



Safety Recordkeeping for the Craft Brewery

Ken Anderson, CIH, CSP
VP Risk Control
USI Insurance
April 13, 2017

Agenda

- What triggers an OSHA Inspection
- OSHA Fatality and Injury Reporting Requirements
- OSHA Injury Recordkeeping Requirements
- OSHA Standards and Safety Programs that Require Documentation
- Q&A

What Triggers an OSHA Inspection?

- Imminent danger
- Fatality or severe injury
- Complaint or referral
- Programmed inspection
 - 13 National Emphasis Program
 - 140 Local/Regional Emphasis Programs
- Follow-up



OSHA Citation Penalties Increased

August 1, 2016

- Other than Serious \$7,000 to \$12,000
 - Serious \$7,000 to \$12,000
 - Willful \$70,000 to \$125,000
 - Repeat \$70,000 to \$125,000
-
- 2014, OSHA collected \$143.6 million
 - Adjusted by Act equals \$261.4

OSHA Inspections - Breweries

- 272 OSHA inspections of breweries since January 1, 2010
- 14 already in 2017
- 46 in 2016
- 62 in 2015
- Reported serious injury database since January 1, 2015
 - 10 injuries in breweries (under reported??)
- Inspection information is public record

Brewery OSHA Inspections

Citations

1114028.015	12/22/2015	1054191	OR	Complaint	Partial	312120	3
1110834.015	12/08/2015	1054113	OR	Planned	Complete	312120	3
1107701.015	11/23/2015	1054113	OR	Planned	Complete	312120	2
1100814.015	10/23/2015	0523300	WI	Complaint	Partial	312120	2
1100625.015	10/20/2015	0523300	WI	Referral	Partial	312120	2
1098138.015	10/14/2015	0950632	CA	Accident	Partial	312120	4
1098205.015	10/13/2015	0352430	MD	Referral	Partial	312120	9

Injury Reporting Requirements

Expanded reporting requirements

The rule expands the list of severe work-related injuries and illnesses that **all covered employers** must report to OSHA.

Starting January 1, 2015 employers **must report** the following to OSHA:

- **All work-related fatalities within 8 hours (same as current requirement)**
- All work-related in-patient hospitalizations of one or more employees within 24 hours
- All work-related amputations within 24 hours
- All work-related losses of an eye within 24 hours

Injury Reporting Requirements

- Provisions That Did Not Change:
- Do not need to report fatalities, amputations & hospitalizations that occur as a result of over the road traffic accidents (unless in a work zone)
- Admission for observation does not make a case reportable
- Do need to report fatal heart attacks

Injury Reporting Requirements

How can employers report to OSHA?

- By telephone to the nearest OSHA office during normal business hours.
- By telephone to the 24-hour OSHA hotline (1-800-321-OSHA or 1-800-321-6742).
- Online: OSHA is developing a new means of reporting events electronically, which will be available soon at www.osha.gov/report_online.

Injury Recordkeeping Requirements

Recordkeeping Exemptions

- **The new rule retains the exemption for any firm with ten or fewer employees, regardless of their industry classification, from the requirement to routinely keep injury records.**
- **Reminder: All employers, even those exempt from recordkeeping requirements, must report a work-related fatality, in-patient hospitalization, amputation, or loss of an eye to OSHA.**

Brief Tutorial on Completing the OSHA Injury Recordkeeping Forms

A review of the recordkeeping requirements and forms at a high level:

- Requirement to complete the forms and evaluate specific exceptions
- The forms in OSHA's recordkeeping package
- Recordability criteria for injuries and illnesses
- Recording injuries/illnesses on the forms

What forms must be completed?

- **OSHA Form 300** – Log of Work-Related Injuries and Illnesses
 - **OSHA Form 301** – Injury and Illness Incident Report
 - **OSHA Form 300A** – Summary of Work-Related Injuries and Illnesses
-
- Not required if <10 employees

What cases need to be recorded on the forms?

