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## HEALTH AND SAFETY PLAN

# PORT COVINGTON DEVELOPEMENT

### Baltimore City, Maryland

June 6, 2017

Prepared for:

**PORT COVINGTON MASTER DEVELOPER, LLC**  
1000 Key Highway East  
Baltimore, Maryland 21230

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GTA Project No: 152029

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Appendix D	Decontamination Procedures <i>(1 page)</i>
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# HEALTH AND SAFETY PLAN

## PORT COVINGTON DEVELOPMENT BALTIMORE CITY, MARYLAND JUNE 6, 2017

### 1.0 OVERVIEW

This Health and Safety Plan (HASP) has been prepared by Geo-Technology Associates, Inc. (GTA) for management of potentially contaminated media during development activities (i.e. soil relocation activities, dust monitoring, mass grading etc.) associated with the overall Port Covington development (“Subject Property”). The primary contaminants of potential concern (CPOCs) identified at properties associated with the Port Covington development are semi-volatile organic compounds (SVOCs), metals, and petroleum hydrocarbons in soil and metals and petroleum hydrocarbons in groundwater.

The purpose of this HASP is to provide requirements regarding exposure to CPOCs. This HASP has been generated for GTA employees, but can be used as a model for other contractors, subcontractors, and tenants etc., performing work associated with the overall Port Covington development. Each contractor, subcontractor, tenant etc., is responsible for developing their own HASP.

### 1.1 Emergency Contacts

#### 1.1.1 Project Management/Health and Safety Personnel

Project Manager	Lisa M. DeRose	(410) 792-9446 (office) (908) 229-6488 (mobile)
Health and Safety Officer	Michael Whitemen	(410) 515-9446 (office) (443) 377-8307 (mobile)

#### 1.1.2 Other Emergency Telephone Numbers

Police	911
Fire	911
Ambulance	911
Police (Non-Emergency)	(443) 236-2220 option 2
Fire (Non-Emergency)	(410) 396-3083
EPA National Response Center	(800) 424-8802
MD Poison Control Center	(800) 222-1222
MDE Hotline	(866) 633-4686
MD Dept. of Health	(800) 735-2258
Underground Utilities	(800) 257-7777

### 1.1.3 Primary Hospital (Emergency)

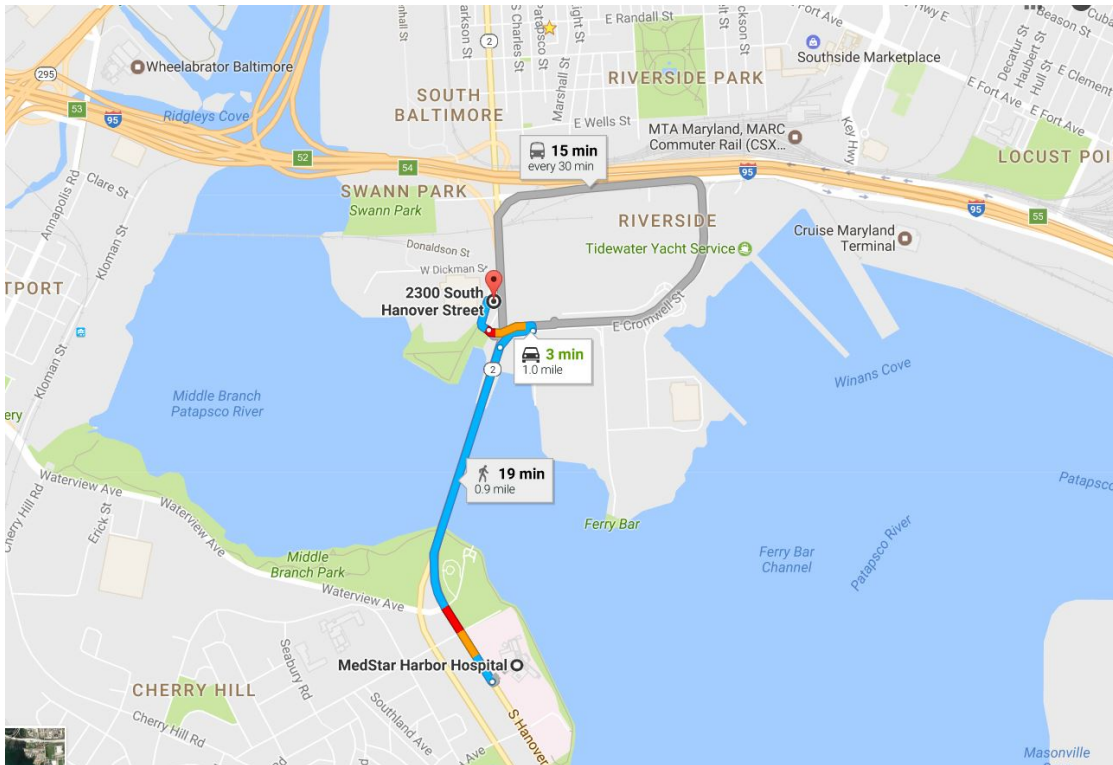
MedStar Harbor Hospital  
3001 South Hanover Street  
Baltimore, MD 21225

(410) 350-3200

### Directions to the Primary Hospital

**From:** The Subject Property: 2300 South Hanover Street, Baltimore, Maryland 21230 (this address is used as an example address within the Port Covington development)

**To:** MedStar Harbor Hospital  
3001 South Hanover Street  
Baltimore, MD 21225



1. Take a right onto West Cromwell Street
2. Turn right onto South Hanover Street (Maryland Route 2) for 0.9 miles
3. Take a left onto Reedbird Avenue.
4. Take a left back onto South Hanover Street.
5. Hospital will be on the right.

(Total: 1.0 miles)

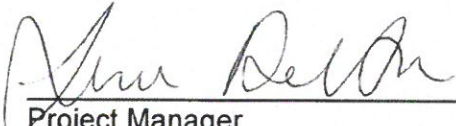
## 1.2 Acknowledgements

### 1.2.1 Approvals

By their signatures, the undersigned approve this HASP for use by GTA personnel during the specified operations at the Port Covington proposed development in Baltimore City, Maryland.

  
\_\_\_\_\_  
Health and Safety Officer

6/7/2017  
Date

  
\_\_\_\_\_  
Project Manager

6/6/2017  
Date

### 1.2.2 Field Team Review

Each GTA field team member shall sign this section after site-specific/task-specific training is completed and before being permitted to work on-site.

I have read or have been verbally advised of all aspects of this Health and Safety Plan for the Port Covington proposed development, Baltimore City, Maryland. I understand and will comply with the provisions contained therein.

Date	Name	Signature

## 2.0 INTRODUCTION

### 2.1 Purpose

This HASP details the minimum requirements and standard operating procedures to be implemented by GTA for management of potentially contaminated media during development activities (i.e. soil relocation activities, dust monitoring, mass grading etc.) associated with the overall Port Covington development in Baltimore City, Maryland.

## **2.2 Limitations**

This HASP is for use by GTA personnel only during the specified operations within the Port Covington development (see *Figure 1*). This HASP will be provided to the Client (Port Covington Master Developer, LLC ["PCMD"]) and designated contractors for their information and as a framework for preparing other HASPs. The contractors should independently assess the available information and implement appropriate measures to protect the health and safety of their employees and subcontractors. Information and recommendations contained in this plan should not in any way be construed as relieving the contractors or their subcontractors of their responsibilities for site health and safety.

