

OSHA Recordkeeping: How to Avoid Costly Mistakes

MAY 2011

Presented by:

Matthew T. Deffebach

matthew.deffebach@haynesboone.com

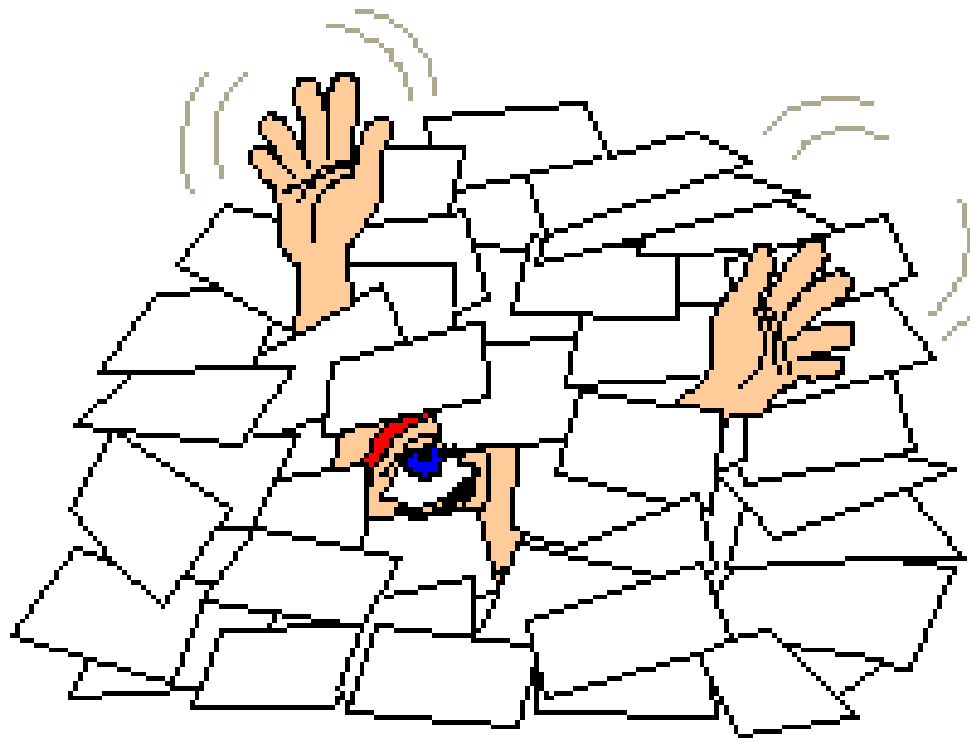
Erin E. Shea

erin.shea@haynesboone.com



haynesboone
Setting precedent.

Part I: Why Does OSHA Recordkeeping Matter?



Recordkeeping Mistakes Are Costly

- A Texas food manufacturer faced proposed penalties of \$229,400 for multiple citations, including 16 recordkeeping violations.
- A manufacturing company was cited with fines exceeding \$1 million for allegedly hiding work-related injuries and illnesses.
- A retailer was issued a citation with more than \$180,000 in penalties associated with allegations that it failed to document and report employee injuries and illnesses at its Rockford, Illinois facility.



OSHA is Raising the Stakes: Recordkeeping is a Continuing Violation

AKM LLC, OSHRC No. 06-1009 (Mar. 11, 2011)

- OSHA cited Volks Construction Co. for failure to keep records of employee injuries and illnesses for over four years.
- In a 2-1 opinion, the Commission upheld the recordkeeping violations finding that Volks' failure to keep records was a violation that was enforceable for 5 years—the length of time employers are required to keep such records.





OSHA is Raising the Stakes: Per Instance Citations

Dayton Tire, Bridgestone/Firestone, OSHRC No. 94-1374 (Sept. 10, 2010)

- The Commission affirmed OSHA's issuance of per instance violations.
 - Per Machine LOTO Citations Affirmed
 - Per Employee Training Citations Affirmed
- **Result:** Multiple recordkeeping citations issued at once.



OSHA[®] Cares About Recordkeeping

National Emphasis Program (NEP) on Recordkeeping


- The NEP, which initially focused on high-hazard establishments selected for inspection with seemingly inconsistent low injury/illness rates, was temporarily suspended while the targeting criteria was re-examined by the Agency.
- After making adjustments to the criteria, OSHA included a broader range of establishments and renewed inspections under the program, which is scheduled to expire in February 2012.
- Assistant Secretary of Labor, David Michaels, noted that the recordkeeping NEP has supposedly uncovered recordkeeping violations in almost 60 percent of the 192 inspections OSHA has carried out to date under the program.



OSHA

Occupational Safety
and Health Administration

I2P2



"We are about prevention
- getting to dangerous
workplaces BEFORE
incidents happen that
injure or kill workers."

DOL photo by Shawn Moore

Can California Teach Us Anything?





