- using hot or cold therapy;
- using any totally non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc.;
- using temporary immobilization devices while transporting an accident victim (splints, slings, neck collars, or back boards).
- drilling a fingernail or toenail to relieve pressure, or draining fluids from blisters;
- using eye patches;
- using simple irrigation or a cotton swab to remove foreign bodies not embedded in or adhered to the eye;
- using irrigation, tweezers, cotton swab or other simple means to remove splinters or foreign material from areas other than the eye;
- using finger guards;
- using massages;
- drinking fluids to relieve heat stress

How do you decide if the case involved restricted work?

Restricted work activity occurs when, as the result of a work-related injury or illness, an employer or health care professional keeps, or recommends keeping, an employee from doing the routine functions of his or her job or from working the full workday that the employee would have been scheduled to work before the injury or illness occurred.

How do you count the number of days of restricted work activity or the number of days away from work?

Count the number of calendar days the employee was on restricted work activity or was away from work as a result of the recordable injury or illness. Do not count the day on which the injury or illness occurred in this number. Begin counting days from the day after the incident occurs. If a single injury or illness involved both days away from work and days of restricted work activity, enter the total number of days for each. You may stop counting days of restricted work activity or days away from work once the total of either or the combination of both reaches 180 days.

Under what circumstances should you NOT enter the employee's name on the OSHA Form 300?

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

- an injury or illness to an intimate body part or to the reproductive system,
- an injury or illness resulting from a sexual assault,
- a mental illness,
- a case of HIV infection, hepatitis, or tuberculosis,
- a needlestick injury or cut from a sharp object that is contaminated with blood or other potentially infectious material (see 29 CFR Part 1904.8 for definition), and
- other illnesses, if the employee independently and voluntarily requests that his or her name not be entered on the log.

You must not enter the employee's name on the OSHA 300 *Log* for these cases. Instead, enter "privacy case" in the space normally used for the employee's name. You must keep a separate, confidential list of the case numbers and employee names for the establishment's privacy concern cases so that you can update the cases and provide information to the government if asked to do so.

If you have a reasonable basis to believe that information describing the privacy concern case may be personally identifiable even though the employee's name has been omitted, you may use discretion in describing the injury or illness on both the OSHA 300 and 301 forms. You must enter enough information to identify the cause of the incident and the general severity of the injury or illness, but you do not need to include details of an intimate or private nature.

What if the outcome changes after you record the case?

If the outcome or extent of an injury or illness changes after you have recorded the case, simply draw a line through the original entry or, if you wish, delete or white-out the original entry. Then write the new entry where it belongs. Remember, you need to record the most serious outcome for each case.

Classifying injuries

An injury is any wound or damage to the body resulting from an event in the work environment.

Examples: Cut, puncture, laceration, abrasion, fracture, bruise, contusion, chipped tooth, amputation, insect bite, electrocution, or a thermal, chemical, electrical, or radiation burn. Sprain and strain injuries to muscles, joints, and connective tissues are classified as injuries when they result from a slip, trip, fall or other similar accidents.

U.S. Department of Labor
Occupational Safety and Health Administration

Classifying illnesses

Skin diseases or disorders

Skin diseases or disorders are illnesses involving the worker's skin that are caused by work exposure to chemicals, plants, or other substances.

Examples: Contact dermatitis, eczema, or rash caused by primary irritants and sensitizers or poisonous plants; oil acne; friction blisters, chrome ulcers; inflammation of the skin.

Respiratory conditions

Respiratory conditions are illnesses associated with breathing hazardous biological agents, chemicals, dust, gases, vapors, or fumes at work.

Examples: Silicosis, asbestosis, pneumonitis, pharyngitis, rhinitis or acute congestion; farmer's lung, beryllium disease, tuberculosis, occupational asthma, reactive airways dysfunction syndrome (RADS), chronic obstructive pulmonary disease (COPD), hypersensitivity pneumonitis, toxic inhalation injury, such as metal fume fever, chronic obstructive bronchitis, and other pneumoconioses.

Poisoning

Poisoning includes disorders evidenced by abnormal concentrations of toxic substances in blood, other tissues, other bodily fluids, or the breath that are caused by the ingestion or absorption of toxic substances into the body.

Examples: Poisoning by lead, mercury, cadmium, arsenic, or other metals; poisoning by carbon monoxide, hydrogen sulfide, or other gases; poisoning by benzene, benzol, carbon tetrachloride, or other organic solvents; poisoning by insecticide sprays, such as parathion or lead arsenate; poisoning by other chemicals, such as formaldehyde.

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 dB or more in either ear at 2000, 3000 and 4000 hertz, and the employee's total hearing level is 25 decibels (dB) or more above audiometric zero (also averaged at 2000, 3000, and 4000 hertz) in the same ear(s).

All other illnesses

All other occupational illnesses.

