Safety and Health Plan - Injury and Illness Prevention Program
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## Safety Plan Review Sign-In Sheet

**For: Safety and Health Plan – Injury and Illness Prevention Program**

Our Plan has been reviewed by:

<table>
<thead>
<tr>
<th>Reviewer’s Name (print)</th>
<th>Title</th>
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Signature of Reviewer          Date

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Sign below to indicate that you have read and reviewed the plan listed above and that you have been given the opportunity to ask questions to management to ensure a complete understanding of the employer’s plan:

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
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Safety and Health Policy – Injury and Illness Prevention Program

Management Commitment
The management of this facility recognizes that our employees are the most valuable assets of this company. We are committed to furnishing and maintaining a safe and healthful work environment for every employee.

Nothing is more important than maintaining on-the-job health and safety in every job or task we accomplish.

We firmly believe that we can perform our assigned duties while maintaining the highest standard of safety for all employees.

Responsibility
All management personnel will be responsible and accountable for maintaining safe working conditions. Training will be provided to ensure that each employee has the skills and knowledge necessary to safely perform his/her job. We will consistently support this policy and we will be responsive to each employee’s safety and health needs and concerns.

All employees will be responsible and accountable for following the guidelines outlined in this safety manual. Employees are expected to provide management with feedback or suggestions on any safety and health concerns so that they may be addressed promptly and efficiently.

Helpful internet links to more information located in RESOURCE GUIDE section.
Our Personal Safety and Health Administrator

While the overall responsibility for effective injury and illness prevention is vested in senior management, has the authority and responsibility to implement, coordinate and maintain this Safety and Health Plan.

Managers and supervisors are responsible for implementing and maintaining the Safety and Health Plan in their work areas. Work area managers are expected to be responsive to employee health and safety issues.

All employees, including managers and supervisors, are responsible for complying with safe and healthful work practices.

Compliance and Accountability for Our Safety and Health Plan

We will ensure that all employees comply with these practices by maintaining the following standards:

- We will inform all employees of the provisions of our safety and health plan
- We will evaluate the safety and health performance of all employees
- We will recognize and commend employees who perform safe and healthful work practices
- We will provide safety and health training to all employees
- We will hold all employees accountable for following safe work practices as outlined in this manual
- We will take corrective action for those who fail to comply with safe and healthful work practices

Unsafe Practice Form can be found in MASTER FORMS section.
Employee Involvement – Communicating Workplace Safety

In order to ensure a safe and healthful environment, we are all responsible for communicating in an open and supportive manner. Our communication system encourages all staff to inform their managers or supervisors about workplace hazards. Staff should not fear reprisal for communicating workplace safety concerns.

It is extremely important that all hazards be reported immediately so that they can be addressed and minimized efficiently. All work-related injuries and illnesses must be reported to your supervisor as soon as possible and, at the latest, within 24 hours of the occurrence.

To facilitate a flow of information we are committed to the following standards:

• A system for communicating with employees in a readily understandable form on matters relating to occupational safety and health will be implemented and followed

• We will provide new worker orientation including a discussion of safety and health policies and procedures for all new hires

• We will perform an initial review of our safety and health plan with all employees and conduct regularly scheduled safety meetings and discussions at the below indicated time/day/frequency

<table>
<thead>
<tr>
<th>Time/Day/Frequency</th>
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</thead>
<tbody>
<tr>
<td>We will post safety information on our bulletin board and maintain the latest required labor laws poster(s)</td>
</tr>
<tr>
<td>We will maintain a system for workers to inform management about workplace hazards that will include a system for management to receive information anonymously.</td>
</tr>
</tbody>
</table>

Employee Safety Suggestion Form can be found in MASTER FORMS section

• We will maintain a system for management to update employees on planned changes in response to their concerns or suggestions
Worksite Analysis – An Assessment of Potential Hazards

**Safety and Health Inspections and Hazard Assessments**

A periodic review of the workplace along with Hazard Assessments and analysis will be performed to identify and evaluate workplace hazards and unsafe conditions and work practices. These reviews will be performed by the Safety and Health Administrator or his/her delegate according to the following schedule:

- When we initially establish our safety and health plan
- When new substances, processes, procedures or equipment are introduced to our workplace that present a potential hazard
- When previously unidentified hazards are recognized
- When occupational injuries and illnesses occur
- Whenever workplace conditions warrant a review

Records of scheduled and periodic inspections to identify unsafe conditions and work practices will include the following information:

- Person(s) conducting the inspection
- Unsafe conditions and work practices identified
- Action taken to correct
- These records will be maintained for at least one year
Accident/Exposure Investigations
We will promptly investigate any injury or illness that is of a serious nature or could lead to a serious incident. Our purpose for investigating an accident is to determine the root cause of the incident so that future occurrence is prevented.

We will seek to answer the following five questions concerning accidents, illnesses, or exposures in our workplace:


We recognize there may be an instance when an employee not following procedure causes an accident. Our purpose for investigating is to learn from our mistakes, not to place blame. Our procedures for investigating a workplace accident include the following:

- We will interview injured workers and witnesses
- We will examine the workplace for factors associated with the accident/exposure
- We will determine the cause of the accident/exposure
- We will take corrective action to prevent the accident/exposure from reoccurring
- We will record the findings and corrective actions

Corrective Actions
Unsafe or unhealthy working conditions, practices or procedures in our workplace will be corrected in an efficient manner. We will follow these guidelines to ensure appropriate actions are taken to correct issues that contradict our safety and health plan:

- Whenever feasible, corrections will be made at the time a safety or health issue is observed or discovered
- When immediate correction cannot be made, interim protections will be provided
- If an imminent hazard is detected that cannot be immediately abated without endangering employee(s) and/or property, we will remove all exposed employees from the area except for personnel necessary for the correction. Employees who are required to correct the hazardous condition will have the necessary training and skills and will be provided with the necessary protection. If we cannot provide appropriate protection, we will evacuate all employees and wait for outside assistance.
Employee Safety and Health Training

All workers, including managers and supervisors, will receive training and instruction on this Safety and Health Plan. Our training will include:

- General and job-specific safety and health practices
- Hazard-specific issues mentioned in this manual including bloodborne pathogens, hazard communication, etc.