THE CALIFORNIA EXPERIENCE FOR I2P2

- IPP regulation since 1991
- Eight elements:
 1. Authority and responsibility (someone in charge);
 2. Employee compliance up to and including termination;
 3. Communication;
 4. Identify and evaluate hazards;
 5. Investigate occupational injury or illness;
 6. Correct unsafe or unhealthy conditions;
 7. Train; and
 8. **Keep records.**



THE CALIFORNIA EXPERIENCE FOR I2P2 CONTINUED

- After challenges from the business community, IIPP was revised based on certain hazardous industries and to allow employers to use model programs.



So, What is Required

- Form 300 log
- Form 301 Incident Report
- Form 300A Summary
(unless entity has less than 10 employees
or is low hazard industry)



FileMaker Pro File Edit View Insert Format Records Scripts Window Help Search Mon Jul 11, 2005 4:00
Wr200log.fp5

OSHA 300...
Pages: ?
Script: Continue Cancel

OSHA's Form 300
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 2001
U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OSHA No. 1-218-01-01

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 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 or illness that meet any of the specific recording criteria listed in 29 CFR Part 1904.6 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 _____ State _____

Identify the person **Describe the case** **Classify the case**

(A) Case no.	(B) Employed'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 east)	(F) Describe injury or illness, parts of body affected, and object/situation that directly injured or made person ill. (e.g., Second degree burn on right forearm from acetylene torch)	Using these four categories, check ONLY the most serious result for each case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness.							
						Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable case (J)	On job transfer or restriction (K)	Away from work (L)	Fracture (1)	Loss of consciousness (2)	Respiratory (3)	Headaches (4)	Other (5)			
	Chamraz, George R.	Quality Assurance Mgr.	8/28/2001 <small>Monday</small>	Factory QA	Laceration, R index finger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
003-2 001	Spudwills,	Machine Assembler B	1/9/2001 <small>Monday</small>	Machine Shop	Contusion/Strain, Contusion to head, strain to left neck and shoulder.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
003-2 001	Spudwills,	Machine Assembler B	1/9/2001 <small>Monday</small>	Machine Shop	Contusion/Strain, Contusion to head, strain to left neck and shoulder.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
003-2 002	Rutherford,	Gum Unwrpng Mach Oper.	1/9/2001 <small>Monday</small>	Gum Recovery 1	Pain, Bilateral thumbs and hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
004-2 001	Pilipauskas,	Box Ovrwrp Mach Oper.	01/17/2001 <small>Monday</small>	Inspecting/Packing 1	Strain and possible CTS, Right Shoulder, Arm, and Hand.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
004-2 001	Pilipauskas,	Box Ovrwrp Mach Oper.	01/17/2001 <small>Monday</small>	Inspecting/Packing 1	Strain and possible CTS, Right Shoulder, Arm, and Hand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
006-2 001	Coria, Francisco	Laboratory Technician A	1/30/2001 <small>Monday</small>	Factory QA	Multiple strains, Rt. shoulder, elbow, wrist.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
006-2 001	Coria, Francisco	Laboratory Technician A	01/30/2001 <small>Monday</small>	Factory QA	Multiple strains, Rt. shoulder, elbow, wrist. Abrasion to R leg.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
007-2 001	Richmond,	Sheeting Machine Oper.	01/30/2001 <small>Monday</small>	Sheeting Sugarless 1	Fracture, Tuft of left third finger	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
007-2 001	Richmond,	Sheeting Machine Oper.	01/30/2001 <small>Monday</small>	Sheeting Sugarless 1	Fracture, Tuft of left third finger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page Totals 0 0 4 0 41

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 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 Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Page 1 of 1

Fracture (1) Loss of consciousness (2) Respiratory (3) Headaches (4) Other (5)

© 2010 Haynes and Boone, LLP haynesboone
Setting precedent.

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.



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 91-504 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. Sex: _____
City _____ State _____ ZIP _____
3. Date of birth: _____
4. Base level: _____
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 workplace, where was it given?
Facility: _____
Street: _____
City _____ State _____ ZIP _____

8. Was employee treated in an emergency room?
 Yes
 No
9. Was employee hospitalized overnight or in a hospital?
 Yes
 No

Information about the case

10. Case number from the Log _____ (Complete this one 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 case opened by Assistant.
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: "Lifting a ladder while carrying roofing materials", "spraying chlorine from hand sprayer", "shilly employee 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 weakness 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 "burn," "pain," or "swell." Examples: "strained back", "chemical burn, hand", "carpal tunnel syndrome."
17. What object or substance directly harmed the employee? Examples: "incomplete door", "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 15 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Washington, DC 20543, the Office of Management and Budget, Paperwork Project (0704-0188).

OSHA's Form 300A

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

Injury and Illness Types

Total number of ...
(M)

(1) Injuries _____	(4) Poisonings _____
(2) Skin disorders _____	(5) 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 50 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 Statistics, 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., *SIC 3715*) _____

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.

