

**Recordkeeping Violation Documentation Worksheet (blank)**

**OPTIONAL**

**RECORDKEEPING VIOLATION DOCUMENTATION WORKSHEET**

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(This Form Effective - January 1, 2002)

1. UNIQUE CASE NUMBER: \_\_\_\_\_  
 (Designate a number that will stay the same at all times. Example: OSHA-98-1, where OSHA means it was discovered by us, 98 is the year, and the numbers will be in sequence.)

2. DATE OF INJURY/ILLNESS: \_\_\_\_\_

3. WAS CASE RECORDED ON LOG? (Please check one)  
 Yes (If yes, enter log case number here \_\_\_\_\_; continue to **Table 1** then to **Table 2**)  
 No (If no, then continue to **Table 2**)

**Table 1.** If yes, copy information from columns **G** through **M** of the employer's 300 log entry.

G	H	I	J	K	L

**Table 2.** If recorded incorrectly in Table 1, or not recorded at all, correctly record here.

G	H	I	J	K	L

4. INJURY/ILLNESS INFORMATION: (From 300 Log, Items 1-5 of Column M) 1) If Injury Check here   
 If Illness, Check type: 2) Skin Disorder  3) Poisonings   
 4) Respiratory Condition  5) All Other Illnesses

5. WORK RELATIONSHIP: Describe event or exposure including placement of employee on or off premises; OSHA 301 equivalent or company accident report often provides this information. Ex: Cut finger while loading scrap metal at work; Broke arm in auto accident while driving to customer's office, develops dermatitis from cleaning parts with solvent on premises.

6. BASIS FOR RECORDABILITY: (Check all that apply and provide details in comments section below)  
 Death (D) -----  Medical Treatment beyond First Aid (MT) -----   
 Days away from work (DA) ---  A significant injury or illness diagnosed by a physician  
 Loss of consciousness (LC) -----  or other health care professional (SI) -----   
 Restricted work or transfer to another job (RT) -----  Recordable condition under 1904.8 thru 1904.12 (needlestick, TB, hearing loss, etc.) -----

7. COMMENTS: (Be specific and show all relevant information) Examples: MT-Naprosyn 440 mg BID (twice a day); DAW-RWT - give dates (9/14/02-9/21/02); SI - Aplastic Anemia from Benzene exposure

8. SUPPORTING DOCUMENTATION OR EVIDENCE: (Check all documentation used for substantiating case recordability)  
 OSHA 300 Form  Employee roster (payroll)  Medical Records/Files   
 Nurse/Doctor/Clinic logs  Insurers' accident reports  Company Accident Reports   
 Absentee Records  Company First Aid Reports  Union Records   
 Accident and Health Benefit Insurance  OSHA 301 Form or Workers' Comp. Equivalent   
 State Workers' Compensation Form  Other (Specify) \_\_\_\_\_