Safety and health training and instruction will be provided:

- When the Safety and Health Plan is first established
- To all new workers
- To all workers given new job assignments for which training has not been previously provided
- Whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard
- Whenever the employer is made aware of a new or previously unrecognized hazard
- To supervisors to familiarize them with the safety and health hazards to which workers under their immediate direction and control may be exposed
- To all workers with respect to hazards specific to each employee’s job assignment

Records of all training provided will be documented with:

- Employee name or other identifier
- Training dates
- Types of training
- Training provider
- This documentation shall be maintained for at least one year

Labor/Management Safety and Health Committee and Safety Meetings

There are individual State OSHA plans in just under one half of the states in the nation, and the remaining states are covered by Federal OSHA. States with their own OSHA plans are:

- Alaska
- Arizona
- California
- Connecticut
- Hawaii
- Illinois
- Indiana
- Iowa
- Kentucky
- Maryland
- Michigan
- Minnesota
- Nevada
- New Jersey
- New Mexico
- New York
- North Carolina
- Oregon
- Puerto Rico
- South Carolina
- Tennessee
- Utah
- Vermont
- Virgin Islands
- Virginia
- Washington
- Wyoming
Different State OSHA plans have different requirements for:

- Whether or not a Safety and Health Committee is required
- How many workers must be included in a Safety and Health Committee
- How those workers are selected
- The number of employees required to make a Safety and Health Committee mandatory, and
- How often a Safety and Health Committee must meet (monthly is a good rule)

Check with your own State OSHA plan, if applicable, to determine the rules in your particular state.

Oregon and Washington, for example, require Safety and Health Committees for employers of eleven or more employees, while Minnesota requires a Safety and Health Committee for employers of more than twenty-five employees. And some other states have rules from agencies completely separate from OSHA that also require a Safety and Health Committee. For this reason, Safety and Health Committees are considered to be a “best practice” and are strongly recommended whether or not they have been specifically mandated by law.

See the Exposure Control Plan for more discussion on training.

Although having a formal Safety and Health Committee is always considered the better practice, some states do, under certain conditions, permit using informal safety meetings in lieu of formal Safety and Health Committees. Whichever system your workplace uses, a program that meets regularly is ideal. If your workplace is in a state that permits using an informal safety meeting instead of a formal Safety and Health Committee, then indicate your choice below:

Regular Safety Meetings

- Based upon the rules in our particular state, and based upon our number of employees,
  we have elected to use informal safety meetings for regular communication on safety
  issues instead of a formal Safety and Health Committee.

  OR

- Our safety meetings will be held regularly, but not less than _____________________
  (insert specific time frame such as monthly, quarterly, or whatever may be required in your
  location. Be sure, however, that it is a commitment that your facility will be able to keep and
  one that complies with your own State OSHA plan requirements if applicable).

Sign-in-sheet can be found in MASTER FORMS section.
Safety and Health Committee

We have elected to use a formal, labor/management Safety and Health Committee that will be composed of the following individuals:

Our Safety and Health Committee will meet regularly but not less than _____________ (insert specific time frame such as monthly, quarterly, or whatever may be required in your location. Be sure, however, that it is a commitment that your facility will be able to keep and one that complies with your own State OSHA plan requirements if applicable).

We will prepare and make available to affected employees written records and minutes of the issues discussed in our S&H Committee meetings. These records will be maintained for a period of at least one year.

Our S&H Committee will review:

- Investigations of any occupational accidents or illnesses
- Results of periodic or scheduled workplace inspections
- Investigations of any hazardous conditions brought to the attention of the committee
- Safety suggestions from employees
Keeping a Record on Safety and Health

OSHA Recordkeeping

OSHA requires certain employers to maintain logs of workplace injuries and illnesses. These logs are referred to collectively as the OSHA 300 logs.

Before embarking on keeping this series of logs, however, first determine whether or not you are required to do so.

There are two categories of workplaces that are exempt from the requirement to maintain OSHA 300 logs (unless OSHA or the Bureau of Labor Statistics has specifically informed them in writing that they must keep them):

Exemptions from OSHA Recordkeeping Requirement for 300 Logs:

1. Exemptions based on the number of employees:

   If your workplace has ten or fewer employees (counting management and part-time employees as well), then your workplace is exempt from keeping the OSHA 300 logs, no matter what industry you are in and no matter what state in which your workplace is located.

   If your workplace falls into this category, then please indicate that fact by completing the next step, OSHA Records in Our Workplace (workplace of 10 or less employees) on the next page.

   If your workplace has eleven or more employees, please proceed to page 1.12.
OSHA Records in Our Workplace  
(workplace of 10 or fewer employees)

OSHA Recordkeeping Administrator               Contact Information

is responsible for maintaining our OSHA recordkeeping.

Since we employ ten or fewer employees, our facility is exempt from the requirement to maintain OSHA Injury and Illness Recordkeeping. The Occupational Safety and Health Administration does not require us to record workplace injuries or illness on the OSHA 300 series of logs.

We are committed to workplace safety and health, and we will maintain files on accident reports and investigations in addition to employee training records.

For workplaces not located in California with ten or fewer employees, this completes your Safety and Health Plan/Injury and Illness Prevention Program. Please proceed to the next safety plan.

