



# Legal Requirements

- **July 1994** Public employers required to maintain injury and illness recordkeeping forms.
- **April 2003** Recordkeeping amendment requires:
  - Public employers to submit five years of recordkeeping forms by October 2003;
  - Public Employers required to submit to PERRP each year by Feb. 1 for the previous calendar year.
- **July 2006** PERRP introduces Ohio specific forms.
- **February 2009** Failure to post and submit the annual summary results in the issuance of a citation.
- **2011** PERRP notification to employers of non-compliance.

# Purpose of the Rule

- To gather injury and illness data collection and analysis.
- Public employers in Ohio are required to record and report work-related fatalities, injuries and illnesses.
  - Note: Recording or reporting a work-related injury, illness, or fatality does not mean the employer or employee was at fault, a PERRP rule has been violated, or that the employee is eligible for workers' compensation or other benefits.
- PERRP injury and illness recordkeeping and the BWC claims process are independent of each other.

# ORC 4167.11 (B)

- To implement and maintain the statistics program, BWC Board of Directors are *required* to adopt rules that require public employers to:
  - “Make, keep, and preserve, and make available”, necessary reports and records appropriate for standards enforcement or for developing information regarding the causes and prevention of occupational accidents and illnesses.
- The OAC explains how to comply with the ORC requirements.

# Basic Requirements

- Public employers are required to maintain a log and summary.
- Public employers are required to submit the PERRP 300AP form each year by Feb. 1.
- Public employers are required to post a copy of the PERRP 300AP form for each establishment.

# Covered Employees

- Employees on payroll
- Employees of non-profit boards that are supervised by public employees (Developmental Disabilities, etc.)
- Employees not on payroll who are supervised on a day-to-day basis (temporary employment)
  - Temporary help agencies only record their employee injuries when they are under their supervision. Injuries of temp workers who are supervised by a public employer must be recorded by the public employer.
- Exclude volunteers and restitution workers

# Recordkeeping Exemptions

- There are no exemptions for public employers
- There are no exemptions for small public employers, schools, and medical facilities
- All public employers must comply with the recordkeeping rules adopted by PERRP

# Multiple Establishments

- Employers must keep a separate log and summary for each establishment.
- Establishment is defined as:
  - A single physical location where business is conducted;
  - Where services or industrial operations are performed.
- Establishment logs can be maintained in a central location, if:
  - Incidents are reported to the central office within six calendar days;
  - Updated copies of the “Log” are provided to each establishment quarterly.

# Required Forms

- The Ohio Administrative Code requires the use of the following PERRP recordkeeping forms:
  - PERRP Form 300P *Log*;
  - PERRP Form 300AP *Summary*;
  - PERRP Form 301P *Incident Report*.
- BWC First Report of Injury (FROI) is “equivalent” to 301P.
- PERRP has developed its own set of recordkeeping forms that are “equivalent” to the OSHA forms.

# ORC 4167.11 (B)

Public employers are also required to:

- Post notices or otherwise “keep their public employees informed” of their rights and obligations;
- Maintain accurate records of public employee exposure to potentially toxic materials, carcinogenic materials, and harmful physical agents.

 Bureau of Workers' Compensation

**Ohio Public Employment Risk Reduction Program**  
**Safety and Health Protection on the Job**  
**It's The Law!**

The Public Employment Risk Reduction Act ensures safe and healthy working conditions for Ohio's public employees.

**Public employers shall provide a place of employment free from recognized hazards and be in compliance with the Public Employment Risk Reduction Program (PERRP) occupational safety and health standards, rules and regulations.**

**Public employers shall comply with the PERRP occupational safety and health standards, rules and regulations.**

**Complaints**

- Any public employee or employee representative has the right to file a complaint with PERRP via fax or letter that describes unsafe or unhealthy conditions in his/her workplace. Names of public employees filing complaints will be kept confidential.

**Refusal to Work**

- A public employee acting in good faith has the right to refuse to work under conditions he or she reasonably believes present an imminent danger of death or serious harm. This applies if the condition does not normally exist or is not reasonably expected to occur during the course of the employee's regular duties. A public employee who refuses to work under such conditions **must** follow these steps:
  - Notify his or her immediate supervisor that the condition poses imminent danger.
  - Submit a written statement of the imminent danger to PERRP as soon as practical.

There is, however, no right under the PERRP Act for an employee to refuse to work, unless the danger is one that a reasonable person under the circumstances would conclude an imminent danger exists.

**Enforcement**

- PERRP investigates job sites for unsafe and unhealthy conditions and practices at the request of a public employee, public employee representative or public employer.
- It issues citations requiring public employers to correct safety and health violations.
- A PERRP investigator may privately question a representative sample of employees and management about safety and health conditions in the workplace.

**Citations**

- If the investigation verifies a violation, PERRP will issue a citation. The public employer must then prominently post this citation in a conspicuous place where they customarily post such notices to their employees.

**Reporting Fatalities/Multiple Hospitalizations**

- A public employer must contact PERRP *within eight hours* of:
  - Death of any employee from a work-related incident.
  - Inpatient hospitalization of three or more employees from a single work-related incident.

**Access to Records**

- Employees have the right to copies of their medical records, and records of their exposures to toxic and harmful substances or conditions.

**Discrimination**

- Employers cannot discharge or otherwise discriminate against employees in any manner for filing a complaint or instituting any provision of the Act. Employees or their representatives may file discrimination complaints with the State Personnel Board of Review within 60 days of the discriminatory act.

**Recordkeeping**

- Public employers are required to maintain a PERRP 300P Log of injuries and illnesses.
- Public employers are required to submit a PERRP 300AP Summary of Work-Related Injuries and Illnesses to PERRP by Feb. 1 for the previous calendar year.
- Public employers must keep separate records for each establishment. On Feb. 1 of each year, the employer must post the PERRP 300AP at each establishment through April 30.

**For More Information Contact:**

**Public Employment Risk Reduction Program (PERRP)**  
13430 Yarmouth Drive  
Pickerington, Ohio 43147  
Phone: 800-671-6858  
Hearing Impaired: TTY/TDD 1-800-750-0750  
Fax: 614-644-3133  
Ohiobwc.com

Under provisions of Rule 4167-4-01 of the Ohio Administrative Code, public employers must post this notice (or facsimile) in a conspicuous place where they customarily post such notices to their employees. Minimum reproduction size of this poster is 8 1/2 x 14 inches. Alternatively, employers can give a copy of this notice to each employee at the time of hiring and at least annually thereafter.

# Filling Out Forms

## You must follow the instructions!

**PERRP**

**Ohio** Bureau of Workers' Compensation

### Forms for Recording Work-Related Injuries and Illnesses

Dear Ohio public employer:

The Ohio Public Employment Risk Reduction Program (PERRP) requires all public employers to complete our injury and illness recordkeeping forms or maintain equivalent records. This booklet includes Ohio-specific 300P, 300AP and 301P forms you can use to record work-related injuries and illnesses.

Changes in January 2011 make the forms and instructions clearer and easier to use. Please use the newer versions of the forms and discard all others. Please review the forms and accompanying instructions to ensure you are maintaining accurate records.

Since the introduction of Ohio-specific forms in 2005 several changes have been made to the forms:

**Changes to the Log of Work-Related Injuries and Illnesses (300P/Log) —**

- o The 300P *Log of Work-Related Injuries and Illnesses* is now required for Ohio public employers.
- o Legal references and general instructions were simplified.