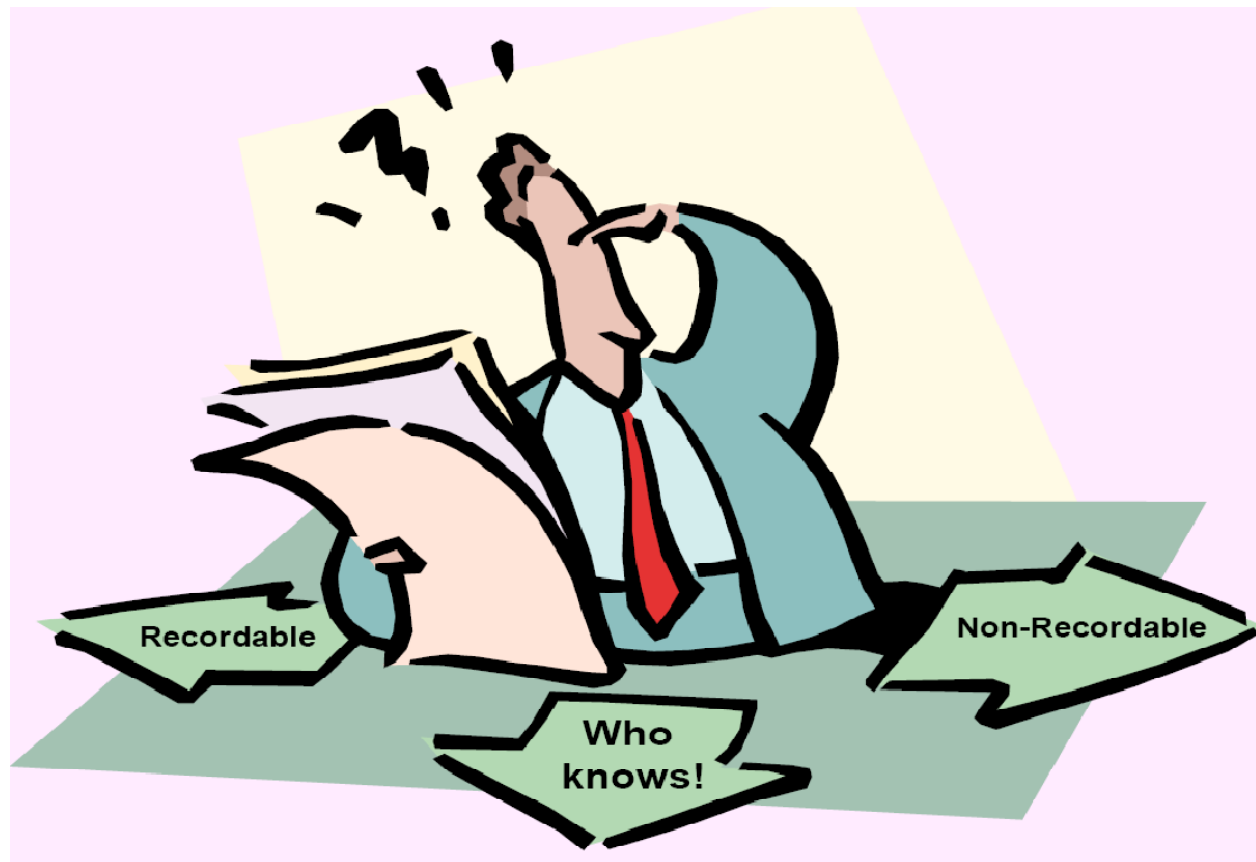
I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive _____ Title _____