For workplaces located in California with ten or fewer employees, please proceed to page 3.1-3.89 for information concerning the California Aerosol Transmissible Diseases Standards requirements.

For workplaces with 11 or more employees, please continue on the next page.
2. Exemptions based on the type of industry

OSHA recognizes that some workplaces are inherently more dangerous than others. Some workplaces fall into a lower risk category, and for those workplaces, even if there are more than ten employees, OSHA still exempts them from having to keep the OSHA 300 logs.

How do you find out if your industry is one of those that is exempted?

OSHA lists the industries that are exempted from OSHA 300 recordkeeping on a list called the Partially Exempt list. Please refer to the list on the next page to see if your industry or profession is one of those listed as being exempt. The list is arranged by what are called SIC (Standard Industrial Classification) codes.
**Partially Exempt Industries**

Employers, with the exception of those located in Washington, Hawaii, Minnesota, and Puerto Rico, are not required to keep OSHA 300 Series injury and illness records for any establishment classified in the following Standard Industrial Classification (SIC) codes, unless they are asked in writing to do so by OSHA, the Bureau of Labor Statistics (BLS), or a state agency operating under the authority of OSHA or the BLS. All employers, including those partially exempted by reason of company size or industry classification, must report to OSHA any workplace incident that results in a fatality or the hospitalization of three or more employees (see § 1904.39).

<table>
<thead>
<tr>
<th>SIC CODE</th>
<th>INDUSTRY DESCRIPTION</th>
<th>SIC CODE</th>
<th>INDUSTRY DESCRIPTION</th>
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<tbody>
<tr>
<td>525</td>
<td>Hardware Stores</td>
<td>725</td>
<td>Shoe Repair and Shoeshine Parlors</td>
</tr>
<tr>
<td>542</td>
<td>Meat and Fish Market</td>
<td>726</td>
<td>Funeral Service and Crematories</td>
</tr>
<tr>
<td>544</td>
<td>Candy, Nut, and Confectionery Stores</td>
<td>729</td>
<td>Miscellaneous Personal Services</td>
</tr>
<tr>
<td>545</td>
<td>Dairy Products Stores</td>
<td>731</td>
<td>Advertising Services</td>
</tr>
<tr>
<td>546</td>
<td>Retail Bakeries</td>
<td>732</td>
<td>Credit Reporting and Collection Services</td>
</tr>
<tr>
<td>549</td>
<td>Miscellaneous Food Stores</td>
<td>733</td>
<td>Mailing, Reproduction, &amp; Stenographic Services</td>
</tr>
<tr>
<td>551</td>
<td>New and Used Car Dealers</td>
<td>737</td>
<td>Computer and Data Processing Services</td>
</tr>
<tr>
<td>552</td>
<td>Used Car Dealers</td>
<td>738</td>
<td>Miscellaneous Business Services</td>
</tr>
<tr>
<td>554</td>
<td>Gasoline Service Stations</td>
<td>743</td>
<td>Upholstery and Furniture Repair</td>
</tr>
<tr>
<td>557</td>
<td>Motorcycle Dealers</td>
<td>744</td>
<td>Motion Picture</td>
</tr>
<tr>
<td>56</td>
<td>Apparel and Accessory Stores</td>
<td>745</td>
<td>Dance Studios, Schools, and Halls</td>
</tr>
<tr>
<td>573</td>
<td>Radio, Television, &amp; Computer Stores</td>
<td>746</td>
<td>Producers, Orchestras, Entertainers</td>
</tr>
<tr>
<td>58</td>
<td>Eating and Drinking Places</td>
<td>747</td>
<td>Bowling Centers</td>
</tr>
<tr>
<td>591</td>
<td>Drug Stores and Proprietary Stores</td>
<td>801</td>
<td>Offices &amp; Clinics Of Medical Doctors</td>
</tr>
<tr>
<td>592</td>
<td>Liquor Stores</td>
<td>802</td>
<td>Offices and Clinics Of Dentists</td>
</tr>
<tr>
<td>594</td>
<td>Miscellaneous Shopping Goods Stores</td>
<td>803</td>
<td>Offices of Osteopathic</td>
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<tr>
<td>60</td>
<td>Depository Institutions (banks &amp; savings institutions)</td>
<td>804</td>
<td>Offices of Other Health Practitioners</td>
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<tr>
<td>61</td>
<td>Non-depository</td>
<td>807</td>
<td>Medical and Dental Laboratories</td>
</tr>
<tr>
<td>62</td>
<td>Security and Commodity Brokers</td>
<td>809</td>
<td>Health and Allied Services, not elsewhere classified</td>
</tr>
<tr>
<td>63</td>
<td>Insurance Carriers</td>
<td>81</td>
<td>Legal Services</td>
</tr>
<tr>
<td>64</td>
<td>Insurance Agents, Brokers &amp; Services</td>
<td>82</td>
<td>Educational Services (schools, colleges, universities and libraries)</td>
</tr>
<tr>
<td>653</td>
<td>Real Estate Agents and Managers</td>
<td>832</td>
<td>Individual and Family Services</td>
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<tr>
<td>654</td>
<td>Title Abstract Offices</td>
<td>835</td>
<td>Child Day Care Services</td>
</tr>
<tr>
<td>67</td>
<td>Holding and Other Investment Offices</td>
<td>839</td>
<td>Social Services, Not Elsewhere Classified</td>
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<tr>
<td>722</td>
<td>Photographic Studios, Portrait</td>
<td>841</td>
<td>Museums and Art Galleries</td>
</tr>
<tr>
<td>723</td>
<td>Beauty Shops</td>
<td>86</td>
<td>Membership Organizations</td>
</tr>
<tr>
<td>724</td>
<td>Barber Shops</td>
<td>87</td>
<td>Engineering, Accounting, Research, Management, and Related Services</td>
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**Please Note:**
The state OSHAs of Washington, Hawaii, Minnesota, and Puerto Rico do NOT exempt medical and dental offices from the OSHA recordkeeping requirements. If your facility is located in those states or in another state with its own OSHA state plan, be sure to check for any individual state requirements.
Keeping a Record on Safety and Health

If your industry or profession appears on the Partially Exempt list, then your workplace is exempt from having to keep the OSHA 300 logs, no matter how many employees in the workplace. There is one big exception, however, to this rule.

