

## Initial and Biennial RHC & EP Training Quiz

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

1. Who is the Medical Director of the clinic?  
\_\_\_\_\_
2. Where can you find the Emergency Preparedness Policy and Procedures?  
\_\_\_\_\_  
\_\_\_\_\_
3. If a patient checks in, but a provider has yet to arrive, what is the protocol?  
\_\_\_\_\_
4. Describe how a life-threatening medical emergency is handled.  
\_\_\_\_\_  
\_\_\_\_\_
5. How is a life-threatening medical emergency handled a provider is not yet onsite?  
\_\_\_\_\_  
\_\_\_\_\_
6. If you smelled smoke, what would you do?  
\_\_\_\_\_
7. Who decides when to evacuate the clinic?  
\_\_\_\_\_
8. Who is in charge in case of an emergency? What if that person is not here?  
\_\_\_\_\_  
\_\_\_\_\_
9. Where can you find a list of contact information for all clinic staff?  
\_\_\_\_\_
10. Do we have a list of contacts for all local, state, and federal EMA contacts? Where is it located?  
\_\_\_\_\_  
\_\_\_\_\_
11. Where are the clinic evacuation maps located?  
\_\_\_\_\_
12. Describe how multi-dose vials and single-dose vials are to be stored, labeled, and administered?  
\_\_\_\_\_  
\_\_\_\_\_
13. Where are the sample medication logs located?  
\_\_\_\_\_
14. Who is responsible for destroying expired sample medications?  
\_\_\_\_\_
15. How are expired sample medications disposed of?  
\_\_\_\_\_  
\_\_\_\_\_
16. Do you know where the clinic's organizational chart is located?  
\_\_\_\_\_
17. Who is your direct supervisor?  
\_\_\_\_\_
18. Do you know the clinic's delegations of authority? Who do you report to if your supervisor or the Office Manager is absent?  
\_\_\_\_\_  
\_\_\_\_\_
19. Who is the first person you should report emergency events to?  
\_\_\_\_\_  
\_\_\_\_\_
20. What is the clinic's handwashing policy?  
\_\_\_\_\_  
\_\_\_\_\_

**NAME OF CLINIC**

**Required Emergency Preparedness Training**

NAME OF CLINIC participates in the Rural Health Clinic program (PL 95-210) which requires our medical practice to meet certain standards or conditions to continue our participation in the program. On November 16, 2016 new standards regarding Emergency Preparedness were finalized and require our clinic to do certain procedures to comply with these new regulations.

NAME OF CLINIC **must develop and maintain an emergency preparedness plan** that is reviewed and updated biennially on a **documented community and facility-based risk assessment** utilizing an all-hazards approach. We are required to develop policy and procedures implementing the Emergency plan **including procedures to shelter in place patients and staff and protect the privacy of patients under HIPAA regulations during an emergency.**

NAME OF CLINIC is required to develop a **Communication plan to help coordinate emergency responses that must be updated biennially.** This will require use to obtain and update your personal contact information each year which you can do by completing the contact information request in this document and dating the response.

**We are required to implement initial and biennial training and annual testing program for our employees on Emergency Preparedness and document this training for review by the RHC inspectors. We are NOT required to use the same more rigid standards that state and local emergency management agencies are held to (HSEEP),** but must develop an effective training and testing program within the constraints of our resources. During this training session we will review the procedures for a Fire Emergency, Severe Weather Plan, other common emergencies, and our Emergency Evacuation Plan.

We are required to annually test our Emergency Preparedness system by participating in a documented drill each year. **One could be a community-based full-scale exercise, or it could be either a full-scale or Tabletop exercise. If a community-based full-scale exercise is not available, we may substitute and individual facility-based drill instead.** As with all these processes, we must thoroughly document these exercises with signature pages for all participants and including any documents from the drills in our Emergency Preparedness manual. Many local, state, and community resources are available to help conduct these drills and you can find links for these resources at <http://www.ruralhealthclinic.com/emergency-preparedness>.