**Changes to the Summary of Work-Related Injuries and Illnesses (300AP/Summary) —**

- o The 300AP *Summary of Work-Related Injuries and Illnesses* is now required for Ohio public employers.
- o We added a field for the total number of full-time and part-time employees per your agency's definition.
- o We added a field to record the name of the person completing, maintaining or submitting the form.

**Changes to the Injury and Illness Incident Report (301P) —**

- o The 301P *Injury and Illness Incident Report* is now required for Ohio public employers.
- o We added a field for recording the job title of the injured worker.
- o We added a field for designating the incident as a first-aid case.

Please submit ALL information requested on form 300AP directly to PERRP. You may submit the information using alternative forms or electronic methods. However, please make sure you provide all required data.

PERRP shares your goal of preventing injuries and illnesses in Ohio's public workplaces. Accurate injury and illness records will help us achieve this goal.

**Public Employment Risk Reduction Program**

Ohio Bureau of Workers' Compensation  
13430 Yarmouth Drive, Pickerington, Ohio 43147

#### What's inside?

In this booklet, you'll find everything you need to complete PERRP's *Log of Work-Related Injuries and Illnesses* (300P/Log) and *Summary of Work-Related Injuries and Illnesses* (300AP/Summary). The booklet includes:

**An overview: Recording work-related injuries and illnesses —** General instructions for filling out the forms in this booklet and definitions of terms you should use when you classify your cases as injuries or illnesses;

**How to fill out the Log —** Instructions for correctly recording case entries on the Log;

**Quick reference sections —** Example forms you can use as guides to properly filling out the Log, Summary and Incident Report;

**PERRP Log (300P) —** A blank copy of the Log (but you may make as many copies of it as you need). Notice that the Log is separate from the Summary form;

**PERRP Summary (300AP) —** A blank copy of the Summary for easy posting at the end of the year. Note: you only post and submit the Summary, not the Log;

**PERRP Injury and Illness Incident Report (301P) —** Use it to gather details about an incident. You may make as many copies as you need or use an equivalent form;

Please take a few minutes to review this booklet. If you have any questions, call PERRP at: (800) 671-6858. You may also log on to [ohiobwc.com](http://ohiobwc.com) and click on *Safety Services*, then *Public Employment Risk Reduction Program* (under Consultative Services).

*We'll be happy to help you!*

# Recordkeeping Instructions

- PERRP has created a set of instructions to help public employers understand and apply the recording criteria.
- PERRP instructions are similar to the Federal OSHA instructions but are specific to public employers.

# Recordkeeping Step 1

- Injury and Illness Incident Report
  - Public employers are required to collect basic information for each injury and illness incident.
- Acceptable forms
  - PERRP 301P
  - BWC First Report of Injury (FROI)
  - Employer accident form

# PERRP Form 301P Injury and Illness Incident Report

State of Ohio — Public Employment Risk Reduction Program — Form 301P (Rev. 01/2011)

## Injury and Illness Incident Report

ATTENTION: This form contains information relating to employee health. Please use it in a manner that protects the confidentiality of employees while also allowing for use of the information for occupational safety and health purposes.

**Ohio** Bureau of Workers' Compensation  
Division of Safety & Hygiene, PERRP  
13430 Yarmouth Dr., Pickerington, OH 43147

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness occurs. Together with the *Log of Work-Related Injuries and Illnesses* (300P) and the accompanying Summary (300AP), these forms help you and PERRP develop a picture of the extent and severity of work-related incidents. You must complete this form or an equivalent *within six calendar days* after receiving information that a recordable work-related injury or illness has occurred. [Ohio Administrative Code (OAC) 4167-6-02]

BWC's *First Report of an Injury, Occupational Disease or Death* (FROI) is an acceptable substitute. To be considered an equivalent, the substitute must contain all of the information on this form. (OAC 4167-6-03) You must keep this form on file for five years following the year to which it pertains. (OAC 4167-6-07)

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

ATTENTION: All Ohio public employers must complete this form (or an equivalent). This includes the State of Ohio and its instrumentalities; and "any political subdivisions and their instrumentalities, including any county, county or state hospital, municipal corporation, city, village, township, park district, school district, state institutions of higher learning, public or special district, state agency, authority, commission or board" as defined in Ohio Revised Code 4167.01.

Completed by Safe T. Supervisor  
Title Maintenance Supervisor  
Phone (123)456-7890 Date January 3, 2010

### Information about the employee

- 1) Full name Joe Employee  
2) Street 1234 Our Street  
City Our Town State OH Zip code 12345  
3) Date of birth January 20, 1960  
4) Date hired February 1, 1980  
5) Job title Custodian  
6)  Male  Female

### Information about the physician or other health-care professional

- 7) Name of physician, other health-care professional or first-aid provider  
I. M. Soare, D.O.  
8) If treatment was given away from the work site, where was it given?  
Facility Our Town Hospital  
Street 4321 Urgent Lane  
City Our Town State OH Zip code 12345

- 9) Was employee treated in an emergency room?  
 Yes  No  
10) Was employee hospitalized overnight as an in-patient?  
 Yes  No  
11) Did the employee receive treatment classified as first aid at the work site or hospital?  
 Yes  No

### Information about the case

- 12) Case number from the Log 10-123456 (Transfer the case number from the Log after you record the case.)  
13) Date of injury or illness January 2, 2010  
14) Time employee began work 6:30 AM (AM/PM)  
15) Time of event 7:15 AM (AM/PM)  Check if time cannot be determined.  
16) 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.)  
Joe was mopping the floor near the building entrance. Joe walked back over the wet floor to place a "wet floor" sign near the entry door.  
17) 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.)  
When he finished mopping the entry area floor Joe slipped and fell when he walked on the wet floor to place a sign near the building entry door. Joe reported that he twisted his right knee when he fell.  
18) 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 just using the words "hurt," "pain" or "sore." (Examples: strained lower back; chemical burn, right hand; carpal tunnel syndrome, left wrist.)  
Immediately following the incident, Joe had redness, pain and swelling on and around his right knee. Joe was driven by a co-worker to Our Town Hospital for treatment. Hospital diagnosis indicated Joe had a torn "anterior cruciate ligament (ACL)" on his right knee.  
19) 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.  
Concrete tiled floor.  
20) If the employee died, when did death occur? Date of death

# BWC First Report of Injury (FROI)

**Ohio** Bureau of Workers' Compensation **First Report of an Injury, Occupational Disease or Death**

**By signing this form, I:**

- Elect to only receive compensation and/or benefits that are provided for in this claim under Ohio workers' compensation laws;
- Waive and release my right to receive compensation and benefits under the workers' compensation laws of another state for the injury or occupational disease, or death resulting from an injury or occupational disease, for which I am filing this claim;
- Agree that I have not and will not file a claim in another state for the injury or occupational disease or death resulting from an injury or occupational disease for which I am filing this claim;
- Certify that I have not received compensation and/or benefits under the workers' compensation laws of another state for this claim, and that I will notify BWC immediately upon receiving any compensation or benefits from any source for this claim.