## **2.3 Guidelines**

The HASP has been prepared in general conformance with applicable federal, state, and local regulations, including, but not limited to:

- U.S. Department of Labor, Occupational Safety and Health Administration (OSHA) Section 29 Code of Federal Regulations (CFR) 1910.120, "Hazardous Waste Operations and Emergency Response."
- OSHA 29 CFR 1926, "Safety and Health Regulations for Construction."

Additionally, the following have been used as reference in the development of the HASP:

- National Institute for Occupational Safety and Health/OSHA/U.S. Coast Guard/U.S. Environmental Protection Agency, Occupational Safety and Health Guidance Manual for Hazardous Waste Site Activities, October 1985.
- U.S. Department of Health and Human Services, June 1997, Public Health Service, Centers for Disease Control, National Institute for Occupational Safety and Health (NIOSH), NIOSH Pocket Guide to Chemical Hazards.
- OSHA, "Permissible Exposure Limits," 29 CFR Part 1910, Subpart Z – Toxic and Hazardous Substances.

## **3.0 SCOPE AND APPLICABILITY**

### **3.1 Site Description**

The Subject Property is identified as the Port Covington development, which is located south of I-95 in the southern portion of Baltimore City. The Subject Property specifically contains several commercial buildings, open and grassed land, and parking lots. The attached *Figure 1* (Site Location Map) shows the approximate Subject Property location and boundaries. GTA understands that the Subject Property will be developed for commercial, residential, and recreational uses.

### **3.2 Environmental Background**

Historically, the Subject Property and surrounding vicinity were primarily vacant land, with marinas and marine-related businesses along the shoreline and scattered residences in the remainder of the area. By 1937, the majority of the central and southern portions (now Baltimore Sun Newspaper facility, Whiskey Distillery, and Tidewater Yacht Service) of the Subject Property had been developed into a railroad classification yard and locomotive service facility (Western Maryland Railway-Tidewater Extension Port Covington Yards). The western portion of the Subject Property (west of South Hanover Street) historically contained the Department of Public Works (DPW) vehicle maintenance facility (now

City Garage), the Lyon-Conkling & Co. & Maryland Building Company (now vacant Schuster Concrete building), Oxygen Gas Manufacturer (now Downtown Dog Resort & Spa), dwellings, and various other ancillary buildings. A significant amount of fill had been placed in the Patapsco River at various locations along the shoreline, extending the Subject Property into the Northwest and Middle Branches of the Patapsco River beginning in the early 1800s.

Soil sampling within these areas show similar levels of SVOCs, metals, and petroleum hydrocarbons in soil and metals and petroleum hydrocarbons in groundwater. Several properties included in the overall Port Covington development are currently under the oversight of the Maryland Department of the Environment (MDE) Land Restoration Program (LRP). The following sites within the Subject Property have either an MDE-approved Response Action Plan (RAP) and are at various states of RAP implementation through participation in the Voluntary Cleanup Program or are participating in the Controlled Hazardous Substance Program:

- 301 East Cromwell Street (Whiskey Distillery Complex);
- 101 West Dickman Street (City Garage);
- 2600 Insulator Drive (Nick's Fish House);
- 101 West Cromwell Street (vacant land);
- 2300 South Hanover Street (paved parking lot);
- 120-250 West Dickman Street (vacant building);
- 100, 200, 300 East Cromwell Street (Baltimore Sun Newspaper facility and stockpile)
- 200 West McComas Street (Downtown Dog Resort & Spa);
- 201, 203, 205, 207, 209, 211, and 213 West McComas Street (residences);
- 2400 Clarkson Street (paved parking lot) and
- 2101 Race Street (vacant Schuster Concrete building).

During April 2016, GTA submitted a Comprehensive Soil Management Plan (CSMP) to the MDE for approval. The CSMP addresses the relocation of soil amongst properties included in the Port Covington development. The CSMP was approved on April 25, 2016. The CSMP was submitted under a separate cover, please reference for further details. A soil stockpile area has been designated at 100 East Cromwell Street to temporarily stage impacted and clean fill for future use associated with the Port Covington development.

### **3.3 Scope of Work**

The objective of this HASP is to provide site-specific procedures to protect health and safety of GTA personnel during management of potentially contaminated media during development activities (i.e. soil relocation activities, dust monitoring, mass grading etc.) associated with the Port Covington development.

This HASP addresses health and safety hazards which might be encountered during development activities (i.e. soil relocation activities, mass grading etc.). This HASP may also be adapted for use in other areas, if necessary.

The activities that this HASP covers includes but is not limited to the following field operations:

- Excavation and off-site disposal of impacted soils;
- Observing the relocation of soil to and from each stockpile per the CSMP;
- Observe the placement of marker fabric for additional clean fill placement;



- Conduct dust monitoring during impacted soil relocation activities;
- Observe and document activities during redevelopment.

Oversight of general construction by others is not included in the HASP. The overall chemical hazard assessment for the Subject Property is low, given the site history, previously detected contaminant concentrations, and the scope of proposed operations. Use of personal protective equipment, along with good personal hygiene practices and proper decontamination procedures, as necessary, will significantly reduce the potential for exposure through dermal contact or ingestion of chemicals at the site.

### **3.4 HASP Revisions**

The health and safety practices, procedures, and personal protective equipment (PPE) requirements established for this project are based on existing information on the chemical and physical hazards known to be present at this site. This HASP, however, is a dynamic document. Its content may change or undergo revision to reflect changes in project scope and site conditions. Any proposed changes must be reviewed by GTA's Health and Safety Officer (HSO), who is identified in *Section 1.1.1*. The Field Change Request Form provided in *Appendix B* may be used to initiate such changes.

## **4.0 PERSONNEL RESPONSIBILITIES**

The responsibilities of GTA's health and safety staff are described in the following sections. GTA personnel serving in these roles are identified in the *Overview* at the beginning of this HASP.

### **4.1 Project Manager (PM)**

GTA's PM has the overall responsibility for the project and the health and safety of GTA personnel. The PM has the authority to suspend field activities if employees are in danger of injury or exposure to harmful agents. The PM's responsibilities include:

- Assure that appropriate health and safety equipment and PPE are available for project personnel;
- Assure that GTA personnel have received the appropriate training and medical examination, if required, before engaging in work activities; and
- Designate a site HSO who will assure compliance with the HASP.

### **4.2 Health and Safety Officer**

The primary responsibility of the HSO or designee is to assure the GTA site activities are conducted in accordance with this HASP. The HSO or designee may also assist the PM in the development and implementation of this HASP; review changes to this HASP; and assist in resolving any outstanding safety issues that arise during the conduct of site work. The HSO or designee's responsibilities primarily include:

- Ensure that GTA employees comply with requirements of this HASP;
- Coordinate periodic safety briefings, and notify the Project Manager of any changes in work conditions or tasks which may require changes to the HASP;
- Manage health and safety equipment, including monitoring instruments and PPE, and oversee the decontamination procedures for GTA personnel;
- Evaluate conditions during field activities to determine proper PPE for use by GTA personnel;

- Suspend GTA field activities if conditions warrant, and coordinate with local emergency and health officials for emergency response. Authorization to proceed with work will be issued by the PM after any such action; and Delegate, if necessary and appropriate, some of these responsibilities to other on-site qualified site personnel.