We have included an Emergency Preparedness Test that documents your understanding of the program. Please reread the bold underlined items as they will be on the test. You must score an 80% on the test or you will be required to take the test again. Thank you for your service to our clinic and our patients. Please complete the following request for contact information and date the form.

Name	Position	Telephone	Email	Address

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

# NAME OF CLINIC

## Emergency Preparedness - Initial Training

Please answer each question related to Emergency Preparedness, sign, and turn in for Grading. Each person must score 80% or higher.

1. \_\_\_\_\_ True or False? RHCs must develop and maintain an emergency preparedness plan that is reviewed and updated biennially?
2. \_\_\_\_\_ True or False. The clinic has specific instructions to evacuate the clinic in case of emergencies which can be found in the Emergency Preparedness Policy and Procedure Manual
3. \_\_\_\_\_ True or False? Health Insurance Portability and Accountability Act (HIPAA) Privacy requirements are followed in emergencies although the clinic may tell Incident commanders or Emergency officials if a patient is located at the clinic.
4. \_\_\_\_\_ True or False? When assessing compliance with emergency training and testing requirements, the surveyor should review personnel or training records to verify that all staff completed initial and annual training.
5. \_\_\_\_\_ True or False? Rural Health Clinics are required to participate in two drills every year to test the emergency preparedness system and document the participation of these drills in the Emergency Preparedness Policy and Procedure Manual.
6. \_\_\_\_\_ True or False? Emergency Preparedness is a condition of participation and RHCs must comply to participate in the rural health program. Failure to comply could result in removal from the RHC program.
7. \_\_\_\_\_ True or False? RHCs are required to develop and maintain an emergency preparedness training and testing program based on the standards set forth by state and local emergency management agencies (HSEEP)
8. \_\_\_\_\_ True or False? RHCs are required to develop a communication plan to support coordination of patient care within the facility, across health care providers, with state and local public health departments and emergency management agencies, and with systems to protect patient health and safety in the event of a disaster.
9. How often must an RHC review and update their communication plan contact information?
  - a. Monthly
  - b. Biennially
  - c. Annually
  - d. Only when there are staff changes
10. \_\_\_\_\_ True or False? RHCs are required to develop policies and procedures for patients and staff to shelter in place during an emergency; however, RHCs are not required to maintain supplies for several days as a hospital or nursing home would.

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_ Score \_\_\_\_\_

Emergency Preparedness - Initial Training Testing  
Answer Key for Test

1. True
2. True
3. True
4. True
5. False (only 1 drill effective November 29, 2019)
6. True
7. False (RHCs are not held to HSEEP standards, but must test the system annually)
8. True
9. b. (Effective 11/29/2019)
10. True

Answers are based upon the Emergency Preparedness Basic Surveyor course developed by CMS.  
See Link provided below:

[https://surveyortraining.cms.hhs.gov/pubs/EPlayer.aspx?cid=0CMSEmPrep\\_ONL&sid=4ffb83eb-ce51-e711-9524-0e63451df8f4&sv=1&pid=1#0](https://surveyortraining.cms.hhs.gov/pubs/EPlayer.aspx?cid=0CMSEmPrep_ONL&sid=4ffb83eb-ce51-e711-9524-0e63451df8f4&sv=1&pid=1#0)

## OSHA for Healthcare Workers Test

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. What minimal personal protective equipment (PPE) must always be worn when contact with blood, mucus membranes, other potentially infectious materials, and non-intact skin is anticipated?
  - a. Gloves
  - b. Goggles
  - c. Gown
  - d. Mask
2. Hepatitis C has what percentage risk of infection after a needlestick?
  - a. 1.1%
  - b. 0.8%
  - c. 11%
  - d. 1.8%
3. How can you prevent back injury?
  - a. Bend from the waist to pick up an object
  - b. Get help with heavy objects
  - c. Keep feet close together when lifting
  - d. Reach for objects above your head
4. Are you at risk for exposure to bloodborne pathogens?
  - a. Yes
  - b. No
  - c. Yes, when I don't wear gloves
  - d. Yes, only if the patient shows symptoms
5. HIV has what risk of infections after a needlestick?
  - a. 1 in 3,000
  - b. 3 in 1,000
  - c. 10 in 3,000
  - d. 3 in 3,000
6. Standard precautions:
  - a. Protect healthcare workers
  - b. Are used in care of all patients
  - c. Use hand hygiene and appropriate PPE
  - d. All of the Above
7. Who is responsible for disinfecting and decontaminating work surfaces and/or instruments?
  - a. Patients before they exit the exam room
  - b. Site Manager for hazard control
  - c. Cleaning crew
  - d. Each employee
8. Virex TB and Cavi-wipes are used for what purpose?
  - a. Cleansing injection site on patient
  - b. Antibacterial hand wipes
  - c. Cleaning agents for exam rooms and equipment
  - d. Clinical grade hygiene aids