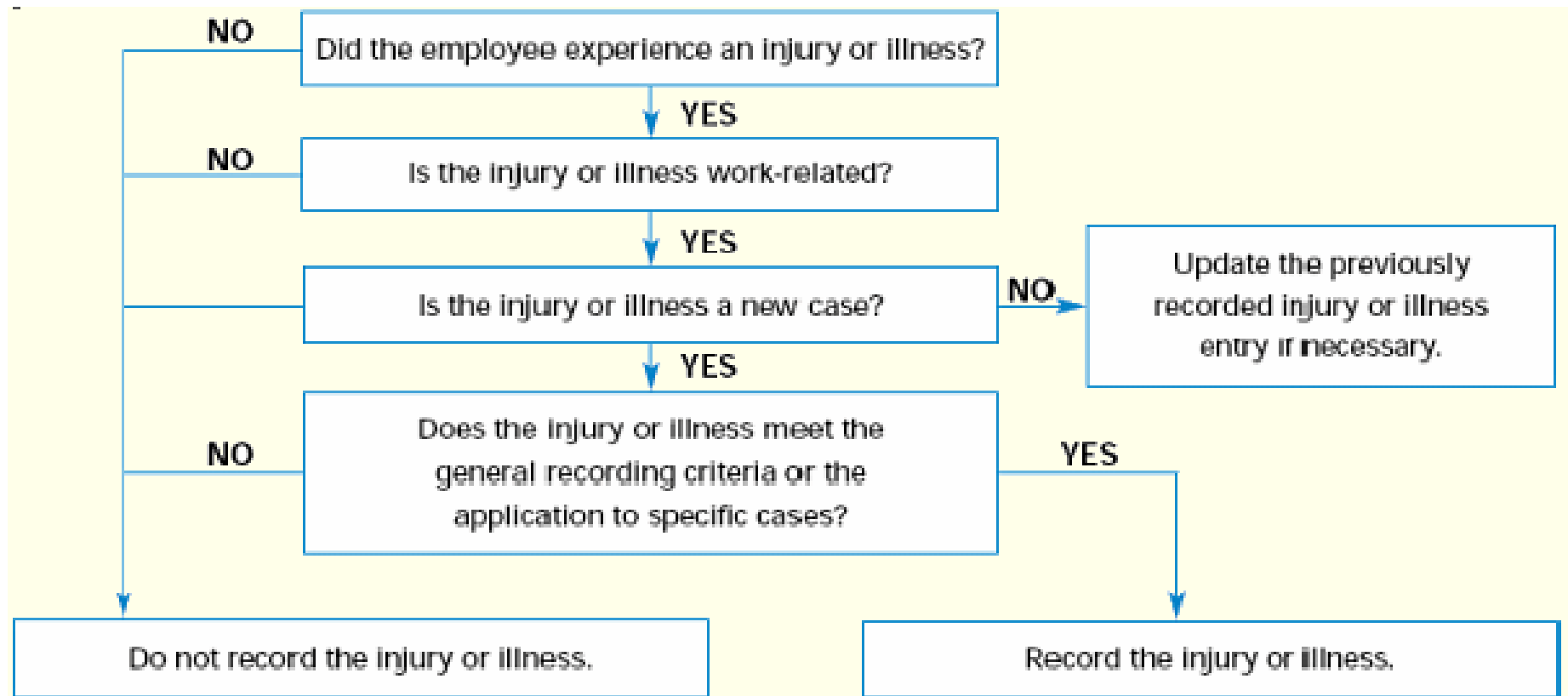
() / / _____ / / _____

Phone _____ Date _____

Part II: Costly Recordkeeping Mistakes To Avoid



Mistake: Recordkeeping is Easy





Mistake: Determining whether the employee suffered an injury or illness

- What is an injury or illness?
 - An injury OR illness is an abnormal condition or disorder.
 - Injuries include cases such as, but not limited to a cut, fracture, sprain, or amputation.
 - Illnesses include both acute and chronic illnesses, such as, but not limited to a skin disease, respiratory disorder, or poisoning.
- Certain conditions, (colds, flu, blood donations) are not recorded

When is an Injury or Illness Work-Related?





Mistake: Determining Whether the Injury is Work-Related

Determination of work-relatedness

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

Work-Relatedness: The following situations are not work-related:

1. There is no **discernable cause**. Injury/illness did not result from event/exposure at work
2. At the time of the injury or illness, the employee was present in the work environment as a **member of the general public** rather than as an employee.
3. The injury or illness involves signs or symptoms that surface at work but result **solely from a non-work related event or exposure** that occurs outside the work environment.
4. The injury or illness results **solely from voluntary participation** in a wellness program or in a medical, fitness, or recreational activity such as blood donation, physical examination, flu shot, exercise class, racquetball, or baseball.
5. The injury or illness is solely the result of an employee **eating, drinking, or preparing food or drink for personal consumption** (whether bought on the employer's premises or brought in). For example, if the employee is injured by choking on a sandwich while in the employer's establishment, the case would not be considered work-related.

Note: If the employee is made ill by ingesting food contaminated by workplace contaminants (such as lead), or gets food poisoning from food supplied by the employer, the case would be considered work-related.



Other Work-Relatedness Issues

- The event or exposure occurred while the employee was performing work (for pay or compensation) at home.
- The event or exposure that caused the injury or illness occurred while the affected employee was on travel for work.

Mistake: Mixing Workers Compensation and OSHA Recordkeeping

- Workers' Compensation determinations do NOT impact OSHA recordability.
 - Some cases may be OSHA recordable and compensable.
 - Some cases may be compensable, but not OSHA recordable.
 - Some cases may be OSHA recordable, but not compensable.





Mistake: If he/she is not my employee, I don't have to record.