### 4.3 Site Personnel

Personnel will be responsible for the following:

- Becoming familiar with the information, instructions, and emergency response actions contained in this HASP; and
- Complying with rules, regulations, and procedures as set forth in this HASP and any future HASP revisions.

Non-GTA site personnel and contractors should independently assess the available information and implement appropriate measures to protect the health and safety of their employees and subcontractors.

### 4.5 Site Communication

Site personnel will have access to a working phone.

The following hand signals shall be reviewed during site specific training and shall be understood by personnel prior to commencement of site activities and shall be used, when necessary, during site operations.

TABLE 1 Hand Signal Summary	
Hand Signal	Meaning
Thumbs up	OK, all right, I understand
Thumbs down	No, negative
Hands on top of head	Need assistance
Gripping partner's wrist/place hands on waist	Leave area immediately, no debate
Hand gripping throat	Out of air, can't breathe

## 5.0 HAZARD ASSESSMENT

### 5.1 Physical Hazards

#### 5.1.1 General Hazards

A variety of physical hazards may be present during site activities. Rubble, debris, and sloping/uneven terrain at the site can contribute towards slip, trip, and fall hazards. Other primary physical hazards on the site may be those associated with heavy equipment operation, working near excavations, the use of hand and power tools, electrical hazards, and handling and storage of solvents and fuels. These hazards are not unique and are generally familiar to hazardous waste site workers. Safe work practices for these potential hazards are outlined in *Section 6.0*.

### 5.1.2 Weather

Rain, lightning, wind, and similar weather conditions can create hazardous conditions that may warrant a suspension of GTA's site activities by the PM or HSO or designee. Depending on the prevalent weather conditions, heat or cold stress related illnesses may be of concern to the workers during site activities (see *Sections 5.1.3 and 5.1.4*).

### 5.1.3 Heat Stress

Heat stress hazards are possible during field activities. Personnel, especially those in impermeable clothing, should be familiar with the signs and symptoms of heat stress, including **heat exhaustion** (dizziness, light-headedness, slurred speech, rapid pulse, confusion, fainting, fatigue, copious perspiration, cool skin that is sometimes pale and clammy, and nausea) and **heat stroke** (hot, dry, flushed skin, delirium, and coma [in some cases]). Heat stroke is a life-threatening event and requires immediate medical attention. Other factors, such as a worker's acclimatization, level of physical fitness, and age, may increase or decrease his or her susceptibility to heat stress. Before assigning a task to an individual worker, these factors should be taken into account to ensure that the task will not endanger the worker's health.

Some preventive measures to avoid heat stress include:

- Frequent resting in cool or shaded areas, and
- Consumption of large quantities of fresh potable water or dilute electrolyte beverages (e.g., Gatorade®).

If heat stress is suspected or observed, the affected person must be moved to a cool or shaded area and given plenty of liquids to consume. If symptoms of heat stroke are observed, call 911 or transport the victim to the hospital immediately.

### 5.1.4 Cold Stress

Cold stress hazards are most likely to occur at low temperatures or low wind chill factors, with wet, windy conditions also contributing to risks. Cold exposure and hypothermia are possible during field activities. Workers should be familiar with the signs and symptoms of cold stress. Hypothermia is a cold-induced decreasing of the core body temperature that produces shivering, numbness, drowsiness, and muscular weakness. Frostbite is a constriction of blood vessels in the extremities, which limits the supply of warming blood. Symptoms of frostbite are white or grayish skin, blisters, numbness, mental confusion, failing eyesight, fainting, shock, and cessation of breathing.

### 5.1.5 Noise

During project activities, use of heavy equipment, running motors etc., may lead to elevated noise levels. Personnel who work near heavy equipment shall wear hearing protection if the 8-hour time-weighted average noise level exceeds 90 decibels. The HSO or designee shall evaluate if noise monitoring is warranted. Hearing protection will be used as directed by the HSO or designee. A general rule of thumb is that hearing protection must be worn if normal speech cannot be understood within an arm's length of the person talking.

### 5.1.6 Biological Hazards

Biological hazards present at the site may include poisonous plants, insects, and animals. Workers should be familiar with the appearance of poison ivy and should wear impervious

clothing, as necessary, to prevent contact with poison ivy. Ticks may be present throughout the site on brush, grass, and weeds. Some ticks carry disease, such as Lyme disease or Rocky Mountain spotted fever. Wear protective clothing or secure pant legs to lower legs or boots, and apply bug repellent to this area. When found, ticks should be removed in accordance with the recommendations of the American Lyme Disease Foundation. Small animals may be present on the site, and contact should be avoided.

## **5.2 Chemical Hazards**

The primary contaminants of concern at the site include petroleum hydrocarbons, SVOCs, and metals in soil and metals and petroleum hydrocarbons in groundwater. If work is being conducted under an MDE-approved RAP, the site-specific HASP will take precedence.

The Agency of Toxic Substances and Disease Registry (ATSDR) indicates that primary routes of exposure to these COPCs are inhalation, ingestion, and dermal contact. Effects of exposure to these contaminants vary and are multi-symptom, including the gastrointestinal, hepatic, renal, cardiovascular, neurological, dermal, respiratory, hematopoietic, and reproductive systems.

## **5.3 Task Hazard Assessment**

The overall chemical hazard assessment for this site is low, given the site history, previously detected contaminant concentrations, and the scope of proposed redevelopment.

Use of personal protective equipment, along with good personal hygiene practices and proper decontamination procedures, will significantly reduce the potential for exposure through dermal contact or ingestion of chemicals at the site.

Real time dust monitoring during impacted soil relocation activities to and from the stockpile will provide guidelines as to the presence and levels of such atmospheric hazards and reduce the potential for exposure through inhalation during soil relocation activities by the use of appropriate PPE.

# **6.0 SAFE WORK PRACTICES**

## **6.1 Site Control/Access**

Based on the site evaluations performed to date, hazardous substances are not currently proposed to be excavated; therefore, the establishment of specific work zones is not proposed for this project. If an exclusion zone needs to be established, caution tape will be placed around the area, to prevent access by unauthorized personnel. Entry by individual personnel into such exclusion zones is not currently planned as part of this project. If entry into an exclusion zone becomes necessary, this HASP will be modified and the Exclusion Zone Entry/Exit Log in *Appendix C* will be utilized.

## **6.2 Routine Safe Work Practices**

- Ignition sources in the vicinity of potentially flammable material are prohibited. When working in areas where flammable vapors may be present, particular care must be exercised with tools and equipment that may be sources of ignition. Tools and equipment provided must be properly bonded and/or grounded.
- Approved and appropriate safety equipment as specified in *Table 2* shall be worn where required.