- Injuries and illnesses
- Work related
- Meet certain severity criteria
- Not necessarily based on workers compensation status

What are the severity criteria for recording a work-related injury or illness?


- Death
- Loss of consciousness
- Days away from work
- Restricted work activity or job transfer
- Medical treatment beyond first aid

(Prescription medication = recordable)

First Aid Treatments

- Non-prescription medication
- Tetanus immunizations
- Cleaning, flushing, soaking wounds
- Wound coverings (band-aids, butterfly)
- Hot or cold therapy
- Non-rigid supports (wraps, elastic bandage)
- Temporary immobilization devices (splints)
- Drilling fingernails and toenails
- Eye patches
- Simple removal of foreign bodies from the eye
- Simple removal of splinters
- Finger guards
- Massages
- Drinking fluids for heat stress

OSHA Form 300: Recording Injuries (Keep up to date within 7 days of injury)

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 <input type="text"/> U.S. Department of Labor Occupational Safety and Health Administration									
You must record information 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 1904.8 through 1904.12. Feel free to use two								Form approved OMB no. 1218-0176													
Establishment name <input type="text"/>																					
City <input type="text"/>								State <input type="text"/>													
Identify the person		Describe the case		Classify the case																	
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) 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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case: Death Days away from work Remained at work Job transfer / restriction Other recordable cases (G) (H) (I) (J)				Enter the number of days the injured or ill worker was: Away From Work (days) On job transfer or restriction (days) (K) (L)		Check the "injury" column or choose one type of illness: (M) Injury Skin Disorder Respiratory Condition Poisoning Hearing Loss All other illnesses: (1) (2) (3) (4) (5) (6)									
1	Mark Bagin	Welder	5/25	basement	fell from ladder	<input checked="" type="checkbox"/>									<input checked="" type="checkbox"/>						
2	Shana Alexander	Foundry man	7/2	pouring dock	poisoning from lead fumes		<input checked="" type="checkbox"/>					12							<input checked="" type="checkbox"/>		
3	Sam Sander	Electrician	8/5	2nd floor storeroom	sprained left foot, fell over box				<input checked="" type="checkbox"/>				10								
4	Ralph Boccella	Laborer	9/17	packaging department	back strain lifting a box		<input checked="" type="checkbox"/>					5	14								
5	Jarrood Daniels	Machine operator	10/23	production floor	dust in eye				<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>						

(For a list of specific treatments considered to be first aid, see section [1904.7\(b\)\(5\)](#) [PDF].)

OSHA Form 301: Injury and Illness Incident Report

(State first report of injury may suffice)

OSHA's Form 301 Injury and Illness Incident Report		Attention: This form contains information about 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.
<p>This <i>Injury and Illness Incident Report</i> is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the <i>Log of Work-Related Injuries and Illnesses</i> and the accompanying <i>Summary</i>, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.</p> <p>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.</p> <p>According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep</p>	<p>Information about the employee</p> <p>1) Full name _____</p> <p>2) Street _____</p> <p>City _____ State _____ ZIP _____</p> <p>3) Date of birth ____/____/____</p> <p>4) Date hired ____/____/____</p> <p>5) <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Information about the physician or other health care professional</p> <p>6) Name of physician or other health care professional _____</p>	<p>Information about the case</p> <p>10) Case number from the Log _____</p> <p>11) Date of injury or illness ____/____/____</p> <p>12) Time employee began work _____</p> <p>13) Time of event _____</p> <p>14) What was the employee doing just before the injury or illness? "Worker was using tools, equipment, or material the employee was carrying roofing materials"; "spraying"</p> <p>15) What happened? Tell us how the injury or illness happened. "Worker fell 20 feet"; "Worker was sprayed with paint and developed soreness in wrist over time."</p>

OSHA 300A: Summary of Work-Related Injuries and Illnesses

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20____
U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OMB no. 1218-0176

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

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

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

Number of Cases

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

Number of Days

Total number of days 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 _____

NAICS Code
312120

Keep the Forms on File

- File and update for 5 years
- Do not send copies to OSHA unless asked to do so
 - Electronic reporting beginning 2017 for employers with >250 employees or in certain high hazard industries
- Allow access to the records

(For details on access provisions, see section [1904.35](#) [PDF] and [1904.40](#) [PDF].)