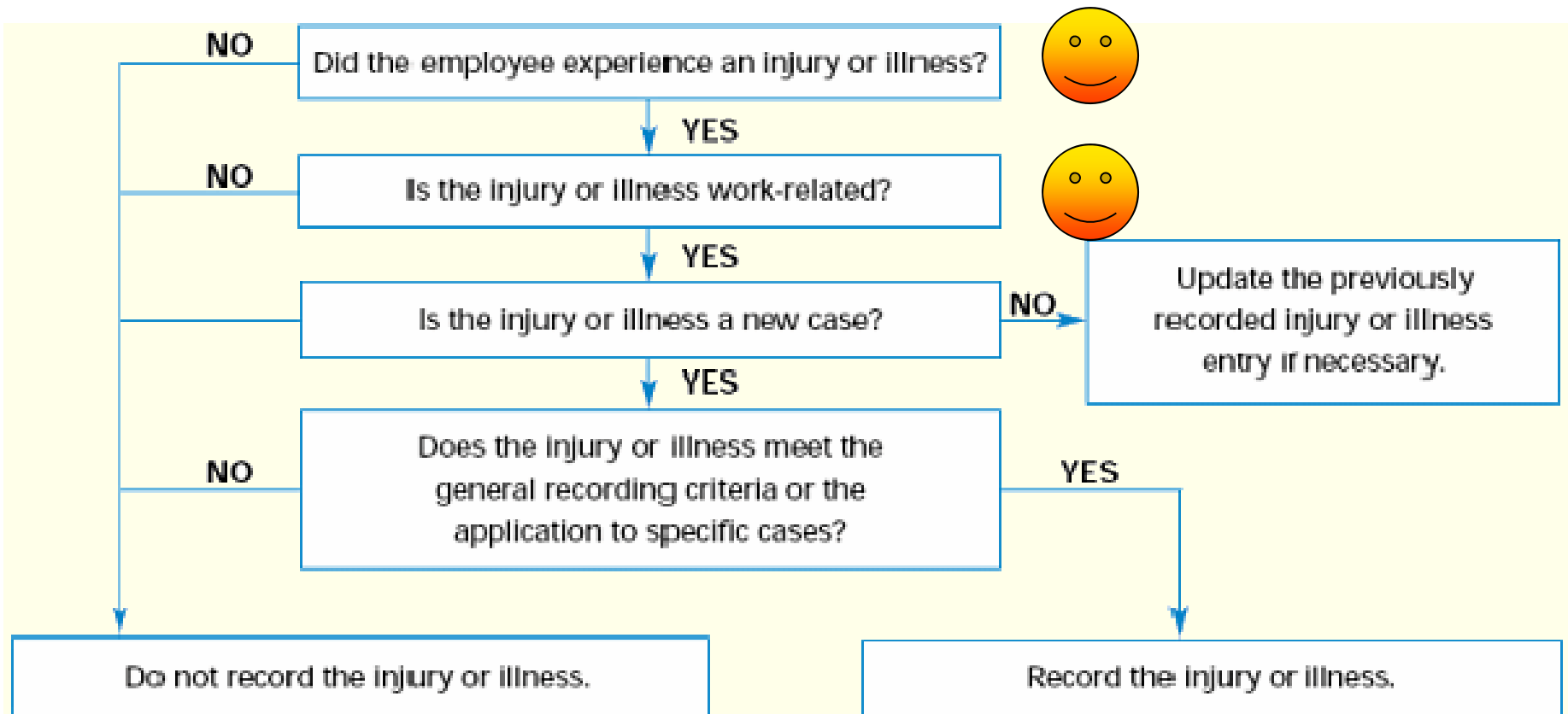
- **Who has to record injuries & illnesses, contractor or facility?**
 - *Answer: Facility – if facility is responsible for day to day supervision of contracted employee*
- **That means recordable injuries should be logged for:**
 - Employees on your payroll, whether they are labor, executive, hourly, salary, part-time, seasonal, or migrant workers.
 - Employees who are not on your payroll if you supervise these employees on a day-to-day basis.



Mistake: If he/she is not my employee, I don't have to record.

- **If a self-employed person is injured or becomes ill while doing work at my business, do I need to record the injury or illness?**
 - No, self-employed individuals are not covered.
- **Must the personnel supply service, temporary help service, employee leasing service, or contractor also record the injuries or illnesses occurring to temporary, leased or contract employees that I supervise on a day-to-day basis?**
 - No, you and the temporary help service, employee leasing service, personnel supply service, or contractor should coordinate your efforts to make sure that each injury and illness is recorded only once: either on your OSHA 300 Log (if you provide day-to-day supervision) or on the other employer's OSHA 300 Log (if that company provides day-to-day supervision).

Mistake: Recordkeeping is Easy



Mistake: Determining Whether the Injury is a New Case

Determination of a new case

Consider an injury or illness a “new case” if the employee has **not previously experienced** a recorded injury or illness of the same type that affects the same part of the body,

OR

the employee previously experienced a recorded injury or illness of the same type that affected the same part of body but had **recovered completely** (all signs and symptoms had disappeared) from the previous injury or illness and an event or exposure in the work environment caused the signs or symptoms to reappear.