- Beards that interfere with respirator fit are not allowed for GTA field personnel within the site boundaries, as all site field personnel may be called upon to use a respirator in some situations, and beards inhibit proper respirator fit.
- No smoking, eating, or drinking is allowed in the contaminated areas. Contaminated tools and hands must be kept away from the face. Do not unnecessarily touch a contaminated surface or allow your clothing, tools, or other equipment to do so.
- Persons with long hair and/or loose fitting clothing that could become tangled in power equipment must take adequate precautions.
- Use protective gloves to avoid the potential for burn injuries from touching hot surfaces.
- Handling materials in drums or other containers, as well as lifting of heavy equipment, can cause strains and sprains from improperly lifting loads, or from carrying loads that are either too large or too heavy.
- When manually moving materials, employees should seek help when a load is so bulky it cannot be properly grasped or lifted, when they cannot see around or over it, or when a load cannot be safely handled.
- Handheld power tools shall be used and maintained in accordance with the manufacturer's specifications, including use of the correct shield, guard, or attachment recommended by the manufacturer.

### **6.3 Personnel Safety**

- Do not climb over or under obstacles.
- Use the buddy system and line-of-sight observation, as necessary.
- Practice contamination prevention on- and off-site.
- Plan activities ahead of time.
- Apply immediate first aid to any and all cuts, scratches, and abrasions.
- Report all accidents, no matter how minor, immediately to the HSO or designee.
- Be alert to your own and others' physical condition.
- Initiate a work/rest regime if ambient temperatures and protective clothing create a potential heat/cold stress situation.
- Do not proceed with work unless adequate light exists and appropriate supervision is present.

### **6.4 Confined Space Entry**

No confined space entry is planned as part of this project.

### **6.5 Operation of Heavy Equipment**

Individuals not directly involved in work operations will be required to maintain a 20-foot distance so as not to interfere with heavy equipment.

### **6.6 Excavation Operations**

This HASP shall provide monitoring and health and safety support for excavation activities in order to ensure the adequacy of protective equipment and safety procedures used by GTA personnel.

During excavation, the following shall apply:

1. Subsurface utilities shall be identified, to the extent possible, prior to the start of excavating, and avoided during the work.
2. Air monitoring of the excavation will be performed from outside the excavation by the Field

Scientist, through observation of visible dust. In addition, GTA will conduct three dust sampling events during initial site grading and building improvement excavation activities. Monitoring results will be noted in the Health and Safety (H&S) logbook at that time.

3. Personnel shall not be permitted to stand, work, or travel beneath loads handled by lifting or digging equipment.
4. If mobile equipment is operated around or adjacent to an excavation, a warning system shall be utilized. The warning system may consist of barricades, hand or mechanical signals, or stop logs.
5. Site personnel shall not enter excavations at any time, unless walls are properly sloped or reinforced.

## **6.7 Dewatering Activities**

Based on the proposed development groundwater depth and planned excavation depth it is anticipated that groundwater will not be encountered during a majority of the proposed excavation.

If dewatering should become necessary, the following shall apply:

1. Site personnel shall not enter excavations requiring dewatering at any time.
2. Personnel working in areas of dewatering should utilize appropriate PPE.
3. Dewatering fluids must be containerized if the fluids are suspected of being contaminated. This should be completed in accordance with an approved RAP or National Pollutant Discharge Elimination System permit.

## **6.8 Decontamination and Material Handling**

One of the most important aspects of decontamination is the prevention of contamination, when present. This will minimize worker exposure and cross-contamination of materials. Procedures for contamination avoidance include:

### **Personnel**

- Do not walk through areas of obvious or known contamination.
- Do not directly handle or touch contaminated materials.
- Make sure that there are no cuts or tears on PPE.
- Fasten all closures in protective suits, if used.
- Particular care should be taken to protect any skin injuries.
- Stay upwind of airborne contaminants.
- Do not carry cigarettes, cosmetics, gum etc., into contaminated areas.

### **Sampling/Monitoring**

- When required by the HSO or designee, cover instruments with clear plastic, leaving openings for sampling ports.
- Bag sampling containers prior to placement of sample material.

### **Heavy Equipment**

- Care should be taken to limit the amount of contamination that comes in contact with the heavy equipment (backhoe bucket, tires, etc.).

- If contaminated tools are to be placed on non-contaminated equipment for transport to a decontamination area, plastic should be used to prevent cross-contamination.
- Dust control measures may be needed.

If necessary, a personnel decontamination area will be provided where surface contamination and outer protective equipment are removed (see *Appendix D*).

If potentially contaminated materials are encountered, they will be handled in a manner to prevent additional contamination. Discarded materials, waste materials, or other objects shall be handled in such a way as to protect site workers and the public from exposure to site contaminants, and preclude the potential for creating a sanitary hazard. Potentially contaminated materials (e.g., clothing, gloves, etc.) will be bagged or drummed, as necessary, labeled, and segregated for disposal. Uncontaminated materials shall be collected and bagged for appropriate disposal as normal domestic waste. Waste material will be disposed in accordance with applicable regulations and protocols.

## **6.9 Air Monitoring**

GTA employees are responsible for air monitoring at the Subject Property during impacted soil relocation activities only.

### **6.9.1 Real Time Monitoring**

During impacted soil relocation activities associated with the CSMP, dust monitoring will be performed using real time dust monitoring instrumentation, specifically a handheld Dusttrak DRX or equivalent. Dust monitoring will be conducted approximately every hour during impacted soil relocation activities. These readings will be collected in the vicinity of the stockpile.

For field activities other than soil relocation activities associated with the CSMP, observations for visible dust emissions will be performed for health and safety purposes.

### **6.9.2 Action Levels**

The OSHA permissible exposure limit (PEL) for Particulates Not Otherwise Regulated (PNOR), or nuisance dust, is 15 mg/m<sup>3</sup>. For conservancy, a PNOR/nuisance dust action level of 12 mg/m<sup>3</sup> will be used during air monitoring. If greater than 12 mg/m<sup>3</sup> are detected, implement dust suppression procedures until dust levels are reduced to below the action level. If dust levels increase while suppression measures are under way and the dust concentration exceeds 12 mg/m<sup>3</sup>, operations must be shut down and suppression activities continued. When dust concentrations are reduced to 12 mg/m<sup>3</sup> or below, operations may resume.

### **6.9.3 Instrument Calibration**

Monitoring equipment will be calibrated and checked for proper operation before real time dust monitoring.

### **6.9.4 Personal Monitoring**

Personal air monitoring is not currently planned as part of this project. If warranted based on site air monitoring results, personal air monitoring shall be conducted using established OSHA/NIOSH protocol. Air samples, including blanks, shall be submitted to an American Industrial Hygiene Association (AIHA) accredited laboratory for sample analysis.

## **6.10 Medical Surveillance**

Contact with contaminated media during the activities outlined in *Section 3.0* is anticipated to be minimal. Therefore, medical surveillance of GTA personnel is not currently planned as part of this project.

Re-evaluation of the need for a medical examination of individual GTA personnel will be conducted by the HSO or designee prior to site entry. Evaluation criteria will include the anticipated duration of activities on the site, the anticipated exposure risks, and the anticipated cumulative annual exposure rates of the individual. If necessary, a medical surveillance examination may be performed in accordance with 29 CFR 1910.120(f) prior to site entry. The medical examination may be provided at some time prior to or after the proposed remedial activities at the site, and may be performed annually and/or upon termination of site work. Additional medical testing may be recommended by the HSO or designee in consultation with the consulting occupational physician, if an overt exposure incident occurs, or if other site conditions warrant further medical surveillance.