**WARNING:** Any person who obtains compensation from BWC or self-insuring employers by knowingly misrepresenting or concealing facts, making false statements or accepting compensation to which he or she is not entitled, is subject to felony criminal prosecution for fraud. (R.C. 2913.48)

**Injured worker and injury/disease/death info.**

Last name, first name, middle initial \_\_\_\_\_ Social Security number \_\_\_\_\_ Marital status \_\_\_\_\_  
 Home mailing address \_\_\_\_\_ Sex  Male  Female  Married  
 City \_\_\_\_\_ State \_\_\_\_\_ 9-digit ZIP code \_\_\_\_\_ Country if different from USA \_\_\_\_\_  Divorced  
 Wage rate \$ \_\_\_\_\_ Per  Hour  Year  Month  Week  Separated  Widowed  
 What days of the week do you usually work?  Sun  Mon  Tues  Wed  Thur  Fri  Sat Regular work hours from \_\_\_\_\_ to \_\_\_\_\_  
 Have you been offered or do you expect to receive payment or wages for this claim from anyone other than the Ohio Bureau of Workers' Compensation?  Yes  No. If yes, please explain \_\_\_\_\_ Occupation of job title \_\_\_\_\_  
 Employer name \_\_\_\_\_  
 Mailing address (number and street, city or town, state, ZIP code and county) \_\_\_\_\_  
 Location, if different from mailing address \_\_\_\_\_  
 Was the place of accident or exposure on employer's premises?  Yes  No  
 If no, give accident location, street address, city, state and ZIP code \_\_\_\_\_  
 Date of injury/disease \_\_\_\_\_ Time of injury \_\_\_\_\_ If fatal, give date of death \_\_\_\_\_ Time employee began work \_\_\_\_\_ a.m.  p.m. Date last worked \_\_\_\_\_ Date returned to work \_\_\_\_\_  
 Date hired \_\_\_\_\_ State where hired \_\_\_\_\_ Date employer notified \_\_\_\_\_ State where supervised \_\_\_\_\_  
 Description of accident (Describe the sequence of events that directly injured the employee, or caused the disease or death.) \_\_\_\_\_ Type of injury/disease and part(s) of body affected (For example: sprain of lower left back) \_\_\_\_\_  
 Benefit application/medical release -- I am applying for a claim under the Ohio Workers' Compensation Act for work-related injuries that I did not purposely inflict. I affirm that I elect to receive compensation and benefits under the Ohio workers' compensation laws for my claim, and I waive and release my right to file for and receive compensation and benefits under the laws of any other state for this claim. I request payment for compensation and/or medical benefits as a flowable, and authorize direct payment to my medical provider. I permit and authorize any provider who attends, treats or examines me, and the Ohio Rehabilitation Services Commission (where relevant) to release medical, psychological, psychiatric, vocational or social information that is causally or historically related to my physical or mental injuries relevant to issues necessary for the administration of my claim to BWC, the Industrial Commission of Ohio, the employer in this claim, the employer's BWC MCD and any authorized representatives.

**Treatment info.**

Injured worker signature \_\_\_\_\_ Date \_\_\_\_\_ E-mail address \_\_\_\_\_ Telephone number ( ) \_\_\_\_\_ Work number ( ) \_\_\_\_\_  
 Health-care provider name \_\_\_\_\_ Telephone number ( ) \_\_\_\_\_ Fax number ( ) \_\_\_\_\_ Initial treatment date \_\_\_\_\_  
 Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ 9-digit ZIP code \_\_\_\_\_  
 Diagnosis(es): include ICD code(s) \_\_\_\_\_  
 Will the incident cause the injured worker to miss eight or more days of work?  Yes  No Is the injury causally related to the industrial incident?  Yes  No  
 Health-care provider signature \_\_\_\_\_ 11-digit BWC provider number \_\_\_\_\_ Date \_\_\_\_\_

**Employer info.**

Employer policy number \_\_\_\_\_  Employer is self-insuring  
 Telephone number ( ) \_\_\_\_\_ Fax number ( ) \_\_\_\_\_ E-mail address \_\_\_\_\_ Federal ID number \_\_\_\_\_ Manual number \_\_\_\_\_  
 Was employee treated in an emergency room?  Yes  No Was employee hospitalized overnight as an inpatient?  Yes  No  
 If treatment was given away from work site, provide the facility name, street address, city, state and ZIP code \_\_\_\_\_  
 **Certification** - The employer certifies that the facts in this application are correct and valid.  **Rejection** - The employer rejects the validity of this claim for the reason(s) listed below. **For self-insuring employers only**  
 **Certification** - The employer certifies and allows the claim for the condition(s) below:  
 **Medical only**  **Lost time**  
 Employer signature and title \_\_\_\_\_ Date \_\_\_\_\_ OSHA case number \_\_\_\_\_

BWC-1101 (Rev. 3/26/2009) This form meets OSHA 301 requirements  
 FROI-1 (Combines C-1, C-2, C-3, C-6, C-50, OD-1, OD-1-22)

# Recordkeeping Step 2

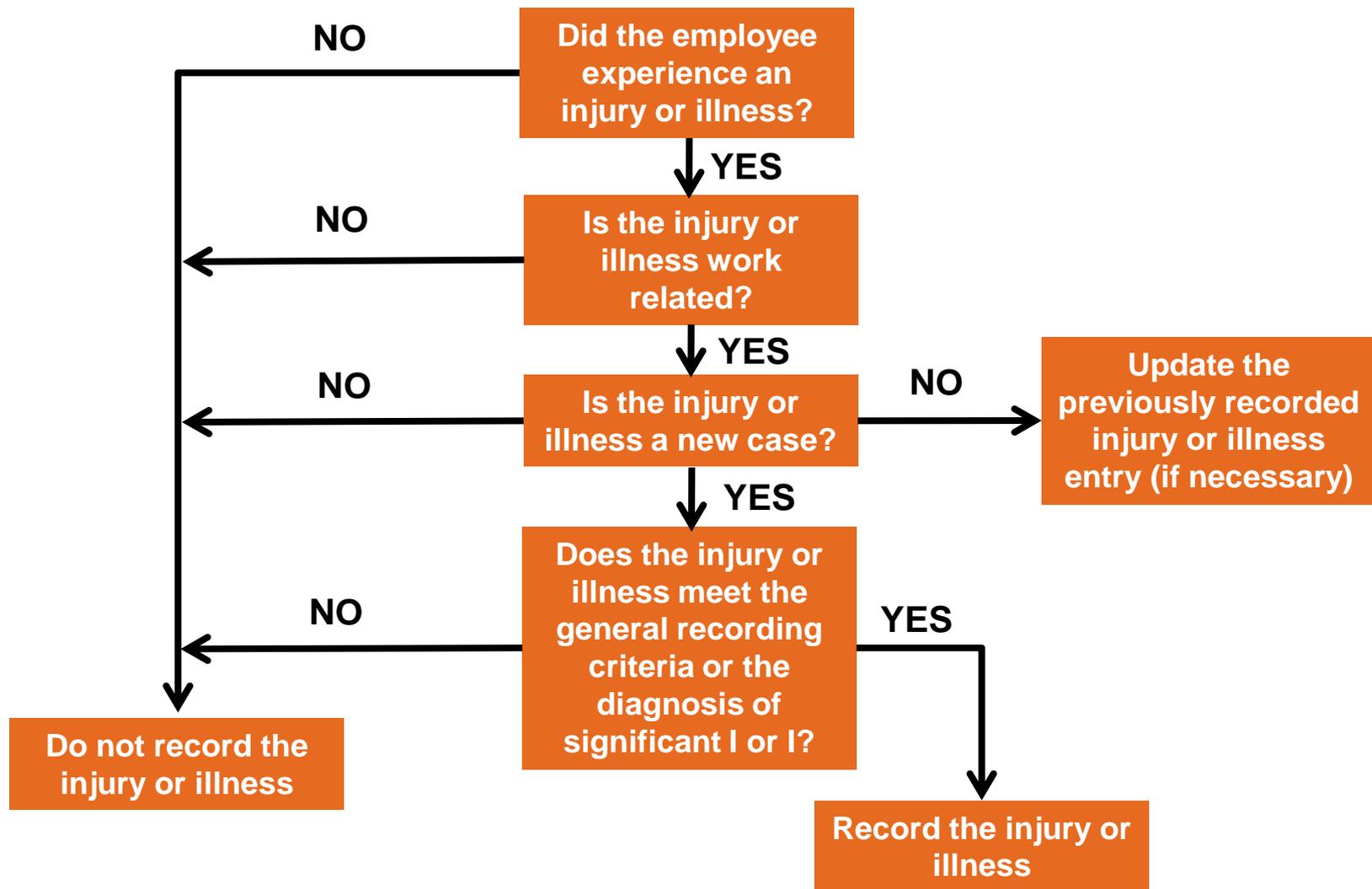
- Log of work related injuries and illnesses
  - Public employers are required to record and maintain information about their most serious injuries and illnesses.
- Acceptable forms
  - PERRP 300P
  - Employer form (hard copy or electronic) that includes all required information