What is the exception to the Partially Exempt rule?
The State OSHA Plans in Washington, Hawaii, Minnesota, and Puerto Rico, do not exempt healthcare practices in the 800 series of SIC codes (Offices of Medical Doctors, Physicians, Dentists, etc.), even though those professions appear on the list and are exempted in other states and by federal OSHA. If your workplace is a healthcare facility in WA, HI, MN, or PR, therefore, and you have eleven or more employees, then your workplace is not exempted, and you must keep the OSHA 300 logs. (If there are ten or fewer employees, however, the exemption based on small size still applies even in those states.)

If your workplace is a physician’s office in California, for example, and you have 50 employees, then your workplace is exempt from having to keep the OSHA 300 series of logs, because it falls into the Partially Exempt group of industries/professions.

If your workplace is a physician’s office in Hawaii, however, and you have 50 employees, then your workplace must complete the OSHA 300 series of logs, because HI does not extend the exemption to your industry/profession.

Please also keep in mind that the only exemption being presented here is the exemption from having to keep the OSHA 300 logs. All other applicable OSHA rules still apply. All employers, for example, including those exempted by reason of company size (fewer than eleven employees) or exempted by industry classification, must still report to OSHA any workplace incident that results in a fatality or the hospitalization of three or more employees. Requirements for a Hazard Communication Program, an Exposure Control Plan, annual Bloodborne Pathogens training, etc. still apply.

If your industry or profession is listed on the Partially Exempt list (except for the exceptions already noted for WA, HI, MN, or PR), then your workplace is exempt from the requirement to keep the OSHA 300 series of logs. Simply fill out the OSHA Records in Our Workplace on the next page (for partially exempt workplace), located on the following page, and unless your workplace is located in California, you may then proceed to the second safety plan in the Steri-Safe™ OSHA Compliance manual. If your workplace is located in California, please proceed to page 3.1-3.89 for information concerning the California Aerosol Transmissible Diseases Standards.
OSHA Recordkeeping Administrator is responsible for maintaining our OSHA recordkeeping.

Since our type of workplace industry/profession appears on the Partially Exempt list, and our workplace is not in HI, MN, WA, and PR, we are exempt from the requirement to maintain OSHA Injury and Illness Recordkeeping. The Occupational Safety and Health Administration does not require us to record workplace injuries or illness on the OSHA 300 series of logs.

We are committed to workplace safety and health and we will maintain files on accident reports and investigations, in addition to employee training records.

For non-California workplaces in industries/professions appearing on the Partially Exempt list (except for the exceptions noted for HI, MN, WA and PR), this completes your Safety and Health Plan/Injury and Illness Prevention Program. Please proceed to the next safety plan. For California workplaces, please proceed to page 3.1-3.89 for information concerning the California Aerosol Transmissible Diseases Standard.

If your workplace employs more than ten employees and your type of industry/profession does not appear on the Partially Exempt list, then your workplace is not exempted and is required to maintain the OSHA 300 series of logs. Please continue to the next page for information on the required recordkeeping, and then, if your workplace is located in California, proceed to page 3.1-3.89 for information on the California Aerosol Diseases Standard.
Keeping a Record on Safety and Health

OSHA 300

The Occupational Safety and Health Administration (OSHA) requires most employers to maintain a record on workplace injuries and illness.* This Recordkeeping regulation applies to all employers who employed 11 or more employees at any given time during the previous calendar year unless the employer’s industry/profession is listed on the Partially Exempt list developed by OSHA.

The forms that OSHA requires to be maintained are:

- OSHA 300 Log of Work-Related Injuries and Illnesses
- OSHA 300A Summary of Work-Related Injuries and Illnesses
- OSHA 301 Injury and Illness Incident Report

Although not required by OSHA, an Accident/Incident Report Form is also provided for your convenience for gathering additional details.

Employers must follow these requirements in maintaining an OSHA record.

1. Each year, an official representing senior management must certify the summary of the OSHA 300. The summary and certification are done with OSHA form 300A. The annual record (form 300A) must be posted from February 1st through April 30th in a place where all employees may see it.

2. Within 7 calendar days from receiving information regarding an incident, the workplace must determine whether the incident is appropriate for the record. Employers should review the criteria provided on the OSHA 300 form to make the determination.

3. To record an incident, complete the first report of injury or illness, OSHA 301 or equivalent and the OSHA log, OSHA 300. If new information is learned regarding the case, or if circumstances surrounding the case change (i.e., the case changes from “no lost time” to “lost time”), the chain of changes must be seen. Forms should be updated by crossing out the old information and adding the updates. Never use correction fluid, and don’t recopy the log.

4. See Sample Forms: OSHA’s Form 300; Log of Work-Related Injuries and Illnesses, OSHA’s Form 300A; Summary of Work-Related Injuries and Illnesses and OSHA’s Form 301; Injury and Illness Incident Report.

If your workplace is one that must keep the OSHA 300 logs, then be sure to visit http://www.osha.gov/recordkeeping/handbook/index.html to download a copy of OSHA’s Recordkeeping Handbook.

* Your facility may be exempt from certain Recordkeeping requirements. See page 1.11 for a discussion of exemptions for those workplaces with 10 or fewer employees and page 1.13 for a list of Partially Exempt industries.