Examples: Heatstroke, sunstroke, heat exhaustion, heat stress and other effects of environmental heat; freezing, frostbite, and other effects of exposure to low temperatures; decompression sickness; effects of ionizing radiation (isotopes, x-rays, radium); effects of nonionizing radiation (welding flash, ultra-violet rays, lasers); anthrax; bloodborne pathogenic diseases, such as AIDS, HIV, hepatitis B or hepatitis C; brucellosis; malignant or benign tumors; histoplasmosis; coccidioidomycosis.

When must you post the Summary?

You must post the *Summary* only — not the *Log* — by February 1 of the year following the year covered by the form and keep it posted until April 30 of that year.

How long must you keep the Log and Summary on file?

You must keep the *Log* and *Summary* for 5 years following the year to which they pertain.

Do you have to send these forms to OSHA at the end of the year?

No. You do not have to send the completed forms to OSHA unless specifically asked to do so.

How can we help you?

If you have a question about how to fill out the *Log*,

- ❑ ***visit us online at www.osha.gov*** or
- ❑ ***call your local OSHA office.***

U.S. Department of Labor
Occupational Safety and Health Administration

Optional

Calculating Injury and Illness Incidence Rates

What is an incidence rate?

An incidence rate is the number of recordable injuries and illnesses occurring among a given number of full-time workers (usually 100 full-time workers) over a given period of time (usually one year). To evaluate your firm's injury and illness experience over time or to compare your firm's experience with that of your industry as a whole, you need to compute your incidence rate. Because a specific number of workers and a specific period of time are involved, these rates can help you identify problems in your workplace and/or progress you may have made in preventing work-related injuries and illnesses.

How do you calculate an incidence rate?

You can compute an occupational injury and illness incidence rate for all recordable cases or for cases that involved days away from work for your firm quickly and easily. The formula requires that you follow instructions in paragraph (a) below for the total recordable cases or those in paragraph (b) for cases that involved days away from work, *and* for both rates the instructions in paragraph (c).

(a) *To find out the total number of recordable injuries and illnesses that occurred during the year,* count the number of line entries on your OSHA Form 300, or refer to the OSHA Form 300A and sum the entries for columns (G), (H), (I), and (J).

(b) *To find out the number of injuries and illnesses that involved days away from work,* count the number of line entries on your OSHA Form 300 that received a check mark in column (H), or refer to the entry for column (H) on the OSHA Form 300A.

(c) *The number of hours all employees actually worked during the year.* Refer to OSHA Form 300A and optional worksheet to calculate this number.

You can compute the incidence rate for all recordable cases of injuries and illnesses using the following formula:

Total number of injuries and illnesses x *200,000* ÷ *Number of hours worked by all employees* = *Total recordable case rate*

(The 200,000 figure in the formula represents the number of hours 100 employees working 40 hours per week, 50 weeks per year would work, and provides the standard base for calculating incidence rates.)

You can compute the incidence rate for recordable cases involving days away from work, days of restricted work activity or job transfer (DART) using the following formula:

(Number of entries in column H + Number of entries in column I) x *200,000* ÷ *Number of hours worked by all employees* = *DART incidence rate*

You can use the same formula to calculate incidence rates for other variables such as cases involving restricted work activity (column (I) on Form 300A), cases involving skin disorders (column (M-2) on Form 300A), etc. Just substitute the appropriate total for these cases, from Form 300A, into the formula in place of the total number of injuries and illnesses.

What can I compare my incidence rate to?

The Bureau of Labor Statistics (BLS) conducts a survey of occupational injuries and illnesses each year and publishes incidence rate data by various classifications (e.g., by industry, by employer size, etc.). You can obtain these published data at www.bls.gov/iif or by calling a BLS Regional Office.

Worksheet

Total number of injuries and illnesses		200,000	÷	Number of hours worked by all employees	=	Total recordable case rate
	x					

Number of entries in Column H + Column I		200,000	÷	Number of hours worked by all employees	=	DART incidence rate
	x					