## **7.0 EMERGENCY PROCEDURES**

### **7.1 Pre-Emergency Planning**

Pre-emergency planning consists of this emergency response plan, assigning emergency functions to on-site personnel, training of personnel as necessary, and ensuring that emergency procedures and equipment are in place. Emergency telephone numbers, directions, and a route map to the nearest hospital are presented in *Section 1.1*.

### **7.2 Emergency Plan**

This emergency plan will be reviewed by GTA personnel working at the site, prior to the start of work. This emergency plan will be available for use during site work.

Various individual site characteristics will determine preliminary actions taken in the event of a site emergency. The HSO or designee will inform personnel about the nature and duration of work expected on the site, the types of contaminants, and the possible health or safety effects of emergencies involving these contaminants. The HSO shall make necessary arrangements to be prepared for emergencies.

The HSO or designee shall implement the emergency plan whenever conditions at the site warrant such action. The HSO or designee will be responsible for coordination of the evacuation, emergency treatment, and emergency transport of GTA site personnel as necessary and notification of emergency response units and the appropriate management staff.

### **7.3 Evacuation**

In the event of an emergency situation, such as fire, explosion, or significant release of toxic gases, the HSO or designee will initiate evacuation procedures by directly contacting each GTA employee or sounding an alarm, such as an air horn or other appropriate device, for approximately 10 seconds. All personnel will evacuate to a predetermined location. The location shall be upwind of the site, if possible. For efficient and safe site evacuation and assessment of the emergency situation, the HSO or designee will have the authority to contact outside services as needed.



## **7.4 Emergency Medical Treatment and First Aid**

In the event of a safety or health emergency at the site, appropriate emergency measures will immediately be taken. The Project Manager will be immediately informed of any serious injuries. Following decontamination, if required, the injured person will be transported to the nearest medical facility, if necessary. Directions and a map of the route to a nearby hospital are provided in *Section 1.1.3*.

If an employee working in a contaminated area is injured, first-aid procedures should be followed. Depending on the severity of the injury, emergency medical response may be sought. Emergency telephone numbers are provided in *Section 1.1*.

If the injury to a worker is chemical in nature (e.g., overexposure), the following first-aid procedures will be followed.

- Eye Exposure – Wash the eyes immediately at the emergency eyewash station for at least 15 minutes, using large amounts of water and lifting the lower and upper lids occasionally to help flush the eye. Do not rub eyes or keep eyes tightly closed. Obtain medical attention immediately.
- Skin Exposure - Use copious amounts of soap and water to wash/rinse the affected area thoroughly, then provide appropriate medical attention. For reddened or blistered skin, consult a physician.
- Ingestion – Do not induce vomiting!! Call poison control center or seek medical help.
- Inhalation – Move the person to fresh air. If breathing has stopped, perform artificial respiration. Obtain medical attention as soon as possible.

## **7.5 Emergency Decontamination**

If emergency first aid and/or medical treatment is required, normal decontamination procedures may need to be abbreviated or omitted. The site HSO or designee will accompany contaminated victims to the medical facility to advise on matters involving decontamination, when necessary. The outer garments can be removed if they do not cause delays, interfere with treatment, or aggravate the problem. Respiratory equipment must always be removed. Protective clothing can be cut away. If the outer contaminated garments cannot be safely removed, a plastic barrier between the individual and clean surfaces should be used to help prevent contaminating the inside of ambulances and/or medical personnel. Outer garments are then removed at the medical facility. No attempt will be made to wash or rinse the victim, unless it is known that the individual has been contaminated with an extremely toxic or corrosive material, which could also cause severe injury or loss of life to emergency response personnel. For minor medical problems or injuries, the normal decontamination procedures will be followed. Note that heat stroke requires prompt treatment to prevent irreversible damage or death. Protective clothing must be promptly removed. Less serious forms of heat stress also require prompt attention and removal of protective clothing immediately. Unless the victim is obviously contaminated, decontamination should be omitted or minimized and treatment would begin immediately.

## **7.6 Adverse Weather Conditions**

In the event of adverse weather conditions, the HSO or designee will determine if work can continue without compromising the health and safety of GTA field personnel. Some of the factors to be considered prior to determining if work should continue are:

- Potential for heat/cold stress and related illnesses; and/or
- Treacherous weather-related working conditions (e.g., heavy rain, fog, high winds, lightning, storms, etc.).

Site activities will be limited to daylight hours (unless adequate artificial lighting is provided) and acceptable weather conditions.

## 8.0 PERSONAL PROTECTIVE EQUIPMENT

The level of protection used by field personnel will be enforced by the HSO or designee. Levels of protection may be upgraded or downgraded at the discretion of the HSO or designee. This decision shall be based on real-time air monitoring, site history data, and prior site experience. Any changes in the level of protection shall be recorded in the health and safety field logbook. Based on the site characterization conducted to date, Level D PPE is anticipated.

### 8.1 General Levels of Protection

The level of protection selected is based primarily on:

- The type, toxicity, and measured concentration of the chemical substance; and
- The potential or measured exposure to substances in the air, or other direct contact.

The equipment used to protect the body against contact with chemical hazards is divided into four categories (A-D), according to the degree of protection needed. Given the scope of the planned activities at the site, it is expected that Level A and B protection will not be needed. Should ambient conditions reach levels of contamination that would require Level A or B protection, work activities will cease and the site will be vacated until conditions are again suitable for Levels C and D.

### 8.2 Site Specific Levels of Protection

For activities where the potential for exposure to site contaminants is expected to be low to medium, the level of protection has been designated as Level D. These activities may include site preparation, field screening, and soil removal and capping activities. Activities where there may be low to medium potential for exposure to the hands require Level D, plus nitrile gloves.

<b>TABLE 2 Levels of PPE</b>	
<b>PPE Level</b>	<b>D**</b>
<b>Criteria for selection</b>	Primarily a work uniform providing minimal protection. Not to be worn where respiratory or skin hazards are present.
<b>Respiratory Protection</b>	No respiratory protection
<b>Personal Protective Clothing</b>	<ul style="list-style-type: none"> <li>• Latex and/or Nitrile Gloves (as needed)</li> <li>• Boots, steel toe</li> <li>• Hard hat</li> <li>• Safety glasses (as needed)</li> <li>• Hearing protection (as needed)</li> </ul>

\*\* Level D may be modified to 'Modified D' by the addition of:

- Tyvek or polycoated Tyvek
- Boot covers

### **8.3 Reassessment of Protection Program**

The level of protection provided by PPE selection shall be upgraded if conditions change such that there is a possibility of overexposure to the present hazards.

Some indicators of the need for reassessment are:

- Change in job tasks during a work phase;
- Contaminants other than those previously identified are encountered;
- Change in ambient levels of contaminants; and
- Change of work scope, which affects the degree of contact with contaminants.

The HSO or designee has the responsibility for air monitoring and deciding the appropriate level of protection based on air monitoring guidelines presented in *Section 6.8*. The HSO or designee shall be consulted when information is limited or when clarification is required.