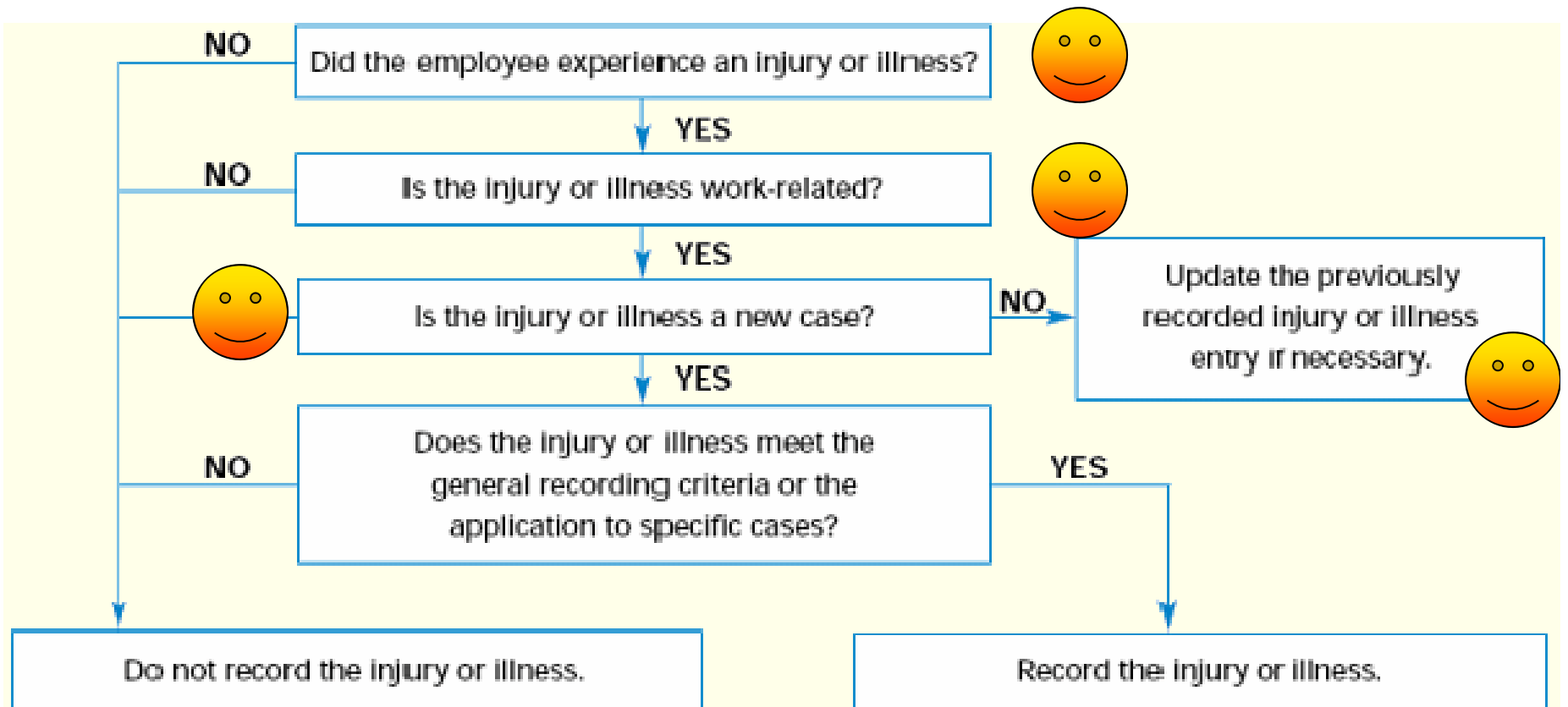
Mistake: Out of Sight, Out of Mind

Forgetting to Update and Retain Records

- Retain forms for 5 years following the year that they cover
- Update the OSHA Form 300 during that period
- Need not update the OSHA Form 300A or OSHA Form 301



Mistake: Recordkeeping is Easy



General Criteria and Specific Cases

Does the injury or illness meet the general criteria or the application to specific cases?

GENERAL

Work-related injuries and illnesses:

- 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 licensed health care professional

SPECIFIC CASES

INCLUDE:

- Job Transfer
- Bloodborne Pathogens (Needlesticks)
- Medical Removal
- Hearing Loss
- Tuberculosis
- Toxic Substances

Mistake: Confusing Medical Treatment and First Aid

Medical treatment **DOES NOT** include:

1. Visits to a physician or other licensed health care professional solely for observation or counseling only
2. Diagnostic procedures such as x-rays and blood tests, including administration of prescription medications used solely for diagnostic purposes (e.g., eye drops to dilate pupils)
3. First Aid



Medical Treatment VS. First Aid

*The definition of **First Aid** is comprehensive.
Anything beyond **First Aid** is **Medical Treatment**.*



- Using any non-rigid means of support, as elastic bandages, wraps, back belts, etc. **is First Aid**
- 1 dose prescription med **is Medical Treatment**
- Over the Counter meds are usually **First Aid**
 - BUT, OTC med at prescription strength **is Medical Treatment**
- Administering **tetanus** immunizations **is First Aid**
- Cleaning, flushing or soaking wounds on the surface of the skin **is First Aid**
- Using wound coverings such as Band-Aids; Butterfly bandage/Steri-Strip (the only kind of wound closures) **are First Aid**
- Any number of hot-cold treatments **is First Aid**