U.S. Department of Labor
Occupational Safety and Health Administration

How to Fill Out the Log

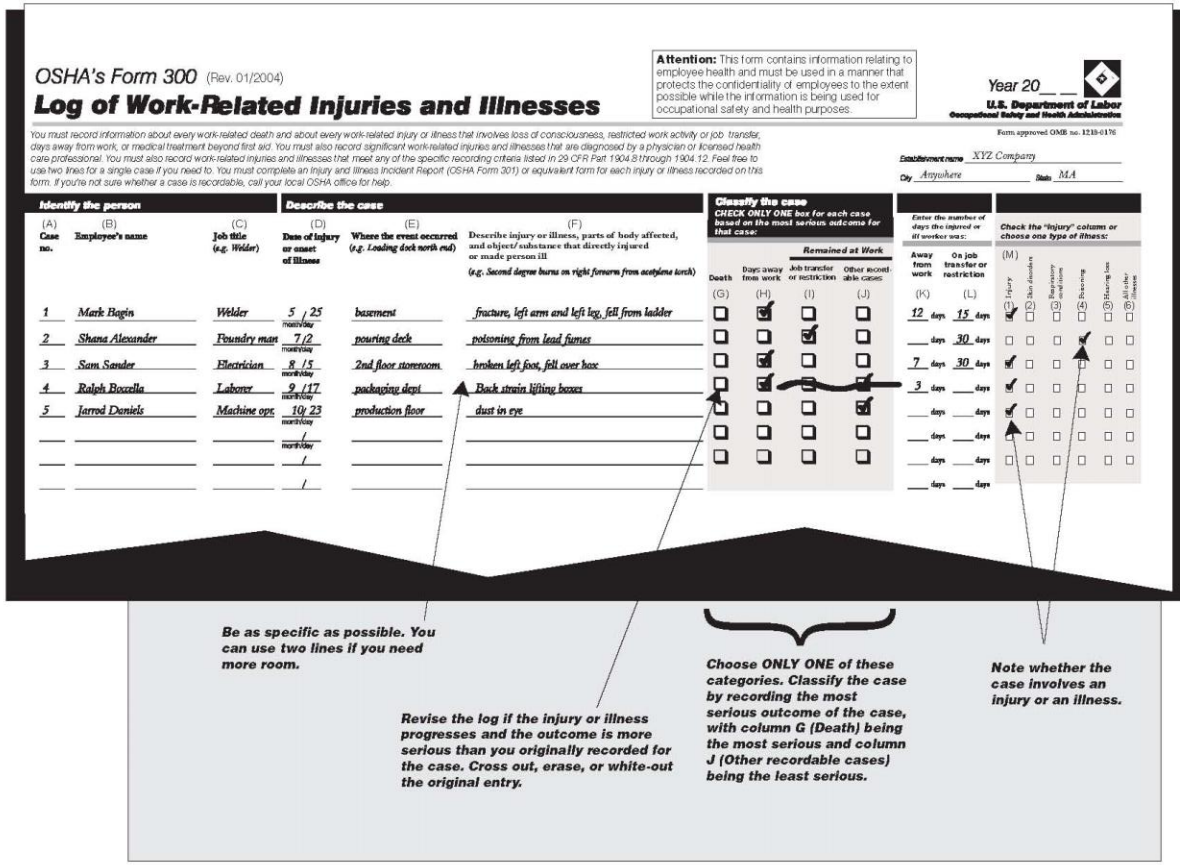
The *Log of Work-Related Injuries and Illnesses* is used to classify work-related injuries and illnesses and to note the extent and severity of each case. When an incident occurs, use the *Log* to record specific details about what happened and how it happened.

If your company has more than one establishment or site, you must keep separate records for each physical location that is expected to remain in operation for one year or longer.

We have given you several copies of the *Log* in this package. If you need more than we provided, you may photocopy and use as many as you need.

The *Summary* — a separate form — shows the work-related injury and illness totals for the year in each category. At the end of the year, count the number of incidents in each category and transfer the totals from the *Log* to the *Summary*. Then post the *Summary* in a visible location so that your employees are aware of injuries and illnesses occurring in their workplace.

You don't post the Log. You post only the Summary at the end of the year.



OSHA's Form 300 (Rev. 01/2004)

Log of Work-Related Injuries and Illnesses

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 20__ __

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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 and illnesses that are diagnosed by a physician or licensed health care professional. 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 lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name ________________

City ____________ State ________

Identify the person			Describe the case			Classify the case — CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness: (M)					
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (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)	Death (G)	Days away from work (H)	Remained at Work: Job transfer or restriction (I)	Remained at Work: Other record-able cases (J)	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)
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
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			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
					Page totals➤	__	__	__	__	__	__	Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)

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

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Page __ of __

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20__ __

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, 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 totals 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 OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

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)

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)		(M)
(1) Injuries	_____	(4) Poisonings	_____
		(5) Hearing loss	_____
(2) Skin disorders	_____	(6) All other illnesses	_____
(3) Respiratory conditions	_____		

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name _____

Street _____

City _____ State _____ ZIP _____

Industry description (*e.g., Manufacture of motor truck trailers*)

_____

Standard Industrial Classification (SIC), if known (*e.g., 3715*)

___ ___ ___ ___

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

___ ___ ___ ___ ___ ___

Employment information *(If you don't have these figures, see the Worksheet on the back of this page to estimate.)*

Annual average number of employees _____

Total hours worked by all employees last year _____

Sign here

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.