9. Hep B can survive in dried blood on environmental surfaces or contaminated needles and instruments for
- a. 1 day
  - b. 1 week to 10 days
  - c. 1 hour
  - d. 1 month
10. What is the proper PPE that must be worn when using chemicals that may cause splash, splatter, or mist?
- a. Gloves, face protection, and a gown
  - b. Double gloves
  - c. Gloves and foot covering
  - d. None if the face is turned away from the chemical

Answers:

- 1. D
- 2. D
- 3. B
- 4. A
- 5. A
- 6. D
- 7. D
- 8. C
- 9. B
- 10. A

## Test for HIPAA Course

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

- 1) What is HIPAA?
  - a. The federal rules for Medicare Payments
  - b. The federal standards for the protection of health information
  - c. The rules for Medicaid Payments
  - d. The state rules for Medicaid
- 2) What does the Privacy Rule do?
  - a. The privacy rule limits the use and disclosure of protected information that is available to the patient.
  - b. The privacy rule prohibits the use and disclosure of protected information to law enforcement.
  - c. The privacy rule addresses the use and disclosure of an individual's health information.
  - d. The privacy rule limits the use of living wills.
- 3) Who is not covered by the Privacy Rule?
  - a. Health plans
  - b. Health providers
  - c. Business associates
  - d. Family members
- 4) Which of the following is not individually identifiable information?
  - a. The individual's past, present, or future physical or mental health or condition
  - b. The provision of health care to the individual
  - c. The past, present, or future payment for the provision of health care to the individual
  - d. Employment records that the covered entity maintains in its capacity as an employer
- 5) The "Covered Entity" may use or disclose protected health information when:
  - a. The individual who is subject of the information (or the individual's personal representative) authorizes in writing
  - b. The information is requested by a family member
  - c. The information is requested by the spouse
- 6) If the patient refuses to allow the agency to share his patient information with family members the agency can refuse to provide services for this patient.
  - a. True
  - b. False
- 7) The maximum disclosure accounting period is:
  - a. One year immediately preceding the accounting request
  - b. Two years immediately preceding the accounting request
  - c. Four years immediately preceding the accounting request
  - d. Six years immediately preceding the accounting request
- 8) Individuals have the right to request that a cover entity restrict use of disclosure of protected health information.
  - a. True
  - b. False

- 9) The covered entity must accept all requests by the patient for restrictions to the release of the patient information – no exceptions.
- True
  - False
- 10) The individual may request that the “protected” information on file be changed.
- True
  - False
- 11) The covered entity must accept the changes requested.
- True
  - False
- 12) Workers’ Compensation is not entitled to the protected information unless approved by the patient.
- True
  - False
- 13) The Privacy Rule requires that every risk or incidental use of disclosure of protected information be eliminated.
- True
  - False
- 14) Under no circumstance can the covered entity disclose protected health information
- True
  - False
- 15) The covered entity must post the privacy rules in a prominent place easily seen by the patients.
- True
  - False
- 16) The covered entity must have all of the following except:
- Privacy policies
  - Workforce training and management policies
  - Mitigation procedure
  - Employee personnel policies
- 17) A legally authorized personal representative is authorized to make healthcare decisions on an individual’s behalf.
- True
  - False
- 18) It is allowable to speak about patients if names and/or identifiable information is not used.
- True
  - False
- 19) The Privacy Rule gives the right to all but which of the following:
- To ask, see, and obtain a copy of the patient’s health records
  - To have corrections added to the patient’s health information
  - To receive notice that informs the patient how their health information may be used and shared
  - To ask to see and obtain a copy of a spouse’s health records
- 20) In order to do their job well, a nurse must make reasonable efforts to use, disclose, and request the maximum amount of protected health information needed to accomplish the intended purpose of the use, disclosure, or request.
- True
  - False