# Recording Criteria

- Public employers must record each fatality, injury or illness that:
  - Is work-related;
  - Is a new case;
  - Meets one or more of the criteria contained in the PERRP recordkeeping instructions.

# Recording Criteria Decision Tree



# Work-Relatedness

- Cases are work-related if:
  - An event or exposure in the work environment either caused or contributed to the resulting condition;
  - An event or exposure in the work environment significantly aggravated a pre-existing injury or illness.

# Work Environment

- Injuries and illnesses are work-related if they:
  - Occur while the employee is performing work for pay or compensation in the home;
  - Are directly related to the performance of work rather than the general home environment;
  - Occur during work-related activities while an employee is on work-related travel.

# Work-Relatedness

- Work-relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the work environment.
- A case is presumed work-related if, and only if, an event or exposure in the work environment is a discernable cause of the injury or illness or of a significant aggravation to a pre-existing condition.
- The work event or exposure only needs to be one of the causes; it does not need to be the sole or predominant cause.

# Work-Related Exceptions

There are nine exceptions to the definition of work-related to *limit* recording of cases involving:

1. Eating, drinking, or preparing food or drink for personal consumption;
2. Common colds and flu;
3. Voluntary participation in wellness or fitness program;
4. Personal grooming or self-medication;
5. General public (visiting, personal business, etc.);
6. Symptoms of non-work related injury/illness;
7. Commuting;
8. Personal tasks;
9. Mental illness.

# Significant Aggravation

- A pre-existing injury or illness is significantly aggravated when an event or exposure in the work environment results in any of the following; which otherwise would not have occurred:
  - Death;
  - Loss of consciousness;
  - Days away, days of restriction or job transfer;
  - Medical treatment.

# General Recording Criteria

- Requires records to include any work-related injury or illness resulting in one of the following:
  - Death;
  - Days away from work;
  - Restricted work or transfer to another job;
  - Medical treatment beyond first aid;
  - Loss of consciousness;
  - Diagnosis of a significant injury/illness by a physician or other practicing licensed health care professional (PLHCP).

# Medical Treatment

- Medical treatment is the management and care of a patient to combat disease or disorder.
- It does not include:
  - Visits to a PLHCP solely for observation or counseling;
  - Diagnostic procedures;
  - First aid.

# First Aid

- Using nonprescription medication at nonprescription strength
- Tetanus immunizations
- Cleaning, flushing, or soaking surface wounds
- Wound coverings, butterfly bandages, Steri-Strips
- Hot or cold therapy
- Non-rigid means of support
- Temporary immobilization device used to transport accident victims

# First Aid (continued)

- Drilling of fingernail or toenail, draining fluid from blister
- Eye patches
- Removing foreign bodies from eye using irrigation or cotton swab
- Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means
- Finger guards
- Massages
- Drinking fluids for relief of heat stress

# Significant Diagnosed Injury or Illness

- The following work-related conditions must always be recorded at the time of diagnosis by a PLHCP:
  - Cancer;
  - Chronic irreversible disease;
  - Punctured eardrum;
  - Fractured or cracked bone or tooth.

# New Case

- A case is new if the employee:
  - Has not previously experienced a recordable injury or illness of the same type that affects the same part of the body; or
  - Previously experienced a recordable injury or illness of the same type that affects the same part of the body, but had recovered completely and an event or exposure in the work environment caused the signs and symptoms to reappear;

# New Case (continued)

- If there is a medical opinion regarding resolution of a case, the employer must follow that opinion;
- If an exposure triggers the recurrence, it is a new case (e.g., asthma, dermatitis);
- If signs and symptoms recur even in the absence of exposure, it is not a new case (e.g., silicosis, tuberculosis, asbestosis).

# Employee Privacy

- Prohibits employers from entering an individual's name on Form 300 for certain types of injuries/illnesses (enter "privacy case")
- Provides employers the right not to describe the nature of sensitive injuries where the employee's identity would be known
- Gives employee representatives access only to the portion of Form 301P which contains no personal information
- Requires employers to remove employees' names before providing the data to persons not provided access rights under the rule

# Privacy Cases

- This is the complete list of all injuries and illnesses considered privacy concern cases for the purposes of PERRP recordkeeping:
  - An injury or illness to an intimate body part or the reproductive system;
  - An injury or illness resulting from a sexual assault;
  - Mental illnesses;
  - HIV infection, hepatitis, or tuberculosis;
  - Needlestick injuries and cuts from sharp objects that are contaminated with another person's blood or OPIM;
  - Other illnesses, if the employee voluntarily requests that his or her name not be entered on the log.

# Bloodborne Pathogens

- Record all work-related needlesticks and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material (includes human bodily fluids, tissues and organs; other materials potentially infected with HIV, Hepatitis B, or other pathogens such as laboratory cultures).
- Other sharps injuries (from uncontaminated objects) would only be recordable if medical treatment beyond first aid was required.
- Record splashes or other exposures to blood or other potentially infectious material if it results in diagnosis of a bloodborne disease or meets the general recording criteria.

# Hearing Loss

- All work-related hearing loss cases must be recorded when:
  - Employee has experienced a Standard Threshold Shift (STS)<sup>1</sup>;
  - Employee's total hearing level is 25 decibels (dB) or more above audiometric zero in the same ear(s) as the STS;
  - Determine if the case meets this criteria then record the hearing loss on the date of diagnosis.
- Check column M5 on the 300P.

Check the injury column or choose one particular type of illness. If completing this form electronically, enter an X to indicate an injury or type of illness.

(M)					
Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses
(1)	(2)	(3)	(4)	(5)	(6)
x					
x					
x					
x					
				x	

<sup>1</sup> A STS is defined in OSHA's noise standard at 29 CFR 1910.95(g)(10)(i) as a change in hearing threshold, relative to the baseline audiogram, of an average of 10 dB or more at 2000, 3000, and 4000 Hz in one or both ears.