Compliance assistance materials

How do I fill out the OSHA 300 log?

For directions and training on how to keep the log, visit

<https://www.osha.gov/recordkeeping/>

<https://www.osha.gov/recordkeeping/tutorial.html>

OSHA Form 300: Recording a Case with Medical Treatment beyond First Aid

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:
U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OSHA no. 329-0276

You must record information 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 1904.8 through 1904.12. Feel free to use two.

Establishment name:
City: State:

Identify the person: (A) ☐ (B) ☐ (C) ☐ (D) ☐ (E) ☐ (F) ☐
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 employee was lost from work.

Check the " Injury " column or check the " Illness " column.

OSHA Form 300: Recording a Fatality

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:
U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OSHA no. 329-0276

You must record information 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 1904.8 through 1904.12. Feel free to use two.

Establishment name:
City: State:


Identify the person: (A) ☐ (B) ☐ (C) ☐ (D) ☐ (E) ☐ (F) ☐
Describe the case:
Classify the case:

Brief Tutorial on Completing the OSHA Recordkeeping Forms

"It's easy and beneficial."
"It's important and required."

Because this presentation includes voiceover narration, it is best experienced using audio speakers or headphones.

If links or attachments from this presentation fail to launch, add the presentation url to the allowed web addresses in your pop-up blocker settings.



Safety Recordkeeping - Overview

- What does “Documentation” Mean?
- What does “Certification” Mean?
- Common OSHA standards requiring documentation
- Maintenance/Retention of Records
- Exposure and Medical Records
- Tips on Record Maintenance



“Older” vs. “Newer” Standards

- Older Standards
 - Require Inspections
 - Don't Require Certification or Documentation
 - 1910.27(f): Ladder Inspection
- Newer Standards
 - Require Inspections
 - Require Certification of Requirements
 - 1910.147: Lockout / Tagout
 - Written Procedures
 - Periodic Inspection Certification
 - Training Certification



Why Maintain Documents?

- “If it isn’t written, it didn’t happen”
 - Example: Verbal Warnings, training, hazard assessment
- Evidence of:
 - What Was Done/Covered
 - When It Was Done
 - Who Was There
 - Who Was Coordinating/Training

How Do I Know What Documents Are Required?

- OSHA Standards
 - 1910:General Industry
- Documents Required
 - Written Programs & Procedures
 - Inspections & Program Reviews
 - Certifications
 - Training
 - Industrial Hygiene Monitoring / Exposure Records / Medical Records
 - Assessments / Hazard Evaluations

Occupational Safety & Health Administration

A to Z Index Contact Us FAQs Newsroom About OSHA Wllaf s New

Worker Rights

Anti-Retaliation

Regulations

Employers

Data & Statistics

Enforcement

Training

Publications

Hazards

En Espaíol



Reducing Workers' Exposures to Seasonal Flu Virus

IN FOCUS

4,679 workers died on the job in 2014

en español

Know Your Rights!

Learn more

8/08/2015 FL Michael Casino killed in fall during food preparation.

Fatality Reports

H II H

"No one should have to sacrifice their life for their livelihood, because a nation built on the dignity of work

Seasonal Flu

Chemical Management

Protecting Young Workers

Filing a Complaint

Reporting Fatalities & Severe Injuries

HOW TO...

