Appendix C to Part 1904—Decision
Tree for Recording Occupational Injuries and Illnesses

Did the employee experience an injury or illness? *

YES

Is the injury or illness work related? **

YES

Is the injury or illness a new injury or illness? ***

NO

Update the previously recorded injury or illness.

YES

Did the injury or illness result in death or loss of consciousness?

NO

Did the injury or illness result in one or more days away from work, restricted work activity, or job transfer? *

YES

Did the injury or illness require medical treatment beyond first aid?*

NO

NO

Did the injury or illness require medical treatment beyond first aid?*

YES

Is the injury or illness a recordable condition from Appendix B?

NO

NO

Do not record the injury or illness

YES

Record the injury or illness

* See Definitions

** See Definitions and Appendix A

*** See 1904.4(c)