### **8.4 Other Safety Equipment**

The following safety and first aid equipment shall be available in the support vehicle/area for GTA field personnel:

- Standard Industrial First Aid Kit, fully stocked.

## **9.0 TRAINING**

### **9.1 Site Specific Training**

Prior to commencement of field activities, GTA personnel assigned to the project will be provided training that will specifically address the activities, procedures, monitoring, and equipment for the site operations. It will include site and facility layout, hazards, and emergency services at the site, and will highlight the provisions contained within this HASP. This training will also allow field workers to clarify anything they do not understand and to reinforce their responsibilities regarding safety and operations for their particular activity.

The site specific training shall also provide information regarding potential health hazards specific to the site contaminants, the likelihood of exposure, and the precautionary measures (including PPE and air and medical monitoring procedures) to be implemented to protect against these hazards.

### **9.2 Additional Training**

Additional training, if required for completion of field tasks during the project, will be identified and provided as the work progresses.

### **9.3 On-Site Safety Briefings**

GTA personnel will be given periodic on-site health and safety briefings by the HSO or designee, as necessary, to assist site personnel in safely conducting their work activities. The briefings will include information on new operations to be conducted, or changes in work practices or the site's environmental conditions. The briefings will also provide a forum to facilitate conformance with health and safety requirements and to identify H&S performance deficiencies noted during daily activities.

## **10.0 LOGS, REPORTS, AND RECORDKEEPING**

### **10.1 HASP Field Change Request**

The HASP Field Change Request form (*Appendix B*) is to be completed for initiating a change to the HASP. Project Manager approval is required. The original will be kept in the project file.

### **10.2 Medical and Training Records**

The HSO or designee must obtain and keep a log of GTA personnel meeting appropriate training and medical qualifications for the site work. The *Training Log* is located in *Appendix E*. A copy of the log will be kept in the project file. For GTA personnel, GTA's Human Resources Manager or designee will maintain medical records, as necessary, in accordance with 29 CFR 1910.1020.

### **10.3 Exposure Records**

Any personal monitoring results, laboratory reports, calculations, and air sampling data sheets are part of an employee exposure record. These records will be kept in accordance with 29 CFR 1910.1020. For GTA employees, the originals will be sent to GTA's Human Resources Manager or designee.

### **10.4 Accident/Incident Report**

In the event of an accident/incident, as soon as first aid and/or emergency response needs have been met, the following parties are to be contacted:

1. Health and Safety Manager
2. Project Manager

Written documentation for verbal reports is to be submitted within 24 hours by the HSO or designee. The *Accident/Incident Report* found in *Appendix F* is to be used for this purpose. All representatives that are contacted by telephone are to receive a copy of this Report. The originals will be submitted to GTA's Project Manager or designee for recordkeeping. Copies of the forms will be kept in the project file.

For reporting purposes, the term "accident" refers to fatalities, lost time injuries, spill or exposure to hazardous materials, fire, explosion, damage to property, or potential occurrence of the above.

Any information that is released from the health care provider and is not deemed confidential patient information is to be attached to the appropriate form. Any medical information that is released by patient consent is to be filed in the individual's medical records and treated as confidential.

### **10.5 OSHA Form 300**

An OSHA Form 300 (Log of Occupational Injuries and Illnesses) will be kept at the project site. OSHA Form 300 and associated guidance information are contained in *Appendix G*. All recordable injuries or illnesses will be recorded on this form. At the end of the project, the original will be sent to GTA's Human Resources Manager or designee for recordkeeping.

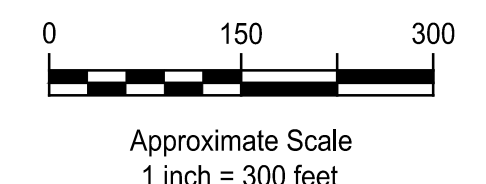
The *Accident/Incident Report (Appendix F)* meets the requirements of the OSHA Form 301 (Supplemental Record), which must be maintained with the OSHA Form 300 for all recordable injuries or illnesses

**\*\*\*\*\* END OF PLAN \*\*\*\*\***

**APPENDIX A**  
**FIGURE**



MIDDLE BRANCH OF THE PATAPSCO RIVER



**GEO-TECHNOLOGY ASSOCIATES, INC.**  
 GEOTECHNICAL AND ENVIRONMENTAL CONSULTANTS  
 14280 PARK CENTER DRIVE, SUITE A  
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 (410) 792-9446 OR (301) 470-4470  
 FAX: (410) 792-7395  
 WWW.GTAENG.COM  
 © GEO-TECHNOLOGY ASSOCIATES, INC.

OVERALL PORT COVINGTON

BALTIMORE CITY, MARYLAND

**SITE LOCATION PLAN**

# **APPENDIX B**

## **FIELD CHANGE REQUEST FORM**



# Health and Safety Plan Field Change Request Form

Site Name: \_\_\_\_\_

Project No. \_\_\_\_\_

HASP Date: \_\_\_\_\_

Section: \_\_\_\_\_

Page(s): \_\_\_\_\_

Re:  Change to existing HASP

Addition to existing HASP

Other: \_\_\_\_\_

Anticipated Revision Date: \_\_\_\_\_

Proposed Change: \_\_\_\_\_

Reason for Proposed Change:

Disposition of Deficiency

Change in Regulatory or Other Requirements

Operational Experience

Other: \_\_\_\_\_

Exhibits Attached:  No  Yes (describe) \_\_\_\_\_

GTA ESI Approvals: Project Manager: \_\_\_\_\_ Date: \_\_\_\_\_

H&S Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Distribution After Approval:

On-site copy

Others:  \_\_\_\_\_

Client

\_\_\_\_\_

Project Files

\_\_\_\_\_

Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

# **APPENDIX C**

## **EXCLUSION ZONE ENTRY/EXIT LOG**



# **APPENDIX D**

## **DECONTAMINATION PROCEDURES**

# Health and Safety Plan

## Decontamination Procedures

Personnel and equipment that enter an Exclusion Zone (i.e., personnel, excavators, monitoring equipment, field sample collection equipment, etc.) may require decontamination prior to exit. Decontamination will be supervised by the HSO. The decontamination supplies and equipment will be maintained by the HSO. The decontamination procedure assumes the contaminating substances are particulate matter and soils containing heavy metals. The decontamination procedure will be modified if the type of contaminating substance or its hazard potential is altered.

### Personnel Decontamination

Field personnel should wash hands, face, and other exposed skin with soap and water. Shower and shampoo as soon as possible at the end of the work day. Launder non-disposable clothing prior to reuse, separately from other laundry items.

### Equipment Decontamination

Equipment and vehicles used in the Exclusion Zone should be decontaminated before being allowed to leave the work area. Bulk soil and debris particles should be physically removed and left in the excavation, or properly containerized for off-site disposal.

Wet-wipe coolers and instruments used on-site prior to leaving the site. Wet-wipe respirator exteriors whenever exiting work areas. Clean respirators using manufacturer-recommended procedures.