- File a complaint
- Get a FREE OSHA poster
- Get information on reporting severe work related injuries, illnesses and fatalities to OSHA
- Get information on recordkeeping & reporting requirements

Common OSHA Standards (requiring documentation)

- List is NOT Complete:
 - 1904: Injury & Illness Log
 - 1910.38 & .39: Emergency Action & Fire Plan
 - 1910.95: Hearing Conservation / Noise
 - 1910.119: Process Safety Management (PSM)
 - 1910.120: Emergency Response -HAZWOPER
 - 1910.132: Personal Protective Equipment- PPE
 - 1910.134: Respiratory Protection Program
 - 1910.146: Permit-Required Confined Spaces

Common OSHA Standards (requiring documentation)

- 1910.147: Lockout - Tagout
- 1910.157: Portable Fire Extinguishers
- 1910.178: Powered Industrial Trucks
- 1910.179: Overhead and Gantry Cranes
- 1910.1200: Hazard Communication

Emergency Action and Fire Prevention 1910.39&39

- Written program to document procedures (<10 employees verbal exception)
 - How to report emergency List of fire hazards
 - Evacuation procedures Procedures for flammable materials
 - Accounting for employees Maintenance of safeguards to prevent fire
 - Rescue or medical duties
- Emergency communication process
- Employee training

Good resource is OSHA expert advisor, www.osha.gov

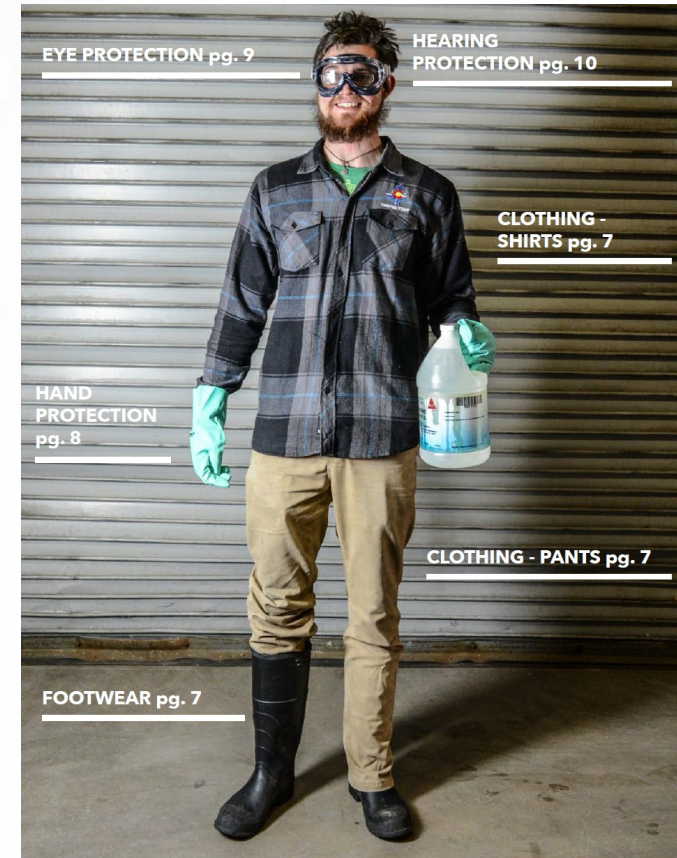
Noise: 1910.95

- Written hearing conservation program (if exposures >85 dBA)
- Exposure measurements
 - Sound level meter or dosimeter readings
- Employee training
- Audiograms
 - Employee Info
 - Testing equipment information
 - Retain for duration of affected employee's employment



Personal Protective Equipment 1910.132(d)

- Written program
- Verify that the required workplace hazard assessment has been performed:
 - Written Certification
 - Identifies the workplace evaluated;
 - Person certifying evaluation has been performed;
 - Date(s) of the hazard assessment; and,
 - Identify the document as a certification of hazard assessment



Personal Protective Equipment

- Verify that each affected employee has received and understood the required training:
 - Written Certification
 - Name of each employee trained,
 - Date(s) of training, and
 - Identifies the subject of the certification.