Forms for the OSHA 300 Log of Work Related Injuries and Illnesses, the OSHA 300A Summary of Work-Related Injuries and Illnesses and OSHA 301 Injury and Illness Incident Report can be found in the Master Forms Section along with instructions to help you fill out the forms. Following are sample forms.
*Please note 1904.29(b)(6)-(9) mandates that certain injuries and illnesses are considered privacy concern cases. Injuries and illnesses involving intimate body parts or the reproductive system, resulting from a sexual assault, mental illnesses, HIV infection, Hepatitis or tuberculosis, needlestick injuries and cuts from sharp objects contaminated with blood or other potentially infectious material and other illnesses that an employee independently requests be left off the log. In such a case you must enter “privacy case” in the space for the employee name and keep a separate confidential list of the case numbers and names. Please see regulations for additional details.
OSHA’s Form 300 (Rev. 01/2004)

Log of Work-Related Injuries and Illnesses

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.

<table>
<thead>
<tr>
<th>Identify the person</th>
<th>Describe the case</th>
<th>Classify the case</th>
<th>Enter the number of days the injured or ill worker was:</th>
<th>Check the “Injury” column or choose one type of illness:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A) Case no.</td>
<td>(B) Employee’s name</td>
<td>(C) Job title (e.g., Welder)</td>
<td>(D) Date of injury or onset of illness (e.g., Loading dock with reef)</td>
<td>(E) Description of injury or illness, parts of body affected, and object/ substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)</td>
</tr>
<tr>
<td>1 John Smith</td>
<td>janitor</td>
<td>1/15</td>
<td>rear store room.</td>
<td>lower back injury - slipped</td>
</tr>
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</tr>
</tbody>
</table>

Page totals: 1 3

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

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

© 2010 Stericycle, Inc. Rev (1/10)
Cal/OSHA’s Form 300:
Log of Work-Related Injuries and Illnesses

*Please Note that OSHA mandates that certain injuries and illnesses are considered privacy concern cases. Injuries and illnesses involving intimate body parts or the reproductive system, resulting from a sexual assault, mental illnesses, HIV infection, Hepatitis or tuberculosis, needlestick injuries and cuts from sharp objects contaminated with blood or other potentially infectious material and other illnesses that an employee independently requests be left off the log. In such a case you must enter “privacy case” in the space for the employee name and keep a separate confidential list of the case numbers and names. Please see regulations for additional details.

California OSHA 300 Series forms may be downloaded at:
http://www.dir.ca.gov/dosh/PubOrder.asp
Cal/OSHA Form 300 (Rev. 7/2007)
Log of Work-Related Injuries and Illnesses

Year: 2010

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 report significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also report work-related injuries and illnesses that meet any of the specific recording criteria listed in CCR Title 8 Section 14300.8 through 14300.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (Cal/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 Cal/OSHA office for help.

<table>
<thead>
<tr>
<th>Case #</th>
<th>Employee’s Name</th>
<th>Job Title (e.g. welder)</th>
<th>Date of injury or onset of illness (month/day)</th>
<th>Where the event occurred (e.g. Loading dock north end)</th>
<th>Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill. (e.g. Second degree burns on right forearm from acetylene torch)</th>
<th>Days away from work</th>
<th>Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>John Smith</td>
<td>Janitor</td>
<td>1/15</td>
<td>Rear store room</td>
<td>Lower back injury - slipped.</td>
<td>3 days</td>
<td>✓</td>
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<td>2</td>
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<td>6</td>
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<td></td>
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<tr>
<td>7</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>days/</td>
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<tr>
<td>8</td>
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<td></td>
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<td></td>
<td></td>
<td>days/</td>
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<tr>
<td>9</td>
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<td></td>
<td>days/</td>
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<td>days/</td>
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<tr>
<td>11</td>
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<td></td>
<td>days/</td>
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<tr>
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<tr>
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<td></td>
<td></td>
<td>days/</td>
<td></td>
</tr>
</tbody>
</table>

NOTE: If additional pages are required, copy Page Totals to the top (row 15) of the next page.

Page Totals: 3 days

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

Summary of Work-Related Injuries and Illnesses
OSHA’s Form 300A (Rev. 01/2004)

**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

<table>
<thead>
<tr>
<th></th>
<th>Total number of cases with days away from work</th>
<th>Total number of cases with job transfer or restriction</th>
<th>Total number of other recordable cases</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>G</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>H</strong></td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>I</strong></td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>J</strong></td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Number of Days

<table>
<thead>
<tr>
<th></th>
<th>Total number of days away from work</th>
<th>Total number of days of job transfer or restriction</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>K</strong></td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td><strong>L</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Injury and Illness Types

<table>
<thead>
<tr>
<th></th>
<th>Total number of . . .</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>M</strong></td>
<td></td>
</tr>
<tr>
<td><strong>(1)</strong> Injuries</td>
<td>1</td>
</tr>
<tr>
<td><strong>(2)</strong> Skin disorders</td>
<td>0</td>
</tr>
<tr>
<td><strong>(3)</strong> Respiratory conditions</td>
<td>0</td>
</tr>
<tr>
<td><strong>(4)</strong> Poisonings</td>
<td>0</td>
</tr>
<tr>
<td><strong>(5)</strong> Hearing loss</td>
<td>0</td>
</tr>
<tr>
<td><strong>(6)</strong> All other illnesses</td>
<td>0</td>
</tr>
</tbody>
</table>