### Waste Disposal

PPE that cannot be decontaminated (i.e., chemical resistant suits, gloves, boot covers, respirator cartridges, etc.) will be placed in plastic trash bags. If potentially contaminated soils are generated, they will be containerized using 55-gallon drums, roll-off boxes, or similar means, for characterization and proper disposal. If potentially contaminated water is generated, it will be containerized in 55-gallon drums, frac tanks, or similar means, for characterization and proper disposal.

The property owner will be notified for disposal of all wastes. Wastes will be disposed in accordance with local, state, and federal regulations.

# **APPENDIX E**

## **TRAINING/LOG**



# **APPENDIX F**

## **ACCIDENT/INCIDENT REPORTS**



# Health and Safety Plan Accident Report

Site Name: \_\_\_\_\_

Project No. \_\_\_\_\_

**NOTE: This report must be completed by the injured employee or employee's supervisor and submitted to the Project Manager within 24 hours of any accident. Attach additional sheets if necessary. OSHA Form 301 may be used, if preferred.**

Date of accident: \_\_\_\_\_ Time of accident: \_\_\_\_\_

Exact location where accident occurred (including street, city and state): \_\_\_\_\_

Name of injured employee: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: M F Date of Hire: \_\_\_\_\_

Employee's job title: \_\_\_\_\_

Dept. Regularly Employed: \_\_\_\_\_

Explain what happened (Include what the employee was doing at the time of the accident and how the accident occurred.): \_\_\_\_\_

Describe the injury and the specific part of the body affected (e.g., laceration, right hand, third finger, second joint): \_\_\_\_\_

Object or substance that directly injured employee: \_\_\_\_\_

Name and address of the physician (if medical attention was administered): \_\_\_\_\_

Is the employee expected to lose at least one full day of work? \_\_\_\_\_

Was the employee assigned to restricted duty? \_\_\_\_\_

Number of days and hours employee usually works per week: \_\_\_\_\_

List all PPE employee was wearing and all safety devices in use at the time of the accident: \_\_\_\_\_

Describe the preventive measures taken to avert a recurrence of this type of incident: \_\_\_\_\_

Date when measures were implemented and by whom: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_

Date of this report: \_\_\_\_\_ Report prepared by: \_\_\_\_\_

I have read this report, and the contents as to how the accident/loss occurred are accurate to the best of my knowledge.

Signature: \_\_\_\_\_

Injured Employee

Date: \_\_\_\_\_

**Health and Safety Plan  
Incident Report**

**Site Name:** \_\_\_\_\_

**Project No.** \_\_\_\_\_

**NOTE:** This report is to be completed when a near-miss occurs that could have potentially resulted in serious physical harm. Please submit to the Project Manager within 24 hours of an incident.

Use the space below to describe the incident (include what the employee was doing at the time the near-miss and how it occurred).

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Prepared By: \_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**APPENDIX G**

**OSHA FORM 300**

# OSHA

## Forms for Recording Work-Related Injuries and Illnesses

### Dear Employer:

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

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

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




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

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

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

### What's Inside...

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

- ▼ **An Overview: Recording Work-Related Injuries and Illnesses** — General instructions for filling out the forms in this package and definitions of terms you should use when you classify your cases as injuries or illnesses.
- ▼ **How to Fill Out the Log** — An example to guide you in filling out the *Log* properly.
- ▼ **Log of Work-Related Injuries and Illnesses** — Several pages of the *Log* (but you may make as many copies of the *Log* as you need.) Notice that the *Log* is separate from the *Summary*. 
- ▼ **Summary of Work-Related Injuries and Illnesses** — Removable *Summary* pages for easy posting at the end of the year. Note that you post the *Summary* only, not the *Log*. 
- ▼ **Worksheet to Help You Fill Out the Summary** — A worksheet for figuring the average number of employees who worked for your establishment and the total number of hours worked.
- ▼ **OSHA's 301: Injury and Illness Incident Report** — A copy of the OSHA 301 to provide details about the incident. You may make as many copies as you need or use an equivalent form. 

Take a few minutes to review this package. If you have any questions, **visit us online at [www.osha.gov](http://www.osha.gov) OR call your local OSHA office.** We'll be happy to help you.



# An Overview: Recording Work-Related Injuries and Illnesses

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

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

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

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

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

## When is an injury or illness considered work-related?

An injury or illness is considered work-related if an event or exposure in the work environment caused or contributed to the condition or significantly aggravated a preexisting condition. Work-relatedness is

presumed for injuries and illnesses resulting from events or exposures occurring in the workplace, unless an exception specifically applies. See 29 CFR Part 1904.5(b)(2) for the exceptions. The work environment includes the establishment and other locations where one or more employees are working or are present as a condition of their employment. See 29 CFR Part 1904.5(b)(1).

## Which work-related injuries and illnesses should you record?

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

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

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

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

## What are the additional criteria?

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

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

## What is medical treatment?

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

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

## What do you need to do?

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

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

## How to work with the Log

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

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

### **What is first aid?**

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

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

- ▼ using finger guards;
- ▼ using massages;
- ▼ drinking fluids to relieve heat stress

### **How do you decide if the case involved restricted work?**

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

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

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

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

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

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

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

If you have a reasonable basis to believe that information describing the privacy concern case may be personally identifiable even though the employee's name has been omitted, you may use discretion in describing the injury or illness on both the OSHA 300 and 301 forms. You must enter enough information to identify the cause of the incident and the general severity of

the injury or illness, but you do not need to include details of an intimate or private nature.

### **What if the outcome changes after you record the case?**

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

### **Classifying injuries**

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

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

## **Classifying illnesses**

### **Skin diseases or disorders**

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

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

### **Respiratory conditions**

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

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

### **Poisoning**

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

*Examples:* Poisoning by lead, mercury,

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

### **Hearing Loss**

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

### **All other illnesses**

All other occupational illnesses.

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

## **When must you post the Summary?**

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

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

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

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

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

## **How can we help you?**

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

- visit us online at [www.osha.gov](http://www.osha.gov)** or
- call your local OSHA office.**

## Optional

# Calculating Injury and Illness Incidence Rates

### What is an incidence rate?

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

### How do you calculate an incidence rate?

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

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

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

(H) on the OSHA Form 300A.

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

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

$$\text{Total number of injuries and illnesses} \times 200,000 \div \text{Number of hours worked by all employees} = \text{Total recordable case rate}$$

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

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

$$(\text{Number of entries in column H} + \text{Number of entries in column I}) \times 200,000 \div \text{Number of hours worked by all employees} = \text{DART incidence rate}$$

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

### What can I compare my incidence rate to?

The Bureau of Labor Statistics (BLS) conducts a survey of occupational injuries and illnesses each year and publishes incidence rate data by

various classifications (e.g., by industry, by employer size, etc.). You can obtain these published data at [www.bls.gov/iif](http://www.bls.gov/iif) or by calling a BLS Regional Office.