## Test for HIPAA Course (Answers)

- 1) B
- 2) C
- 3) D
- 4) D
- 5) A
- 6) False
- 7) D
- 8) True
- 9) False
- 10) True
- 11) False
- 12) False
- 13) False
- 14) False
- 15) True
- 16) D
- 17) True
- 18) False
- 19) D
- 20) False

## Infection Control Training Test

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Standard Precautions are used:
  - a. On patients with infections
  - b. On all patients in our clinic
  - c. None of the above
2. The "Chain of Infection" involves:
  - a. The organism itself (bacteria, virus, parasite, or fungus)
  - b. Mode of transmission and mode of entry
  - c. Amount of organism present
  - d. Susceptibility of the "host"
  - e. All of the above
3. The most important factor in deciding if one of our patients needs precautions beyond Standard Precautions is:
  - a. The patient's diagnosis
  - b. The risk of transmission
  - c. What the hospital was doing
4. You can protect yourself from transmission of Hepatitis B, Hepatitis C, and HIV by:
  - a. Using Standard Precautions
  - b. Appropriate use of PPE and Engineered Safety Devices
  - c. Having accurate information about Bloodborne Pathogens
  - d. All of the above
5. Hand Hygiene is a vital part of Infection Control because:
  - a. The most common mode of transmission of germs is via hands.
  - b. There is an increase in the number of infections acquired in health care
  - c. Anti-microbial resistance is increasing
  - d. All of the above
6. Handwashing is to be done to decontaminate hands when:
  - a. Hands are visibly soiled or dirty
  - b. Working with patients with C Diff (*Clostridium difficile*)
  - c. Working with patients with undiagnosed causes for their diarrhea
  - d. All of the above
7. Ways to prevent the spread of the skin infection MRSA in the general community include:
  - a. Frequent handwashing and hand hygiene
  - b. Keep infected skin lesions covered with clean, dry bandages
  - c. Avoiding skin contact with others until lesions are healed
  - d. Limited sharing of personal items (i.e. towels, clothes, sports equipment)
  - e. All of the above
8. Good "cough etiquette" means covering your nose and mouth when coughing and sneezing; disposing of tissue immediately and washing hands thoroughly  

True    False
9. It is okay to come to work when you're sick and infectious because our clinic's mission is more important than anything  

True    False

Answers:

1. B
2. E
3. B
4. D
5. D
6. D
7. D
8. T
9. F

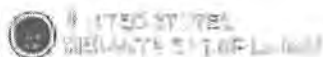
## Medical Hazardous Waste Test

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

- 1) Municipal solid waste may be mixed with Regulated Medical Waste (RMW).
  - a. True
  - b. False
- 2) The only regulated agency that is concerned with RMW is the "Occupational Safety and Health Administration (OSHA)."
  - a. True
  - b. False
- 3) No cauterizers or batteries may be placed in RMW receptacles including Sharps Containers.
  - a. True
  - b. False
- 4) RMW must be placed in containers that are closeable.
  - a. True
  - b. False
- 5) Sharps Containers must be located no more than 50 feet from the immediate area where the sharp is used.
  - a. True
  - b. False
- 6) Weight limitations stated on transport containers must never be exceeded.
  - a. True
  - b. False
- 7) Controlled substances may not be discarded in RMW receptacles.
  - a. True
  - b. False
- 8) Hazardous waste may be placed in RMW receptacles if it is placed in a Sharps Container.
  - a. True
  - b. False
- 9) Federal OSHA provides a good general definition of regulated waste, but individual states may have their own particular definition.
  - a. True
  - b. False
- 10) Pathological waste and trace chemo waste are not considered to be RMW.
  - a. True
  - b. False

Medical Hazardous Waste Test (Answers)

- 1) F
- 2) F
- 3) T
- 4) T
- 5) F
- 6) T
- 7) T
- 8) F
- 9) T
- 10) F



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**Alert:** Due to routine maintenance on the OSHA website, some pages may be temporarily unavailable. To report an emergency, file a complaint with OSHA or ask a safety and health question, call 1-800-321-6742 (OSHA).