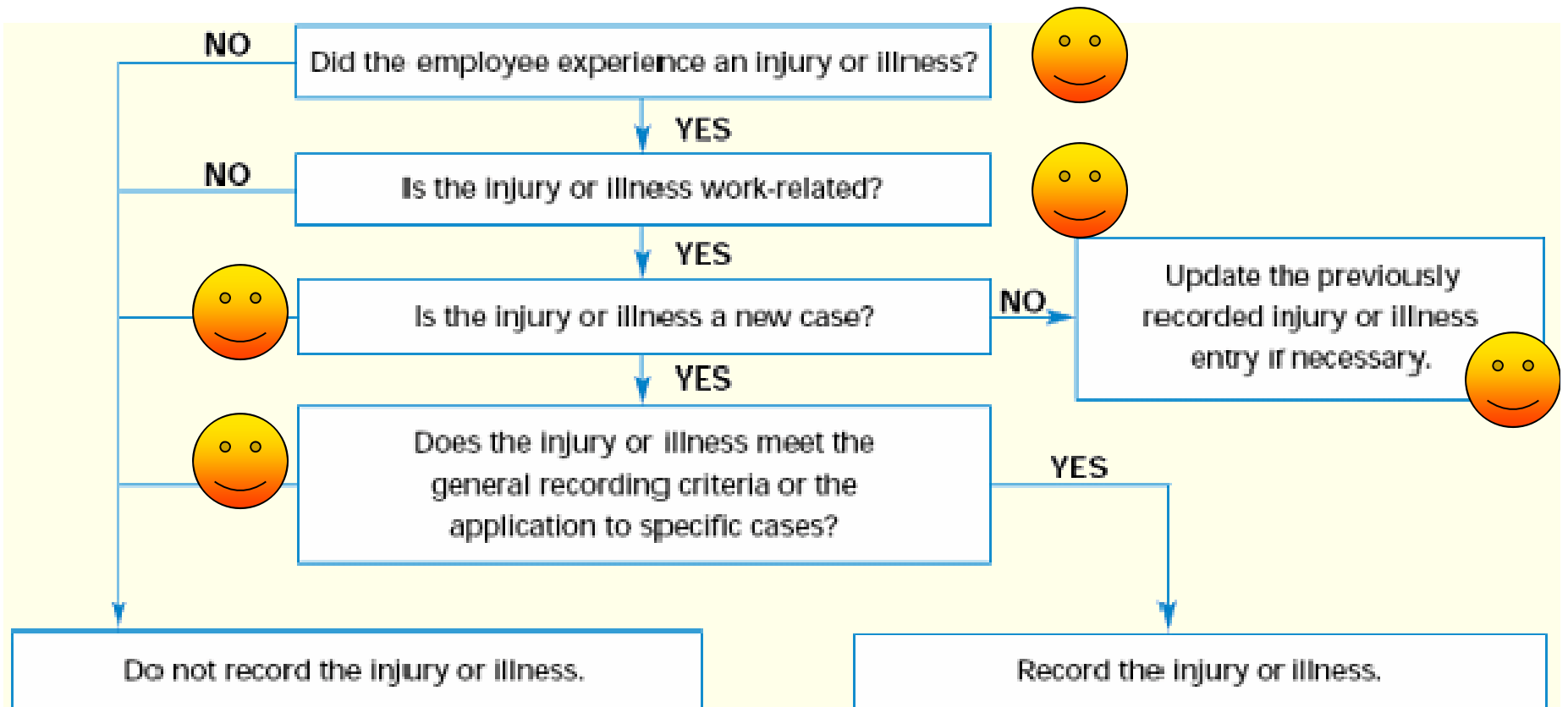
Medical Treatment VS. First Aid

First Aid also includes:

- Using temporary immobilization devices while transporting an accident victim
- Drilling a nail
- Using eye patches
- Removing foreign bodies from the eye using only irrigation or a cotton swab
- Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means
- Using finger guards
- Using massages
- Drinking fluids for relief of heat stress



Mistake: Recordkeeping is Easy



Mistake: Recording on the Wrong Log

- If an employee normally reports to an establishment and is injured there, the case goes on that establishment's log.
- If an employee is injured or made ill while visiting or working **at another of the employer's establishments**, then the injury or illness must be recorded on the 300 log of the **establishment at which the injury or illness occurred**
- Cases for employees injured **at another employer's establishment** go on the log of the employee's **home establishment** (e.g., traveling person)



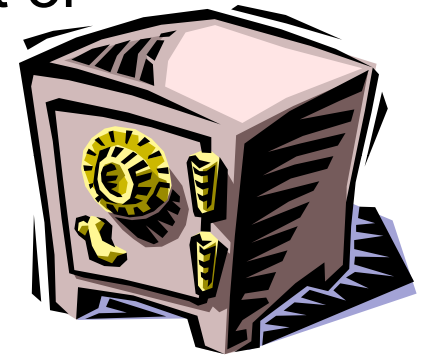
Mistake: Was I Supposed to Keep that Private?