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

The 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 **

<table>
<thead>
<tr>
<th>Year establishment name</th>
<th>ABC Medical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street</td>
<td>123 Anywhere Street</td>
</tr>
<tr>
<td>City</td>
<td>Anytown</td>
</tr>
<tr>
<td>State</td>
<td>NY</td>
</tr>
<tr>
<td>ZIP</td>
<td>12345</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Industry description</th>
<th>Healthcare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Industrial Classification (SIC), if known</td>
<td>3715</td>
</tr>
<tr>
<td>OR</td>
<td></td>
</tr>
<tr>
<td>North American Industrial Classification (NAICS), if known</td>
<td>336212</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employment information</th>
</tr>
</thead>
<tbody>
<tr>
<td>(If you don’t have these figures, see the Worksheet on the back of this page to estimate.)</td>
</tr>
<tr>
<td>Annual average number of employees</td>
</tr>
<tr>
<td>Total hours worked by all employees last year</td>
</tr>
</tbody>
</table>

**Sign here**

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

[Signature]

Bob Jones

President

(555) 555-3733

1/15/10

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Cal/OSHA’s Form 300A:

*Summary of Work-Related Injuries and Illnesses*

California OSHA 300 Series forms may be downloaded at:
http://www.dir.ca.gov/dosh/PubOrder.asp
Cal/OSHA Form 300A (Rev. 7/2007)
Summary of Work-Related Injuries and Illnesses

All establishments covered by CCR Title 8 Section 14300 must complete this Annual Summary, 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 Cal/OSHA Form 300 in its entirety. They also have limited access to the Cal/OSHA Form 301 or its equivalent. See CCR Title 8 Section 14300.35, in Cal/OSHA’s recordkeeping rule, for further details on the access provisions for these forms.

**Number of Cases**

<table>
<thead>
<tr>
<th>Total number of deaths</th>
<th>Total number of cases with days away from work</th>
<th>Total number of cases with job transfer or restriction</th>
<th>Total number of other recordable cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Number of Days**

<table>
<thead>
<tr>
<th>Total number of days away from work</th>
<th>Total number of days of job transfer or restriction</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

**Injury and Illness Types**

<table>
<thead>
<tr>
<th>Total number of…</th>
<th>(M)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Injuries</td>
<td>1</td>
</tr>
<tr>
<td>(2) Skin Disorders</td>
<td>0</td>
</tr>
<tr>
<td>(3) Respiratory Conditions</td>
<td>0</td>
</tr>
<tr>
<td>(4) Poisonings</td>
<td>0</td>
</tr>
<tr>
<td>(5) Hearing loss</td>
<td>0</td>
</tr>
<tr>
<td>(6) All other illnesses</td>
<td>0</td>
</tr>
</tbody>
</table>

---

**Facility Information**

- **Establishment name:** ABC Medical
- **Street:** 123 Anywhere Street
- **City:** Anytown
- **State:** CA
- **ZIP:** 12345
- **Industry description:** Healthcare
- **Standard Industrial Classification (SIC):** 4 1 2 3
- **If known (e.g., SIC 3715):**

**Employment Information**

- **Annual average number of employees:** 12
- **Total hours worked by all employees last year:** 17,580

**Sign here**

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

**Bob Jones**

President

Company executive

Phone: (555) 555-3733

Date: 1/15/10
OSHA's Form 301:

Injury and Illness Incident Report
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.

OSHA’s Form 301
Injury and Illness Incident Report

Information about the employee
1) Full name: John Smith
2) Street: 789 Hope Avenue
City: Anytown, State NY ZIP: 12345
3) Date of birth: 04/26/65
4) Date hired: 02/15/91
5) ☑ Male
   ☐ Female

Information about the physician or other health care professional
6) Name of physician or other health care professional: Susan Baker, MD
7) If treatment was given away from the worksite, where was it given?
   Facility: White Oak Industrial Clinic
   Street: 127 Maple Blvd.
City: Anytown, State NY ZIP: 12345
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: 1
(Transfer the case number from the Log after you record the case.)
11) Date of injury or illness: 01/15/10
12) Time employee began work: 8 AM/PM
13) Time of event: 1:30 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.”
   Unloading boxes from Allied delivery.
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.”
   Employee was lifting a large box over 50 lbs. Employee tripped over packing materials and slipped, injuring his lower back.
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.” “strained back”; “chemical burn, hand”; “carpal tunnel syndrome.”
   Strained lower back
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.
   None
18) If the employee died, when did death occur? Date of death: __/__/____
Cal/OSHA’s Form 301:  
Injury and Illness Incident Report

California OSHA 300 Series forms may be downloaded at:  
http://www.dir.ca.gov/dosh/PubOrder.asp
Injury and Illness Incident Report

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 Cal/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 instructions and information asked for on this form.

According to CCR Title 8 Section 14300.33 Cal/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 ______________
3) City ______________ State ______________ Zip ______________
4) Date of birth ______________
5) Male ☐ Female ☐

Information about the physician or other healthcare professional

6) Name of physician or other healthcare professional ______________
7) Facility ______________
8) Street ______________
9) City ______________ State ______________ Zip ______________
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) Unloading boxes from Allied delivery.
16) What was the 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.
17) Strained lower back
18) If the employee died, when did death occur? Date of death ______________
Procedure for Screening Patients for Aerosol Transmissible Diseases (ATDs)

In 2009, California became the first State in the nation to develop an occupational safety and health Standard designed to prevent or minimize transmission of aerosol transmissible diseases. That Standard is the Aerosol Transmissible Diseases Standard 5199.

The ATD Standard recognizes several categories of healthcare facilities:

1. **Treating facilities** – facilities that treat patients with ATDs.

2. **Referring facilities** – facilities that do not treat patients with ATDs but instead refer them to treating facilities.

3. **Conditionally Exempt facilities** – facilities such as outpatient dental and medical specialty practices that are exempt from the requirements of the ATD Standard, provided that they comply with certain minimal requirements as presented below.