## Medical & Dental Offices

A Guide to Compliance with OSHA Standards  
OSHA 3187-09R  
2003



The mission of the Occupational Safety and Health Administration (OSHA) is to save lives, prevent injuries, and protect the health of America's workers. As part of the Department of Labor, OSHA and the states that operate OSHA-approved state plans establish guidelines and standards to promote worker safety and health that apply to every workplace in the United States, including medical and dental offices.

This brochure provides only a glimpse of the most frequently found hazards in medical and dental offices. Many other standards may apply. This information should not be used as a substitute for reading and becoming familiar with all applicable OSHA standards. As an employer, it is up to you to follow up and obtain the full text of the OSHA standards, all of which are available on the OSHA website at [www.osha.gov](http://www.osha.gov) or by calling our toll free number (800) 321-OSHA (6742). Most OSHA materials are available at no charge.

The following requirements include those that normally apply to medical and dental offices, whether there are 2 or 200 employees. Additional OSHA standards may apply to some offices. The complete text of the regulations can be found in Title 29 of the Code of Federal Regulations (29 CFR).

### Bloodborne Pathogens Standard (29 CFR 1910.1030)

This is the most frequently requested and referenced OSHA standard affecting medical and dental offices. Some basic requirements of the OSHA Bloodborne Pathogens standard include:

- A written exposure control plan, to be updated annually
- Use of universal precautions
- Consideration, implementation, and use of safer, engineered needles and sharps
- Use of engineering and work practice controls and appropriate personal protective equipment (gloves, face and eye protection, gowns)
- Hepatitis B vaccine provided to exposed employees at no cost
- Medical follow-up in the event of an "exposure incident"
- Use of labels or color-coding for items such as sharps disposal boxes and containers for regulated waste, contaminated laundry, and certain specimens.
- Employee training.
- Proper containment of all regulated waste.

### Hazard Communication (29 CFR 1910.1200)

The hazard communication standard is sometimes called the "employee right-to-know" standard. It requires employee access to hazard information. The basic requirements include:

- A written hazard communication program
- A list of hazardous chemicals (such as alcohol, disinfectants, anesthetic agents, sterilants, mercury) used or stored in the office.
- A copy of the Material Safety Data Sheet (MSDS) for each chemical (obtained from the manufacturer) used or stored in the office
- Employee training

### Ionizing Radiation (29 CFR 1910.1096)

This standard applies to facilities that have an x-ray machine and requires the following:

- A survey of the types of radiation used in the facility, including x-rays
- Restricted areas to limit employee exposures
- Employees working in restricted areas must wear personal radiation monitors such as film badges or pocket dosimeters
- Rooms and equipment may need to be labeled and equipped with caution signs

### Exit Routes

(29 CFR Subpart E 1910.35, 1910.36, 1910.37, and 1910.38 and 1910.39)

These standards include the requirements for providing safe and accessible building exits in case of fire or other emergency. It is important to become familiar with the full text of these standards because they provide details about signage and other issues. OSHA consultation services can help or your insurance company or local fire/police service may be able to assist you. The basic responsibilities include:

- Exit routes sufficient for the number of employees in any occupied space
- A diagram of evacuation routes posted in a visible location.

### Electrical

(Subpart S-Electrical 29 CFR 1910.301 to 29 CFR 1910.399)

These standards address electrical safety requirements to safeguard employees. OSHA electrical standards apply to electrical equipment and wiring in hazardous locations. If you use flammable gases, you may need special wiring and equipment installation. In addition to reading the full text of the OSHA standard, you should check with your insurance company or local fire department, or request an OSHA consultation for help.