# Musculoskeletal Disorders

- Applies the same recording criteria to musculoskeletal disorders (MSDs) as to all other injuries and illnesses
- Employer retains flexibility to determine whether an event or exposure in the work environment caused or contributed to the MSD

# Day Counts

- Focuses on days away or days of restriction or job transfer
- Rules for counting rely on calendar days instead of workdays
  - Easier to calculate
  - More consistent data
  - Better measure of severity

# Days Away Cases

- Day counts (days away or days restricted)
  - Count the number of calendar days the employee was unable to work (include weekend days, holidays, vacation days, etc.)
  - Cap day count at 180 days away and/or days restricted
  - May stop day count if employee leaves your employment for a reason unrelated to the injury or illness
  - If a medical opinion exists, employer must follow that opinion

# Recording Days Away

- Record if the case involves one or more days away from work
- Do not include the day of injury/illness
- Check the box in column “H” for days away cases
- Count the number of days and enter in column “K”

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:	
Enter a "X" to indicate case outcome if filling out electronically.					
Death	Days away from work	Remained at work		Away from work (days)	On the job transfer or restriction (days)
(G)	(H)	Job transfer or restriction (I)	Other recordable cases (J)	(K)	(L)
	X			7	7

# Restricted Work Cases

- Restricted work activity exists if the employee is:
  - Unable to work the full workday he or she would otherwise have been scheduled to work; or
  - Unable to perform one or more routine job functions.
- An employee's routine job functions are those activities the employee regularly performs at least once per week.

# Restricted Work Exceptions

A case is not recordable as a restricted work case if :

- The employee experiences minor musculoskeletal discomfort;
- A health care professional determines that the employee is fully able to perform all of his or her routine job functions.

# Recording Restricted Work

- Record if the case involves one or more days of restricted work or job transfer
- Do not include the day of injury/illness
- Check the box column “I” under “remained at work”
- Count the number of days and enter in column “L”

Classify the case					
<b>CHECK ONLY ONE box</b> for each case based on the most serious outcome for that case:  Enter a "X" to indicate case outcome if filling out electronically.				Enter the number of days the injured or ill worker was:	
Death	Days away from work	Remained at work		Away from work (days)	On the job transfer or restriction (days)
(G)	(H)	Job transfer or restriction (I)	Other recordable cases (J)		
		X			7

# Job Transfer

- An injured or ill employee is assigned to a job other than his or her regular job for part of the day
- A case is recordable if the injured or ill employee performs his or her routine job duties for part of a day and is assigned to another job for the rest of the day

# Other Recordable Cases

- If a case does not involve a death, days away, days of restriction or job transfer then it may be an “other” recordable case.
- An other recordable case (Column J) is one that requires medical treatment beyond first aid but does not meet any other recording criteria.

# Tuberculosis and Medical Removal

- Includes separate provisions describing the recording criteria for cases involving the work-related transmission of tuberculosis
- Requires employers to record cases of medical removal under one of the toxic or hazardous substance standards
  - Further exposure would place the employee at increased risk of material impairment to their health

# 300P Example

State of Ohio — Public Employment Risk Reduction Program — Form 300P (Rev. 01/2011)

## Log of Work-Related Injuries and Illnesses

**ATTENTION:** All Ohio public employers must complete this form (or an equivalent). This includes the State of Ohio and its instrumentalities, and any political subdivisions and their instrumentalities, including any county, county or state hospital, municipal corporation, city, village, township, park district, school district, state institutions of higher learning, public or special district, state agency, authority, commission or board" as defined in Ohio Revised Code 4167.01.

**ATTENTION:** This form contains information relating to employee health. Please use it in a manner that protects the confidentiality of employees while also allowing for use of the information for occupational safety and health purposes.

Year **2010**

If you are an Ohio public employer, you must use this form to record: (1) Information 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, (2) Significant work-related injuries and illnesses that a physician or other practicing licensed health-care professional (PLHCP) diagnoses, (3) Work-related injuries and illnesses that meet any of the specific criteria listed in the instructions for these forms. Feel free to use two lines for a single case if you need more room. You are also welcome to make additional copies of this form as needed. If you are completing this form electronically, you may also add rows to create additional lines for more incidents. Also note, you must complete an *Injury and Illness Incident Report* (PERRP form 301P or an equivalent) for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call PERRP for assistance at 800-671-6858. You must keep this form on file for five years following the year to which it pertains. (Ohio Administrative Code 4167-6-07)

Establishment name **Our School Building**  
 City **Our Town** State **Ohio**

Identify the person			Describe the case			Classify the case											
(A) Case number	(B) Employee's name (Last name, First name)	(C) Job title (e.g., welder)	(D) Date of injury or onset of illness (mo./day)	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case: <small>Enter a "0" to indicate case outcome if filing out electronically.</small>				Enter the number of days the injured or ill worker was:		Check the injury column or choose one particular type of illness. If completing this form electronically, enter an X to indicate an injury or type of illness.					
						Death	Days away from work	Remained at work		Away from work (days)	On the job transfer or restriction (days)	(M)					
						(G)	(H)	Job transfer or restriction (I)	Other recordable cases (J)	(K)	(L)	Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
10-123456	Employee, Joe	Custodian	01/02	Cafeteria near entry door	Tom ACL right knee, slipped on wet floor		X			7	7	X					
10-123457	Employee, Jane	Secretary	02/13	Sidewalk near parking lot	Bruised and swollen left wrist, slipped on ice			X			2	X					
10-123458	Teacher, Joe	Shop teacher	04/07	Chemistry lab (room 212)	Second degree burns on left hand from contact with Bunsen burner flame				X			X					
10-123459	Worker, Joe	Cafeteria worker	05/18	Kitchen prep area	Cut on right index finger from contact with food prep slicer blade				X			X					
10-123460	Worker, Joe	Maintenance	08/03	Mowing	Hearing loss due to noise exposure during mowing and other grounds keeping duties				X								X
10-123461	Worker, Joe	Maintenance	08/15	Lawn near front entrance	Contact dermatitis on arms and neck from poison ivy contact during parking lot landscaping tasks				X				X				
10-123462	Privacy Case	Privacy Case	09/03	Parking lot	Puncture of right index finger while picking up discarded contaminated needle				X			X					
Page totals						0	1	1	5	7	9	5	1	0	0	1	0

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

**Ohio** Bureau of Workers' Compensation

Division of Safety & Hygiene, PERRP  
 13430 Yarmouth Dr.  
 Pickerington, OH 43147

**Do not post this Log. Post only the Summary.**

Injury (1)  
 Skin disorder (2)  
 Respiratory condition (3)  
 Poisoning (4)  
 Hearing loss (5)  
 All other illnesses (6)

# 300P Example

State of Ohio — Public Employment Risk Reduction Program — Form 300P (Rev. 01/2011)

## Log of Work-Related Injuries and Illnesses

ATTENTION: All Ohio public employers must complete this form (or an equivalent). This includes the State of Ohio and its instrumentalities, and "any political subdivisions and their instrumentalities, including any county, county or state hospital, municipal corporation, city, village, township, park district, school district, state institutions of higher learning, public or special district, state agency, authority, commission or board" as defined in Ohio Revised Code 4167.01.

ATTENTION: This form contains information relating to employee health. Please use it in a manner that protects the confidentiality of employees while also allowing for use of the information for occupational safety and health purposes.