**Conditionally Exempt facilities**

Outpatient dental clinics or offices are not required to comply with the ATD Standard if they meet all of the following conditions:

A. Dental procedures are not performed on patients identified to them as ATD cases or suspected ATD cases.

B. The Injury and Illness Prevention Program includes a written procedure for screening patients for ATDs that is consistent with current guidelines issued by the Centers for Disease Control and Prevention (CDC) for infection control in dental settings, and this procedure is followed before performing any dental procedure on a patient to determine whether the patient may present an ATD exposure risk.

C. Employees have been trained in the screening procedures in accordance with the Cal OSHA section 3203 Workplace Injury and Illness Prevention Program.

D. Aerosol generating dental procedures are not performed on a patient identified through the screening procedure as presenting a possible ATD exposure risk unless a licensed physician determines that the patient does not currently have an ATD.
Outpatient medical specialty practices whose policy is not to diagnose or treat ATDs are not required to comply with the ATD Standard if they meet all of the following conditions:

A. The medical specialty practice does not perform aerosol-generating procedures on cases or suspected cases of ATD.

B. The Injury and Illness Prevention Program includes written screening procedures to identify potential ATD cases and then refer those patients for further evaluation to an appropriate medical provider.

C. Employees have been trained in the screening procedure in accordance with section 3203.

From the viewpoint of the California ATD Standard 5199 requirement as presented on the previous page, our facility is classified as:

- A treating facility, required to comply with all portions of the ATD Standard.
- A referring facility, required to comply with certain portions of the ATD Standard.
- A conditionally exempt facility.

Based on our classification into one of the above three groups, the following selection applies:

- As a facility in one of the first two categories above, please refer to either our respective ATD Exposure Control Plan, our written procedures for infection control, or our biosafety plan for full particulars about our methods of compliance with the Standard, including any screening procedures applicable for our facility. This completes our Injury and Illness Prevention Program.

- As a conditionally exempt facility that is not required to have an ATD Exposure Control Plan, please find our written procedures for screening patients for ATDs on the following page.
Conditionally Exempt Facility

Written Procedure for Screening Patients for ATDs

The ATD Standard recognizes that not all healthcare facilities are engaged in treating patients with Aerosol Transmissible Diseases. Facilities that screen their patients for aerosol transmissible diseases before undertaking treatment may choose to either defer treatment until the condition has been resolved or to refer such patients to facilities that are equipped to handle such diseases.

Screening Criteria:

It is the policy of our facility that referrals (or deferrals until signs and symptoms resolve) are provided to persons who exhibit any of the following:

1. Have a cough for more than three weeks that is not explained by non-infectious conditions

2. Exhibit signs and symptoms of a flu-like illness during March through October, the months outside of the typical period for seasonal influenza in the United States, or exhibit the signs and symptoms for longer than two weeks at any time during the year. These signs and symptoms generally include combinations of the following: coughing and other respiratory symptoms, fever, sweating, chills, muscle aches, weakness and malaise.

3. State that they have a transmissible respiratory disease, excluding the common cold and seasonal influenza.

4. State that they have been exposed to any infectious ATD case, other than seasonal influenza. Please note that the Standard states that seasonal influenza does not require referral.

Additional screening criteria:

1. For screening a coughing client with potential TB - privately ask the person

   A. if he or she has had a cough for more than three weeks?
   B. if, in addition to cough, he or she has had one or more of the following clinical symptoms of TB disease:

      - unexplained weight loss (more than 5 pounds)
      - night sweats
      - fever
      - chronic fatigue or malaise
      - coughing up blood

   A person who has had a cough for more than three weeks and has one of the other symptoms in section B above is referred to a healthcare provider for further evaluation, unless that person is already under treatment. A person with any of the above symptoms, if there is no alternative explanation, is considered for referral.
2. In addition to TB, other vaccine preventable aerosol transmissible diseases, including pertussis, measles, mumps, rubella (“German measles”) and chickenpox should be considered when non-medical personnel screen individuals in non-healthcare facilities. The following is a brief list of some findings that also prompt referral to a healthcare provider for further evaluation when identified through a screening process:

- Severe coughing spasms, especially if persistent; coughing fits may interfere with eating, drinking, and breathing.
- Fever, headache, muscle aches, tiredness, poor appetite followed by painful, swollen salivary glands, one side or both sides of face under jaw.
- Fever, chills, cough, runny nose, watery eyes associated with onset of an unexplained rash (diffuse rash or blister-type skin rash).
- Fever, headache, stiff neck, possibly mental status changes.
- Any client or patient who exhibits any of the above described findings and reports contact with individuals known to have any obvious transmissible illnesses in the past two — four weeks will be referred for prompt evaluation by a healthcare provider.
- Health officials may issue alerts for community outbreaks of other diseases. They will provide screening criteria, and people will be referred to medical providers as recommended by the applicable health officer.

Our employees receive training in the above screening procedures upon hire and prior to being placed into positions of patient contact. A sign-in form is used to record the delivery of this training, and a copy of this form is maintained for three years.
California Only Training in Aerosol Transmissible Diseases Screening Protocol Sign-In Sheet
For: Aerosol Transmissible Diseases Screening Protocol

Our ATD Screening Protocol has been reviewed by:

<table>
<thead>
<tr>
<th>Reviewer’s Name (print)</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
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Signature of Reviewer

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Sign below to indicate that you have read and received training in your facility’s ATD Screening Protocol and that you have been given the opportunity to ask questions to management to ensure a complete understanding of the screening protocol:

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<th>Title</th>
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Maintain a copy of this form for a period of three years.
California Only – facilities located outside of the State of California should not complete this section

This information is taken, with slight modification, from resources provided by Cal/OSHA at http://www.dir.ca.gov/dosh/dosh_publications/IIPP.html#30.

Documentation of Activities for California Injury and Illness Prevention Program

Essential records, including those legally required for workers’ compensation, insurance audits, and government inspections, must be maintained for as long as required.