- Do not enter the name of an employee on the OSHA Form 300 for “privacy concern cases”
- Enter “privacy case” in the name column
- Keep a separate confidential list of the case numbers and employee names



Mistake: Was I Supposed to Keep that Private?

- Privacy concern cases are:
 - An injury or illness to an intimate body part or reproductive system
 - HIV infection, hepatitis, tuberculosis
 - Mental illness
 - Needlestick and sharps injuries that are contaminated with another person's blood or other potentially infectious material
 - An injury or illness resulting from sexual assault
 - Employee voluntarily requests privacy



- You must post the 300A Summary only - not the Log - by February 1 until April 30 of the year following the year covered by the form.
- May post the 300 log, but if the posting area is accessible by others (e.g., members of the public) the employer must remove or hide all names of the injured or ill employees



Mistake: “I’ll get to that record request next week.”



- *If an employee or representative asks for access to the OSHA 300 Log, when do I have to provide it?*
 - By the end of the next business day.
 - You may not charge for these copies the first time they are provided.
 - You may not remove information.
- *If an employee or representative asks for access to the OSHA 301 Incident Report, when do I have to provide it?*
 - Records for that employee → Provide by the end of the next business day.
 - Representative under collective bargaining agreement:
 - Provide within 7 calendar days
 - Provide the "Tell us about the case" section and remove all other information.

Mistake: “I’ll get to that record request next week.”

How long do I have to respond to an authorized government representative’s request for the records kept under Part 1904?

- Copies must be provided within four (4) business hours.



Mistake: Not Using Available Resources

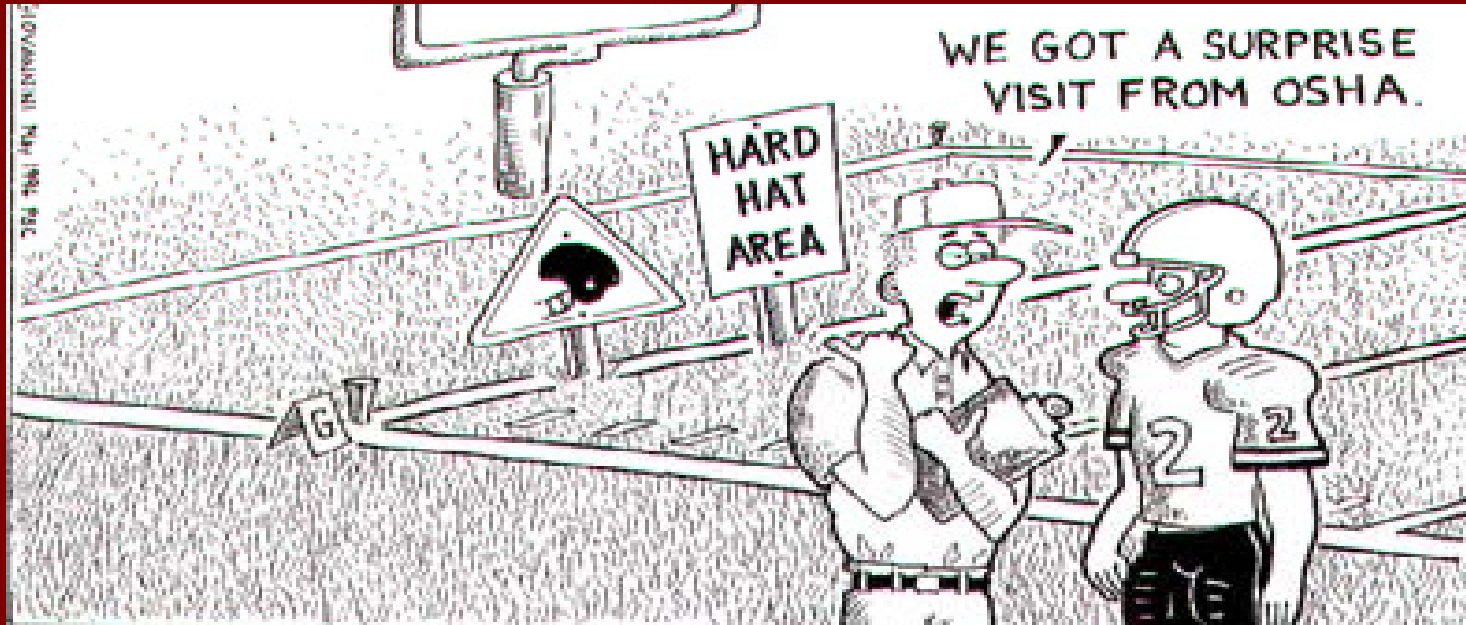
elaws[®] - OSHA Recordkeeping Advisor

- Department of Labor recently released a web tool to help employers understand OSHA recordkeeping
- You may access the OSHA Recordkeeping Advisor from the DOL web site at:
www.dol.gov/elaws/osharecordkeeping.htm.

Questions?



THANK YOU!



haynesboone
Setting precedent.