Year **2010**

Identify the person			Describe the case		
(A) Case number	(B) Employee's name (Last name, First name)	(C) Job title (e.g., welder)	(D) Date of injury or onset of illness (mo./day)	(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)
10-123456	Employee, Joe	Custodian	01/02	Cafeteria near entry door	Torn ACL right knee, slipped on wet floor
10-123457	Employee, Jane	Secretary	02/13	Sidewalk near parking lot	Bruised and swollen left wrist, slipped on ice
10-123458	Teacher, Joe	Shop teacher	04/07	Chemistry lab (room 212)	Second degree burns on left hand from contact with Bunsen burner flame
10-123459	Worker, Jane	Cafeteria worker	05/18	Kitchen prep area	Cut on right index finger from contact with food prep slicer blade
10-123460	Worker, Joe	Maintenance	08/03	Mowing	Hearing loss due to noise exposure during mowing and other grounds keeping duties
10-123461	Worker, Joe	Maintenance	08/15	Lawn near front entrance	Contact dermatitis on arms and neck from poison ivy contact during parking lot landscaping tasks
10-123462	Privacy Case	Privacy Case	09/03	Parking lot	Puncture of right index finger while picking up discarded contaminated needle

# 300P Example

State of Ohio — Public Employment Risk Reduction Program — Form 300P (Rev. 01/2011)

## Log of Work-Related Injuries and Illnesses

ATTENTION: This form contains information relating to employee health. Please use it in a manner that

Year **2010**

**Classify the case**

**CHECK ONLY ONE** box for each case based on the most serious outcome for that case:  
Enter a "X" to indicate case outcome if filling out electronically.

Enter the number of days the injured or ill worker was:

Check the injury column or choose one particular type of illness. If completing this form electronically, enter an X to indicate an injury or type of illness.

Death	Days away from work	Remained at work		Away from work (days)	On the job transfer or restriction (days)	(M)					
(G)	(H)	Job transfer or restriction (I)	Other recordable cases (J)	(K)	(L)	Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
	X			7	7	X					
		X			2	X					
			X			X					
			X			X					
			X							X	
			X				X				
			X			X					

# 300AP Annual Summary

- Must be certified
- Must be posted
- Must be submitted to PERRRP

State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 01/2009) Year \_\_\_\_\_

## Summary of Work-Related Injuries and Illnesses

All establishments covered by Ohio Administrative Code (OAC) 4167 must complete this Summary even if no work-related injuries or illnesses occurred during the year. Remember to review the Log of Work-Related Injuries and Illnesses (300P) 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". If you are using the electronic form, verify that you have imported the correct values.

Employees, former employees and their representatives have the right to review the Log in its entirety. They also have limited access to the PERRRP Form 300P or its equivalent. See OAC 4167-9-03 in the PERRRP recordkeeping rule for details on the access provisions for these forms. You must keep this form on file for five years following the year to which it pertains. (OAC 4167-9-07)

**ATTENTION:** All Ohio public employers must complete this form (or an equivalent). This includes the State of Ohio and its instrumentalities, and any political subdivisions and their instrumentalities, including any county, county or state hospital, municipal corporation, city, village, township, park district, school district, state institutions of higher learning, public or special district, state agency, authority, commission or board" as defined in Ohio Revised Code 4167.01.

**Establishment information**

Your establishment name \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State Ohio Zip code \_\_\_\_\_  
 County \_\_\_\_\_ Entity code \_\_\_\_\_

Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.) \_\_\_\_\_

BWC policy number (e.g., 12345678-000) \_\_\_\_\_

**Employment information**

*For use ONLY by state agencies, special districts, counties, cities, villages and townships*  
 By your definition, enter the total number of full-time and part-time employees, which includes seasonal workers. Enter police, fire, EMT and paramedics separately below.

Full time: \_\_\_\_\_  
 Part time: \_\_\_\_\_  
 Police/Fire/EMT: \_\_\_\_\_

*For use ONLY by educational institutions (universities, colleges, technical schools, school districts)*

Enter the total number of full-time and part-time employees that fit in the classification below. Do NOT include substitutes or volunteers in your employee count.

Teachers/instructors: \_\_\_\_\_  
 All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.): \_\_\_\_\_

**Sign here**

Knowingly falsifying this document may result in a fine.  
 I certify that I have examined this document and that the entries are true, accurate and complete to the best of my knowledge.

\_\_\_\_\_  
 Administrator name (Print) Title

\_\_\_\_\_  
 Administrator name (Signature) Date

\_\_\_\_\_  
 Phone E-mail address

**Ohio Bureau of Workers' Compensation**  
 Division of Safety & Hygiene, PERRRP  
 13430 Yarmouth Dr.  
 Pickerington, OH 43147

You must submit this form to PERRRP by Feb. 1 of each year to summarize the previous year's activities. You may submit it by mail or fax, or electronically via BWC's Web site, ohiobwrc.com.

You must also post this form from Feb. 1 to April 30 of each year in a location that is readily accessible by your employees and their representatives. You do not have to post it for non-employees or the public.

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of days	
Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and illness types			
Total number of... (M)	(1) Injury	(4) Poisoning	(7) All other illnesses
0	0	0	0
(2) Skin disorder	0	0	0
(3) Respiratory condition	0	0	0

# 300AP Completion

- Before completing each 300AP:
  - Review 300P Log for completeness and accuracy
  - Complete 300AP
  - Certify 300AP
- Total all 300P columns and transfer to corresponding 300AP fields
- NOTE: Information on the 300AP can be used to complete the annual BWC Safety Council Semi-Annual Report

# 300AP Posting

- Post individual 300AP for each establishment
- Must be posted from Feb. 1 to April 30 each year following the year covered by the 300AP
- Employer certification must include the signature and title of the authorized employer representative and date of completion

# 300AP Submission

- Copy of annual 300APs must be sent to PERRP on or before Feb. 1 of each year
  - These should be submitted through the PERRP website (preferred)
- All 300AP submissions must include the public employer's BWC Risk Number
- If you have multiple establishments (locations), create a "master" 300AP for submission to PERRP

# Master 300AP

- Employers with multiple establishments are asked to create a master summary for PERRP submission
- So, one 300AP should be submitted from each of the following:
  - Cities, Townships, School Districts, Special Districts, Villages, and most State Agencies
- There are a few exceptions to the master summary submission

# Master 300AP Exceptions

- The following must submit multiple summaries
  - Counties, must submit one for each of the following agencies
    - Commissioners, Highway Engineer, County Home/Care Center, County Developmental Disabilities.
  - Universities and Colleges
    - One 300AP for each campus or branch campus and one for each medical center/hospital
  - ODOT
    - One summary for each district
  - ODNR
    - One summary for each park
  - ODRC
    - One summary for each correctional facility

# 300AP Example

## State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 01/2011) Summary of Work-Related Injuries and Illnesses

Year **2010**

All establishments covered by Ohio Administrative Code (OAC) 4167 must complete this Summary even if no work-related injuries or illnesses occurred during the year. Remember to review the Log of Work-Related Injuries and Illnesses (300P) 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". If you are using the electronic form, verify that you have imported the correct values.