_____ _____
Company executive Title

( ) - / /
Phone Date

U.S. Department of Labor
Occupational Safety and Health Administration

Optional

Worksheet to Help You Fill Out the Summary

At the end of the year, OSHA requires you to enter the average number of employees and the total hours worked by your employees on the summary. 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 Summary page at the end of the year.

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

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 _____

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 _____

❸ ***Divide*** the number of employees by the number of pay periods.

❶ _____ / ❷ _____ = ❸ _____

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, Acme Construction figured its average employment this way:

For pay period...	Acme paid this number of employees...
1	10
2	0
3	15
4	30
5	40
▼	▼
24	20
25	15
26	+10
	830

Number of employees paid = 830 ❶

Number of pay periods = 26 ❷

830 / 26 = 31.92 ❸

31.92 rounds to 32 ❹

32 is the annual average number of employees

How to figure the total hours worked by all employees:

Include 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, please estimate the hours that the employees actually worked.

If this number isn't available, you can use this optional worksheet to estimate it.

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 in a 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.*

OSHA's Form 301
Injury and Illness Incident Report

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.

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary,* these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by _____

Title _____

Phone (_____)_____--_____ **Date** ____/ ____/ ____

Information about the employee

1) Full name _____

2) Street _____

City _____ State _____ ZIP _____

3) Date of birth ____/ ____/ ____

4) Date hired ____/ ____/ ____

5) ☐ Male
☐ Female

Information about the physician or other health care professional

6) Name of physician or other health care professional _____

_____

7) If treatment was given away from the worksite, where was it given?

Facility _____

Street _____

City _____ State _____ ZIP _____

8) Was employee treated in an emergency room?
☐ Yes
☐ No

9) Was employee hospitalized overnight as an in-patient?
☐ Yes
☐ No

Information about the case

10) Case number from the *Log* _____ *(Transfer the case number from the Log after you record the case.)*

11) Date of injury or illness ____/ ____/ ____

12) Time employee began work _____ AM / PM

13) Time of event _____ AM / PM ☐ Check if time cannot be determined

14) ***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."

15) ***What happened?*** Tell us how the injury 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."

16) ***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."

17) ***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.*

18) ***If the employee died, when did death occur?*** Date of death ____/ ____/ ____

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate or any other aspects of this data collection, including suggestions for reducing this burden, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

If You Need Help...

If you need help deciding whether a case is recordable, or if you have questions about the information in this package, feel free to contact us. We'll gladly answer any questions you have.

- **Visit us online at www.osha.gov**
- **Call your OSHA Regional office and ask for the recordkeeping coordinator**

  or

- **Call your State Plan office**

U.S. Department of Labor
Occupational Safety and Health Administration

Federal Jurisdiction

Region 1 - 617 / 565-9860
Connecticut; Massachusetts; Maine; New Hampshire; Rhode Island

Region 2 - 212 / 337-2378
New York; New Jersey

Region 3 - 215 / 861-4900
DC; Delaware; Pennsylvania; West Virginia

Region 4 - 404 / 562-2300
Alabama; Florida; Georgia; Mississippi

Region 5 - 312 / 353-2220
Illinois; Ohio; Wisconsin

Region 6 - 214 / 767-4731
Arkansas; Louisiana; Oklahoma; Texas

Region 7 - 816 / 426-5861
Kansas; Missouri; Nebraska

Region 8 - 303 / 844-1600
Colorado; Montana; North Dakota; South Dakota

Region 9 - 415 / 975-4310

Region 10 - 206 / 553-5930
Idaho

State Plan States

Alaska - 907 / 269-4957

Arizona - 602 / 542-5795

California - 415 / 703-5100

*Connecticut - 860 / 566-4380

Hawaii - 808 / 586-9100

Indiana - 317 / 232-2688

Iowa - 515 / 281-3661

Kentucky - 502 / 564-3070

Maryland - 410 / 767-2371

Michigan - 517 / 322-1848

Minnesota - 651 / 284-5050

Nevada - 702 / 486-9020

*New Jersey - 609 / 984-1389

New Mexico - 505 / 827-4230

*New York - 518 / 457-2574

North Carolina - 919 / 807-2875

Oregon - 503 / 378-3272

Puerto Rico - 787 / 754-2172

South Carolina - 803 / 734-9669

Tennessee - 615 / 741-2793

Utah - 801 / 530-6901

Vermont - 802 / 828-2765

Virginia - 804 / 786-6613

Virgin Islands - 340 / 772-1315

Washington - 360 / 902-5601

Wyoming - 307 / 777-7786

*Public Sector only

U.S. Department of Labor
Occupational Safety and Health Administration

Have questions?

If you need help in filling out the *Log* or *Summary,* or if you have questions about whether a case is recordable, contact us. We'll be happy to help you. You can:

- Visit us online at: **www.osha.gov**
- Call your regional or state plan office. You'll find the phone number listed inside this cover.