### OSHA Poster

Every workplace must display the OSHA poster (OSHA Publication 3165), or the state plan equivalent. The poster explains worker rights to a safe workplace and how to file a complaint. The poster must be placed where employees will see it. You can download a copy or order one free copy from OSHA's web site at [www.osha.gov](http://www.osha.gov) or by calling (800) 321-OSHA.



**OSHA**

**You Have a Right to a Safe and Healthy Workplace.**

**IT'S THE LAW!**

1. OSHA sets and enforces workplace safety and health standards.
2. OSHA inspects workplaces to make sure they are safe and healthy.
3. OSHA investigates complaints and reports of workplace safety and health problems.
4. OSHA issues citations and orders to correct unsafe and unhealthy conditions.
5. OSHA can issue fines and penalties for unsafe and unhealthy conditions.
6. OSHA can issue stop-work orders if a workplace is so unsafe that it could cause death or serious injury.
7. OSHA can sue employers in court to get them to follow the law.
8. OSHA can sue employers to get them to pay for the costs of a workplace safety and health program.
9. OSHA can sue employers to get them to pay for the costs of a workplace safety and health program.
10. OSHA can sue employers to get them to pay for the costs of a workplace safety and health program.

**1-800-321-OSHA**  
OSHA

#### Reporting Occupational Injuries and Illnesses (29 CFR 1904)

Medical and dental offices are currently exempt from maintaining an official log of reportable injuries and illnesses (OSHA Form 300) under the federal OSHA recordkeeping rule, although they may be required to maintain records in some state plan states. If you are in a state plan state, contact your state plan directly for more information. All employers, including medical and dental offices, must report any work-related fatality or the hospitalization of three or more employees in a single incident to the nearest OSHA office. Call (800) 321-OSHA or your state plan for assistance.

#### Helpful Resources

OSHA makes every effort to make information about its regulatory requirements readily available to the public. The full text for each standard in this brochure is available on the OSHA website at [www.osha.gov](http://www.osha.gov). You can search for a specific subject by using the alphabetic index near the top of the home page or by clicking on Laws and Regulations under Compliance Assistance, then clicking on OSHA Regulations (Standards-29CFR).

A new OSHA publication, *Model Plans and Programs for the OSHA Bloodborne Pathogens and Hazard Communications Standards*, contains models of these two important documents that can be tailored to your business or office. Request Publication 3186-06N to receive this helpful resource. Information on other areas of interest or concern, such as compressed gases, may be obtained by calling OSHA.

The OSHA toll-free number is (800) 321-OSHA. Operators will direct the caller to the appropriate federal or state plan office to request a consultation, file a complaint, report a fatality, provide telephone numbers to OSHA offices and the OSHA-approved state plan programs. They also take orders for OSHA publications.

Department of Labor | Primary & Safety Standards | Construction | Education/Trade Skill Workers | OSHA-USA

U.S. Department of Labor | Occupational Safety & Health Administration | 200 Constitution Ave., NW, Washington, DC 20210  
Telephone: 800-321-OSHA (6742) | TTY:

[www.OSHA.gov](http://www.OSHA.gov)

# REGULATION CHECKLIST FOR MEDICAL AND DENTAL OFFICES

PRESENTED BY



A Confidential Consulting Service by The University of Alabama

The University of Alabama ♦ College of Continuing Studies ♦ 205/348-7136  
Box 870388 ♦ Martha Parham West ♦ Tuscaloosa, Alabama 35487-0388  
1-800-452-5928 ♦ FAX (205)348-9286