Employees, former employees and their representatives have the right to review the Log in its entirety. They also have limited access to the PERRP Form 301P or its equivalent. See OAC 4167-6-08 in the PERRP recordkeeping rule for details on the access provisions for these forms. You must keep this form on file for five years following the year to which it pertains. (OAC 4167-6-07)

### 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
<b>0</b>	<b>1</b>	<b>1</b>	<b>5</b>
(G)	(H)	(I)	(J)

### Number of days

Total number of days away from work	Total number of days of job transfer or restriction
<b>7</b>	<b>9</b>
(K)	(L)

### Injury and illness types

Total number of...			
(M)			
(1) Injury	<b>5</b>	(4) Poisoning	<b>0</b>
(2) Skin disorder	<b>1</b>	(5) Hearing loss	<b>1</b>
(3) Respiratory condition	<b>0</b>	(6) All other illnesses	<b>0</b>

### ATTENTION:

All Ohio public employers must complete this form (or an equivalent). This includes the State of Ohio and its instrumentalities; and \*any political subdivisions and their instrumentalities, including any county, county or state hospital, municipal corporation, city, village, township, park district, school district, state institutions of higher learning, public or special district, state agency, authority, commission or board\* as defined in Ohio Revised Code 4167.01.

### Establishment information

Your establishment name **Our School Building**

Street **123 Schoolhouse Lane**

City **Our Town** State **Ohio** Zip code **12345**

County **A-Z County** Entity code **School district 440**

Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.)  
**Elementary School**

BWC policy number (e.g., 12345678-000)  
**12345678 - 0**

### Employment information

**For use ONLY by state agencies, special districts, counties, cities, villages and townships**

By your definition, enter the total number of full-time and part-time employees, which includes seasonal workers. Enter police, fire, EMT and paramedics separately below.

Full time: \_\_\_\_\_

Part time: \_\_\_\_\_

Police/Fire/EMT: \_\_\_\_\_

**For use ONLY by educational institutions (universities, colleges, technical schools, school districts)**

Enter the total number of full-time and part-time employees that fit in the classification below. Do NOT include substitutes or volunteers in your employee count.

Teachers/instructors: **33**

All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.): **15**

### Sign here

Knowingly falsifying this document may result in a fine.

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

<b>Joe Administrator</b> Administrator name (Print)	<b>Superintendent</b> Title
<b>Joe Administrator</b> Administrator name (Signature)	<b>Thursday, January 20, 2011</b> Date
<b>123-456-7890</b> Phone	<b>superintendent@countydistrict440.ohio.gov</b> E-mail address

**Ohio** Bureau of Workers' Compensation  
Division of Safety & Hygiene, PERRP  
13430 Yarmouth Dr.  
Pickerington, OH 43147

You must submit this form to PERRP by Feb. 1 of each year to summarize the previous year's activities. You may submit it by mail or fax, or electronically via BWC's Web site: ohioabc.com.

You must also post this form from Feb. 1 to April 30 of each year in a location that is readily accessible by your employees and their representatives. You do not have to post it for non-employees or the public.

# 300AP Example

State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 01/2011)  
**Summary of Work-Related Injuries and Illnesses**

Year **2010**

## 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
<b>0</b>	<b>1</b>	<b>1</b>	<b>5</b>
(G)	(H)	(I)	(J)

Number of Cases must = Number of Injury and Illness Types

## Injury and illness types

Total number of...  
(M)

(1) Injury	<b>5</b>	(4) Poisoning	<b>0</b>
(2) Skin disorder	<b>1</b>	(5) Hearing loss	<b>1</b>
(3) Respiratory condition	<b>0</b>	(6) All other illnesses	<b>0</b>

# 300AP Example

## Employment information

***For use ONLY by state agencies, special districts, counties, cities, villages and townships***

By your definition, enter the total number of full-time and part-time employees, which includes seasonal workers. Enter police, fire, EMT and paramedics separately below.

Full time:

Part time:

Police/Fire/EMT:

***For use ONLY by educational institutions (universities, colleges, technical schools, school districts)***

Enter the total number of full-time and part-time employees that fit in the classification below. Do NOT include substitutes or volunteers in your employee count.

Teachers/instructors:

All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.)

# Retention and Updating

- Retain forms for five years following the year that they cover
- Update the 300P Log during the retention period
- You do not update the 300AP or 301P during the five year retention period

# Fatality or Multiple Hospitalization Reporting

- All work-related fatalities or incidents involving three or more in-patient hospitalizations must be reported to PERRP within eight hours of the incident or as soon as the employer becomes aware.
- Reports must be made in person or by phone to **800-671-6858**.
- Failure to report will result in the issuance of a citation.

# Fatality Reporting

- You must report and record **all** work-related fatalities including highway or public street motor vehicle accidents and heart attacks.
- PERRP may not exercise its right to investigate vehicular accidents or heart attacks that result in a fatality.

# Employee Access

- Injury and illnesses records must be made available to:
  - PERRP representatives for the purposes of carrying out the provisions of the program; and,
  - To any employee, former employee, or employee representative.

# Prohibition Against Discrimination

- Employers are prohibited from discriminating against an employee that exercises their rights and responsibilities under the Act.
  - This includes requesting access to injury and illness recordkeeping information.
- Employees who feel that they have been discriminated against can:
  - File a complaint with the State Personnel Board of Review; or
  - Pursue a labor grievance; or
  - Pursue any other appeal procedure provided.

# Falsification and Failure To Keep Records Or Reports

- A failure to post and submit a copy of the establishment's annual 300AP will result in the issuance of a citation.
- If a false statement, representation, or certification of the required records is knowingly given, a willful failure to comply order will be issued.

# 300AP Certification

State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 01/2011)  
 Summary of Work-Related Injuries and Illnesses

Year **2010**

**Sign here**

**Knowingly falsifying this document may result in a fine.**

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

<b>Joe Administrator</b> Administrator name (Print)	<b>Superintendent</b> Title
<b>Joe Administrator</b> Administrator name (Signature)	<b>Thursday, January 20, 2011</b> Date
<b>123-456-7890</b> Phone	<b><a href="mailto:superintendent@ourdistrict.k12.oh.us">superintendent@ourdistrict.k12.oh.us</a></b> E-mail address

(1) Injury	<b>5</b>	(4) Poisoning	<b>0</b>
(2) Skin disorder	<b>1</b>	(5) Hearing loss	<b>1</b>
(3) Respiratory condition	<b>0</b>	(6) All other illnesses	<b>0</b>

**Ohio** Bureau of Workers' Compensation  
 Division of Safety & Hygiene, PERRP  
 13430 Yarmouth Dr.  
 Pickerington, OH 43147

You must submit this form to PERRP by Feb. 1 of each year to summarize the previous year's activities. You may submit it by mail or fax, or electronically via BWC's Web site: ohiobwc.com.

You must also post this form from Feb. 1 to April 30 of each year in a location that is readily accessible by your employees and their representatives. You do not have to post it for non-employees or the public.

**Sign here**

**Knowingly falsifying this document may result in a fine.**

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

<b>Joe Administrator</b> Administrator name (Print)	<b>Superintendent</b> Title
<b>Joe Administrator</b> Administrator name (Signature)	<b>Thursday, January 20, 2011</b> Date
<b>123-456-7890</b> Phone	<b><a href="mailto:superintendent@ourdistrict.k12.oh.us">superintendent@ourdistrict.k12.oh.us</a></b> E-mail address

# The **7 BAD** Habits of Highly Ineffective Recordkeepers

Or...

Who wants to be an effective recordkeeper?