Respiratory Protection 1910.134

- Written Respiratory Protection Program
 - Assessment of hazards
 - Selection of respirators
 - Medical evaluation
 - Fit Testing
 - Procedures for use
 - Cleaning and inspection
- Medical certification
- Employee training records



Permit-Required Confined Spaces: 1910.146

- Written confined space program
- Inventory and classification of spaces
- Procedures for entry
- Written permit system:
 - Cancelled entry permits
 - Retained for One Year
- Alternative entry procedures
 - Certify safe entry under (c)(5) or (c)(7)
 - Duration of the entry
- Training certification Instrument calibrations
- First Aid/ CPR training certification



LOCKOUT / TAGOUT 1910.147

- Written program
- Specific written procedures:
 - Machine specific: Step-by-Step
- Certification of periodic inspection
 - Machine or group of machines
 - Date of the inspection
 - Employee(s) utilizing the procedure
 - Authorized person performing inspection
- Certification of training
 - Employee name
 - Date of training



Fire Extinguisher Inspections

- Need monthly visual inspection
- CAN BE documented on backside of tag

FIRE EXTINGUISHER INSPECTION RECORD

Last Hydro. Test or Purchase Date: _____
Inspection good for one year from date shown.

INSPECTION RECORD	
Date	Initials

Consult extinguisher instructions for service recommendations. Contact service company.



Powered Industrial Trucks – 1910.178

- Written program
- Training and certification for operators
- Recertification and retraining – every 3 years or after incident
- Other records
 - Maintenance records
 - Daily or pre-use inspections
 - Manufacturer approved modifications – example man lift platform

Access To Exposure & Medical Records

- Exposure records
 - (M)SDS
 - Industrial hygiene monitoring
- Medical Records
 - Medical surveillance results
 - Written medical opinions

Access To Exposure & Medical Records 1910.1020

- Retention Time:
 - Unless specified in a “vertical” standard – may be different
 - "Employee medical records." The medical record for each employee shall be preserved and maintained for at least the duration of employment plus thirty (30) years, except that the following types of records need not be retained for any specified period:
 - The medical records of employees who have worked for less than (1) year for the employer need not be retained beyond the term of employment if they are provided to the employee upon the termination of employment.
 - "Employee exposure records." Each employee exposure record shall be preserved and maintained for at least thirty (30) years

BLOODBORNE PATHOGENS 1910.1030

- Written exposure control plan
 - Reviewed at least annually
 - with input from non-management employees
- Training
 - Date(s)
 - Content or Summary
 - Names and Qualifications of Trainer
 - Names and Titles of Attendees
 - Retained for 3 Years
- Training materials
- Sharps log—Can be incorporated into 300 Log

Hazard Communication 1910.1200

- Written program
 - Inventory listing
 - (M)SDS
 - Labeling
 - Training
- (M)SDS: (Material) Safety Data Sheets
 - 30 years after you stop using it, or retain other record of use



Posting Requirements

- OSHA Job Safety & Health Poster
- OSHA – 300A: Feb. 1 – April 30
- Noise Standard
- Access to Information (Can be Posted)
- “Employer shall make readily available...”
- How to Access Exposure & Medical Records
- Standards and Appendices: Expanded Health



Other Documentation - Recommended

- These types of documents may be requested by OSHA during an inspection but you may not choose to provide unless they help your case
 - Disciplinary actions
 - Incident investigations
 - Self-inspections/audits and corrective actions
 - Insurance carrier audits and reports
 - Safety committee meeting agenda and minutes
 - Workers compensation loss runs

Sources of Help

- BA SSC BMPs and lessons learned
- MBAA Safety program templates
- OSHA website
- OSHA consultation program
- Workers compensation carrier
- Insurance broker

Three beer glasses are shown in a row. The leftmost glass contains a dark brown beer with a thick white head of foam. The middle glass contains a medium brown beer with a thick white head of foam. The rightmost glass contains a light golden beer with a thick white head of foam. The word "Questions?" is centered over the middle glass.

Questions?