For most employers, Cal/OSHA Standards also require that you keep records of steps taken to establish and maintain your Injury and Illness Prevention Program. Those records must include:

1. Records of scheduled and periodic inspections as required by the Standard to identify unsafe conditions and work practices. The documentation must include the name of the person(s) conducting the inspection, the unsafe conditions and work practices identified, and the action taken to correct the unsafe conditions and work practices. The records are to be maintained for at least one year. However, employers with fewer than 10 employees may elect to maintain the inspection records only until the hazard is corrected.

2. Documentation of safety and health training required by the Standard for each employee. The documentation must specifically include employee name or other identifier, training dates, type(s) of training and the name of the training provider. These records must also be kept for at least one year. The exception is that training records of employees who have worked for less than one year for the employer need not be retained beyond the term of employment if they are provided to the employee upon termination of employment.

Also, employers with fewer than 10 employees can substantially comply with the documentation provision by maintaining a log of instructions provided to the employee with respect to the hazards unique to the employee’s job assignment when first hired or assigned new duties. Some relief from documentation is available for employers with fewer than 20 employees who are working in industries that are on the Department of Industrial Relations (DIR’s) designated list of low-hazard industries, and for employers with fewer than 20 employees who are not on DIR’s list of high-hazard industries and who have a Workers’ Compensation Experience Modification Rate of 1.1 or less. For these industries, written documentation of the Injury and Illness Prevention Program may be limited to:

1. Written documentation of the identity of the person or persons with authority and responsibility for implementing the program;

2. Written documentation of scheduled periodic inspections to identify unsafe conditions and work practices; and

3. Written documentation of training and instruction.

Keeping such records fulfills your responsibilities under General Industry Safety Order 3203. It also affords an efficient means to review your current safety and health activities for better control of your operations, and to plan future improvements.
Checklist Evaluation for California Injury & Illness Prevention Program

Records of scheduled and periodic inspections are required by California’s General Industry Safety Order 3203 to identify unsafe conditions and work practices.

Be sure to conduct inspections on a periodic basis and to save your inspection checklists for Cal/OSHA inspection. A very detailed Hazard Assessment Checklist is available from Cal/OSHA at http://www.dir.ca.gov/dosh/etools/09-031/HazAssessCheck.pdf.

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<tr>
<th>Name of person conducting the inspection</th>
<th>Date of inspection</th>
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Does the written Injury and Illness Prevention Program contain the elements required by Section 3203(a)? The Stericycle Injury and Illness Prevention Program template (or online version) contains all of the required elements. If you have already completed the Stericycle Injury and Illness Prevention Program template, then answer yes to this question.

___________________________________________________________________________

Are the person or persons with authority and responsibility for implementing the program identified?

___________________________________________________________________________

Is there a system for ensuring that employees comply with safe and healthful work practices (i.e., employee incentives, training and retraining programs, and/or disciplinary measures)?

___________________________________________________________________________

Is there a system that provides communication with affected employees on occupational safety and health matters (i.e., meetings, training programs, postings, written communications, a system of anonymous notification concerning hazards and/or health and safety committees)?

___________________________________________________________________________

Does the communication system include provisions designed to encourage employees to inform the employer of hazards at the worksite without fear of reprisal?

___________________________________________________________________________

Is there a system for identifying and evaluating workplace hazards whenever new substances, processes, procedures, or equipment are introduced to the workplace and whenever the employer receives notification of a new or previously unrecognized hazard?

___________________________________________________________________________

Were workplace hazards identified when the program was first established?
Are periodic inspections for safety and health hazards scheduled?
___________________________________________________________________________

Are records kept of inspections made to identify unsafe conditions and work practices, if required?
___________________________________________________________________________

Is there an accident and near-miss investigation procedure?
___________________________________________________________________________

Are unsafe or unhealthy conditions and work practices corrected expeditiously, with the most hazardous exposures given correction priority?
___________________________________________________________________________

Are employees protected from serious or imminent hazards until they are corrected?
___________________________________________________________________________

Have employees received training in general safe and healthful work practices?
___________________________________________________________________________

Do employees know the safety and health hazards specific to their job assignments?
___________________________________________________________________________

Is training provided for all employees when the training program is first established?
___________________________________________________________________________

Are training needs of employees evaluated whenever new substances, processes, procedures, or equipment are introduced to the workplace and whenever the employer receives notification of a new or previously unrecognized hazard?
___________________________________________________________________________

Are supervisors, if any, knowledgeable of the safety and health hazards to which employees under their immediate direction and control may be exposed?
___________________________________________________________________________

Are records kept documenting safety and health training for each employee by name or other identifier, training dates, type(s) of training and training providers?

While Cal/OSHA does not require employers to establish labor-management safety and health committees, it is an option you should consider.
If there is no safety and health committee, then you may skip the following seven questions.
Does the employer have a labor-management safety and health committee?
___________________________________________________________________________

Does the committee meet at least quarterly?
___________________________________________________________________________

Is a written record of safety committee meetings distributed to affected employees and maintained for Cal/OSHA review?
___________________________________________________________________________

Does the committee review results of the periodic, scheduled worksite inspections?
___________________________________________________________________________

Does the committee review accident and near-miss investigations and, where necessary, submit suggestions for prevention of future incidents?
___________________________________________________________________________

When determined necessary by the committee, does it conduct its own inspections and investigations to assist in remedial solutions?
___________________________________________________________________________

Does the committee verify corrective action taken by the employer as specified in Cal/OSHA citations upon request of CAL/OSHA?
___________________________________________________________________________

List below any unsafe conditions and work practices identified, and the action taken to correct the unsafe conditions and work practices. Use additional paper as necessary.

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<thead>
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<th>Unsafe Conditions and Work Practices</th>
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