# “Bad Habit” #1

**Total number of recordable cases does not match the total number of injury and illness types**

- Only one entry should be made in columns G, H, I and J for each case
- Only the most severe outcome is recorded
- Verify totals from following columns equal

$$G+H+I+J = M(1)+M(2)+M(3)+M(4)+M(5)+M(6)$$

# “Bad Habit” #2

## Failure to record “other” recordable cases

- Record all cases as “other” that meet the recording criteria, but do not result in:
  - Death
  - Days away
  - Days of restriction or job transfer
- However, not every incident is recordable and not every BWC compensable claim is recordable
- Research each case carefully and compare the facts to the recording criteria

# “Bad Habit” #3

## Failure to properly enter total number of employees

- **INCLUDE** all elected officials in your number of employees
- **DO NOT** include police (peace officers), firefighters, paramedics and EMTs in your total count. These job classifications are listed on a separate line.
- **DO NOT** include any substitutes in your total counts.
  - They “substitute” for permanent positions.
- **DO NOT** include volunteers in your total counts.
  - “Public employee” does not mean: any person who engages to furnish services subject to the direction and control of a public employer but does not receive compensation, either directly or indirectly, for those services.

# “Bad Habit” #4

## Failure to maintain a 300P and 300AP for each establishment

- This requirement helps identify specific work area concerns
- PERRP and the employer can then focus on areas of greatest concern
- This will result in a timely resolution of safety and health concerns

# “Bad Habit” #5

## Failure to certify the 300AP

- Certifying the 300AP ensures that members of upper management are aware of the injury and illness trends in their establishments
- Upper management knowledge is critical in the development and prioritization of safety and health issues
- Management commitment and planning establish a firm foundation for an effective safety and health program

# “Bad Habit” #6

## Failure to “post” the 300AP

- Post the summary from February 1 to April 30 every year, even if you do not have any recordable injuries (zero 300AP)!
- Employees must be informed of the nature and frequency of workplace injuries and illnesses
- Communication is key to the success of a safety and health program

# “Bad Habit” #7

## Failure to “submit” the 300AP

- This provides the employer and PERRP with a snapshot of overall concerns in the workplace
- Helps the employer and PERRP compare incidences across public employment sectors
- Helps PERRP concentrate on areas of concern and develop effective compliance assistance activities to prevent public employment injuries and illnesses

# The 7 “Bad Habits”

1. Total number of recordable cases does not match the total number of injury and illness types
2. Failure to record “other” recordable cases
3. Failure to properly enter “total number of employees”
4. Failure to maintain a 300P and 300AP for each establishment
5. Failure to certify the 300AP
6. Failure to post the 300AP
7. Failure to “submit” the 300AP

# **Injury and Illness Recordkeeping Scenarios**

Examples of how to properly record workplace incidents

# Scenario 1

Bob is a county employee, his headquarters is home-based. Bob is moving a file box full of work related documents at his home office and drops the file box on his foot and breaks his toe.

Is this injury recordable on his employer's 300P log?

# Answer 1

Yes.

PERRP considers injuries and illnesses that occur while an employee is working at home, including work in a home office, work related if the injury or illness occurs while the employee is performing work for pay or compensation in the home.

## Scenario 2

Employee was driving to a school building to conduct an inspection. During his commute, he hit a deer with his vehicle. He hit his head on the windshield and was unconscious for few minutes but became conscious before the ambulance arrived. He was taken to the nearest hospital for observation and was sent home. The employee returned to work the next day.

Is this injury recordable on his employer's 300P log?

# Answer 2

Yes.

PERRP considers any case involving a loss of consciousness to be recordable.

# Scenario 3

Mike normally reports to his local office, however he is required to report to the Central Office for a week to work on a project. Mike checks into a hotel on Monday. On Tuesday morning Mike is driving to the Central Office and is involved in an accident that requires him to be hospitalized.

Is this incident work related?

# Answer 3

No.

If the employee has established a home away from home and is reporting to a fixed worksite each day, you do not consider injuries or illnesses work-related if they occur while the employee is commuting between the temporary residence and the job location.

# Scenario 4

Shelly is a firefighter for a small town in Ohio. Shelly is at a fire scene and receives burns to her arms that require medical treatment.

Is her employer required to keep a PERRP 300P Log and record her injuries?

# Answer 4

Yes.

All work related injuries and illnesses to Firefighters, EMTs and Police Officers are to be recorded on their employer's 300P log.

# Scenario 5

Terry is a part-time seasonal employee for Greenacres State Park. While working on some equipment, Terry cuts his finger and goes to the hospital where the doctor gives him a tetanus shot and applies a butterfly bandage to the wound.

Is this a recordable injury?

# Answer 5

No.

Not because Terry is only part-time or a seasonal employee, but because both a tetanus shot and a butterfly bandage are considered first aid not medical treatment.

# Scenario 6

John is a janitor and while moving the cafeteria table he strained his back. The physician prescribed medication and released him from work for 3 days. John went back to work after the 3 days but was on job restriction for 7 more days.

Is this recordable? If so, do you record it as a case with days away or restriction?

# Answer 6

Yes.

Prescribed medication is recordable. Days away from work and restricted days are also recordable. This case would be recorded as days away from work. Whenever you have a case that has one day away from work, you record it as days away from work since it is the most serious regardless of how many restricted days.

# Scenario 7

Becky works in the cafeteria at the school and she cut her finger with a knife at 6 AM. She went to the hospital and received stitches. She returned back to work the next day.

Is this recordable?

# Answer 7

Yes.

Stitches are recordable.

# Scenario 8

The gym teacher slipped on the floor and hurt his neck. The ambulance arrived and immobilized him with a neck collar and back board to transport him. X-rays were taken and all tests came back fine. He returned back to work the next day.

If this case recordable?

# Answer 8

No.

X-rays are considered diagnostic procedures and are not considered medical treatment.

Using temporary immobilization devices while transporting an accident victim (splints, slings, neck collars, or back boards) are all considered first aid and not recordable.

# PERRP answers questions!

- Call PERRP or your local PERRP Compliance Investigator, **1-800-671-6858**
- Visit the Ohio Bureau of Workers' Compensation website: [www.ohiobwc.com](http://www.ohiobwc.com)

The image displays three forms from the Ohio Bureau of Workers' Compensation (BWC) related to the Public Employment Risk Reduction Program (PERRP).

- Log of Work-Related Injuries and Illnesses (Form 300P Rev. 01/2005):** A detailed table for recording individual incidents. It includes columns for Case Number, Date of Injury, Description of Injury, Days Away from Work, Restricted Work, and Medical Treatment. It also has a section for 'Other Information' and a signature line for the employer.
- Summary of Work-Related Injuries and Illnesses (Form 300AP Rev. 01/2005):** A summary form for employers. It includes sections for:
  - Establishment information:** Name, address, city, state, zip code, county, and SIC code.
  - Employment information:** Total number of employees, total number of cases with days away from work, total number of cases with restricted work, and total number of other reportable cases.
  - Summary of cases:** A table with columns for Total number of deaths, Total number of cases with days away from work, Total number of cases with restricted work, and Total number of other reportable cases.
  - Summary of days:** Total number of days away from work and total number of days of restricted work.
  - Injury and Illness Types:** A list of injury types with checkboxes for each, including: (1) Injury, (2) Skin disorder, (3) Respiratory condition, (4) Poisoning, (5) Hearing loss, and (6) All other illnesses.
- Form 301P (Rev. 01/2005):** A form for reporting an injury or illness. It includes sections for:
  - Establishment information:** Name, address, city, state, zip code, county, and SIC code.
  - Employment information:** Job title, position, and supervisor's name.
  - Incident information:** Date and time of incident, location, and description of the incident.
  - Medical information:** Name of the treating physician, hospital, and date of diagnosis.
  - Sign here:** A section for the employee and supervisor to sign and date the form.



# Questions