Updated 7/23/07



## REGULATION CHECKLIST FOR MEDICAL AND DENTAL CLINICS

### I. Bloodborne Pathogens (1910.1030) - Overview

- 1. Written Exposure Control Plan Describing:
  - a. Who has "occupational exposure"
  - b. Clinic's methods of compliance
    - i. Universal Precautions policy for clinic
    - ii. Engineering and work practice controls for worksite
    - iii. Personal protective equipment, manner of use
    - iv. Medical provisions - HBV vaccinations and post-exposure evaluation/follow-up
    - v. Communication of hazards - training and labeling
    - vi. Recordkeeping
  - c. Annually updated and available to employee.
  - d. Documented annually consideration of commercially available devices
  - e. Name of non-management employees who have direct patient care and their solicited comments.
- 2. Engineering Controls and Safe Work Practices
  - a. Engineering - example: Sharps containers, cleaning devices, self-sheathing needles, etc.
  - b. Work Practice - OSHA required and site/practice-specific
  - c. Handwashing policies and facilities, eyewash recommended
  - d. Contaminated sharps - Minimal handling, disposable where feasible
  - e. Food/drink/cosmetics - Prohibited where any exposure may occur
  - f. Specimens securely containerized
  - g. Serviceable equipment - Decontaminate or label as Biohazard
- 3. Personal Protective Equipment (PPE)
  - a. Gloves, gowns, aprons, goggles, shields, masks, head/foot covers
  - b. Employer laundering, disposal — remove before leaving work
  - c. Decontaminate utility gloving
- 4. Housekeeping Practices
  - a. Written schedule - Describe decontamination areas, process
  - b. Appropriate disinfectants for contaminated surfaces
  - c. Protective coverings
  - d. Broken glass cleanup procedures
  - e. Procedures for reusable sharps
- 5. Regulated Waste and Contaminated Laundry
  - a. Approved containers for sharps and other regulated waste
  - b. Disposal in accordance with local, state regulations
  - c. Laundry procedures - PPE, containerization, minimal handling

d. Notify laundry service, if used

6. Medical Provisions

- a. HBV vaccinations within 10 days after assignment to duties involving occupational exposure to blood or OPIM
- b. Post-exposure follow-up
  - i. Evaluation of exposure incidents
  - ii. Determination of serological status of source
  - iii. Medical follow up
- c. Confidential medical files - Duration of employment + 30 years

7. Biohazard Communication

- a. Biohazard labeling
- b. Information and training upon initial assignment
- c. Training records - 3 years
- d. Sharps injury log (if applicable)

II. Chemical Hazard Communication (1910.1200) - Overview

1. Written Program describing:

- a. How employer determines which materials are hazardous
- b. In a list form, what hazardous chemicals are in facility
- c. How hazards of non-routine tasks are communicated
- d. Hazards in unlabeled pipes
- e. Information provided to outside contractors
- f. Description of labeling system used
- g. How Material Safety Data Sheets (MSDS) are obtained, maintained
- h. Training program for employees
- i. Hazard Communication Standard

2. Material Safety Data Sheets (MSDS) Required for Hazardous Substances

- a. Exempted are drugs as defined by FDA in pill or tablet form and consumer items if use is consistent with normal consumer use

3. Hazard Labeling - Unless already labeled by some other regulatory agency.

4. Employee Training and Information

III. Tuberculosis (TB) - Proposed OSHA Standard (1910.1035)

- 1. Covered High Risk Employers - Hospitals, nursing homes, correctional centers, hospices, homeless shelters, drug abuse centers, labs, workers in high risk settings (example: AFB isolation), EMS services, home health or hospice care

- \_\_\_\_\_ 2. Limited compliance if no TB cases in past 12 months, no services to suspect or confirmed infectious persons, and low rate of TB in the community (as described in proposed standard)
- \_\_\_\_\_ 2. Covered employers must have:
  - a. Exposure Control Plan
  - b. Work Practice and Engineering Controls
  - c. Respiratory Protection (see also 1910.139)
  - d. Medical Surveillance
  - e. Hazard Communication and Training
  - f. Recordkeeping
- IV. \_\_\_\_\_ Personal Protective Equipment (1910.132 to .138) - Certified written assessment of workplace hazards which require PPE, including training
- V. \_\_\_\_\_ Comprehensive Chemical Standards - Formaldehyde, Ethylene Oxide, Asbestos (example: building materials), etc.
- VI. \_\_\_\_\_ Laboratory Standard (1910.1450)
- VII. \_\_\_\_\_ Air Contaminants (1910.1000) - Mercury, nitrous oxide, gluteraldehyde, etc.
- VIII. \_\_\_\_\_ Radiation Safety (1910.1096) - Monitoring exposed workers (x-ray), compliance with state requirements
- IX. \_\_\_\_\_ Employee Access to Medical Records (1910.1020)
- X. \_\_\_\_\_ Emergency Action Plan (1910.38)
- XI. \_\_\_\_\_ Emergency Exit Signs (1910.37)
- XII. \_\_\_\_\_ Emergency Lighting
- XIII. \_\_\_\_\_ Electrical Components Properly Grounded (1910.301 to .309)
- XIV. \_\_\_\_\_ Abrasive Wheel Guarding (1910.215) - Bench Grinders
- XV. \_\_\_\_\_ Fire Extinguishers and Employee Training (1910.157)
- XVI. \_\_\_\_\_ OSHA Illness and Injury Log (1904.2) - Eleven or more employees
- XVII. \_\_\_\_\_ OSHA Poster (1903.2)
- XVIII. \_\_\_\_\_ General Duty Clause [5(a)(1)]