### Worksheet

Total number of injuries and illnesses		Number of hours worked by all employees		Total recordable case rate
<input type="text"/>	X 200,000 ÷	<input type="text"/>	=	<input type="text"/>

Number of entries in Column H + Column I		Number of hours worked by all employees		DART incidence rate
<input type="text"/>	X 200,000 ÷	<input type="text"/>	=	<input type="text"/>





# How to Fill Out the Log

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

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

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

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

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

## OSHA's Form 300 (Rev. 01/2004) Log of Work-Related Injuries and Illnesses

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

Year 20        
U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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

Establishment name XYZ Company

City Anywhere State MA

Identify the person			Describe the case			Classify the case CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:						
(A) Case no.	(B) Employee's name	(C) Job title <small>(e.g. Welder)</small>	(D) Date of injury or onset of illness	(E) Where the event occurred <small>(e.g. Loading dock north end)</small>	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill <small>(e.g. Second degree burns on right forearm from acetylene torch)</small>	Remained at Work				Away from work (K)	On job transfer or restriction (L)	(M)						
						Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)	Days	Days	Injury (1)	Skin disorders (2)	Respiratory conditions (3)	poisoning (4)	Hearing loss (5)	All other illnesses (6)	
1	Mark Bagin	Welder	5 / 25 <small>month/day</small>	basement	fracture, left arm and left leg, fell from ladder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Shana Alexander	Foundry man	7 / 2 <small>month/day</small>	pouring deck	poisoning from lead fumes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Sam Sauder	Electrician	8 / 5 <small>month/day</small>	2nd floor storeroom	broken left foot, fell over box	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Ralph Boccella	Laborer	9 / 17 <small>month/day</small>	packaging dept	Back strain lifting boxes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Jarrold Daniels	Machine opr.	10 / 23 <small>month/day</small>	production floor	dust in eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<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"/>	<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"/>

Be as specific as possible. You can use two lines if you need more room.

Revise the log if the injury or illness progresses and the outcome is more serious than you originally recorded for the case. Cross out, erase, or white-out the original entry.

Choose ONLY ONE of these categories. Classify the case by recording the most serious outcome of the case, with column G (Death) being the most serious and column J (Other recordable cases) being the least serious.

Note whether the case involves an injury or an illness.



# 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.

Form approved OMB no. 1218-0176

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

Establishment name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Identify the person			Describe the case			Classify the case CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:					
(A) Case no.	(B) Employee's name	(C) Job title <i>(e.g., Welder)</i>	(D) Date of injury or onset of illness	(E) Where the event occurred <i>(e.g., Loading dock north end)</i>	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill <i>(e.g., Second degree burns on right forearm from acetylene torch)</i>	Death (G)	Days away from work (H)	Remained at Work		Away from work (K)	On job transfer or restriction (L)	Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
		Job transfer or restriction (I)	Other recordable cases (J)														
_____	_____	_____	____/____/____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<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"/>	____ days	____ days	<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"/>	____ days	____ days	<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"/>	____ days	____ days	<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"/>	____ days	____ days	<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"/>	____ days	____ days	<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"/>	____ days	____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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_____	_____	_____	____/____/____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<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"/>	____ days	____ days	<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"/>	____ days	____ days	<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"/>	____ days	____ days	<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"/>	____ days	____ days	<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"/>	____ days	____ days	<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"/>	____ days	____ days	<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"/>	____ days	____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Page totals</b> ➤						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

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

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

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

# Summary of Work-Related Injuries and Illnesses



All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

## Number of Cases

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

## Number of Days

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

## Injury and Illness Types

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

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

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

### Establishment information

Your establishment name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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

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

OR

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

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

Annual average number of employees \_\_\_\_\_

Total hours worked by all employees last year \_\_\_\_\_

### Sign here

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

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

Company executive \_\_\_\_\_ Title \_\_\_\_\_

( ) - / /  
 Phone Date

# Optional

## Worksheet to Help You Fill Out the Summary

At the end of the year, OSHA requires you to enter the average number of employees and the total hours worked by your employees on the summary. If you don't have these figures, you can use the information on this page to estimate the numbers you will need to enter on the Summary page at the end of the year.

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

- Add** the total number of employees your establishment paid in all pay periods during the year. Include all employees: full-time, part-time, temporary, seasonal, salaried, and hourly.
 

The number of employees paid in all pay periods = ① \_\_\_\_\_
- Count** the number of pay periods your establishment had during the year. Be sure to include any pay periods when you had no employees.
 

The number of pay periods during the year = ② \_\_\_\_\_
- Divide** the number of employees by the number of pay periods.
 

$\frac{\text{①}}{\text{②}} = \text{③}$  \_\_\_\_\_
- Round the answer** to the next highest whole number. Write the rounded number in the blank marked *Annual average number of employees*.
 

The number rounded = ④ \_\_\_\_\_

For example, Acme Construction figured its average employment this way:

For pay period...	Acme paid this number of employees...		
1	10	Number of employees paid =	830 ①
2	0		
3	15	Number of pay periods =	26 ②
4	30		
5	40	$\frac{830}{26} =$	31.92 ③
▼	▼		26
24	20	31.92 rounds to	32 ④
25	15		
26	+10	32 is the annual average number of employees	
	830		

### How to figure the total hours worked by all employees:

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

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

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

### Optional Worksheet

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

# OSHA's Form 301

## Injury and Illness Incident Report

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



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

Form approved OMB no. 1218-0176

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

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

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

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

Completed by \_\_\_\_\_

Title \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Information about the employee

1) Full name \_\_\_\_\_

2) Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

3) Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

4) Date hired \_\_\_\_/\_\_\_\_/\_\_\_\_

5)  Male

Female

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

6) Name of physician or other health care professional \_\_\_\_\_

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

Facility \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

8) Was employee treated in an emergency room?

Yes

No

9) Was employee hospitalized overnight as an in-patient?

Yes

No

### Information about the case

10) Case number from the Log \_\_\_\_\_ (Transfer the case number from the Log after you record the case.)

11) Date of injury or illness \_\_\_\_/\_\_\_\_/\_\_\_\_

12) Time employee began work \_\_\_\_\_ AM / PM

13) Time of event \_\_\_\_\_ AM / PM  Check if time cannot be determined

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

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

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

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

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

# If You Need Help...

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

▼ Visit us online at [www.osha.gov](http://www.osha.gov)

▼ Call your OSHA Regional office and ask for the recordkeeping coordinator

or

▼ Call your State Plan office

## Federal Jurisdiction

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

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

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

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

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

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

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

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

Region 9 - 415 / 975-4310

Region 10 - 206 / 553-5930  
**Idaho**

## State Plan States

Alaska - 907 / 269-4957

Arizona - 602 / 542-5795

California - 415 / 703-5100

\*Connecticut - 860 / 566-4380

Hawaii - 808 / 586-9100

Indiana - 317 / 232-2688

Iowa - 515 / 281-3661

Kentucky - 502 / 564-3070

Maryland - 410 / 767-2371

Michigan - 517 / 322-1848

Minnesota - 651 / 284-5050

Nevada - 702 / 486-9020

\*New Jersey - 609 / 984-1389

New Mexico - 505 / 827-4230

\*New York - 518 / 457-2574

North Carolina - 919 / 807-2875

Oregon - 503 / 378-3272

Puerto Rico - 787 / 754-2172

South Carolina - 803 / 734-9669

Tennessee - 615 / 741-2793

Utah - 801 / 530-6901

Vermont - 802 / 828-2765

Virginia - 804 / 786-6613

Virgin Islands - 340 / 772-1315

Washington - 360 / 902-5601

Wyoming - 307 / 777-7786

\*Public Sector only



### ***Have questions?***

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

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