NOTE : Other regulations may apply, depending on the type of work performed in facility.

# OSHA Forms for Recording Work-Related Injuries and Illnesses

## Dear Employer:

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

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

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

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

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

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

## What's Inside...

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

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

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



# An Overview: Recording Work-Related Injuries and Illnesses

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

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

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

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

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

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

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

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

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

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

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

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

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

## What are the additional criteria?

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

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

## What is medical treatment?

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

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

## What do you need to do?

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

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

## How to work with the Log

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





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

#### What is first aid?

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

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

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

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

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

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

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

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

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

- ▼ an injury or illness to an intimate body part or to the reproductive system,
- ▼ an injury or illness resulting from a sexual assault,
- ▼ a mental illness,
- ▼ a case of HIV infection, hepatitis, or tuberculosis,
- ▼ a needlestick injury or cut from a sharp object that is contaminated with blood or other potentially infectious material (see 29 CFR Part 1904.8 for definition), and
- ▼ other illnesses, if the employee independently and voluntarily requests that his or her name not be entered on the log. You must not enter the employee's name on the OSHA 300 Log for these cases. Instead, enter "privacy case" in the space normally used for the employee's name. You must keep a separate, confidential list of the case numbers and employee names for the establishment's privacy concern cases so that you can update the cases and provide information to the government if asked to do so.

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

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

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

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

#### Classifying injuries

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

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

## Classifying illnesses

### **Skin diseases or disorders**

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

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

### **Respiratory conditions**

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

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

### **Poisoning**

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

*Examples:* Poisoning by lead, mercury,

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

### **Hearing Loss**

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

### **All other illnesses**

All other occupational illnesses.

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

## When must you post the Summary?

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

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

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

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

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

## How can we help you?

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

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

## Optional

# Calculating Injury and Illness Incidence Rates

### What is an incidence rate?

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

### How do you calculate an incidence rate?

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

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

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

(H) on the OSHA Form 300A.

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

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

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

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

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

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

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

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

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

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

### Worksheet

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

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





# How to Fill Out the Log

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

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

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

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

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

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

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

Year 20 2004  
 U.S. Department of Labor  
 Occupational Safety and Health Administration  
 OSHA Form 300-100 (Rev. 01/2004)

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. First list the work area for a single case if you record it. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment XYZ Company  
 City Anytown State AA

Identify the person		Describe the case				Classify the case				Enter the number of days the injured or ill worker was out of work		Check the "Injury" column or "Illness" type of illness																
(A) Case no.	(B) Employee's name	(C) Job title (e.g., title)	(D) Date of injury or onset of illness	(E) Where the work occurred (e.g., building and room)	(F) Describe injury or illness, parts of body affected, and object or substance that directly injured or made person ill  (e.g., hand saw, hole in roof joist, rain water)	Death	Days away from work	Job transfer or restriction	Medical treatment beyond first aid	Loss of consciousness	Other recordable case	None	1-3	4-7	8-14	15-30	31-60	61-90	91-120	121-180	181-270	271-360	361-450	451-540	541-630	631-720	721-810	811-900
1	Mark High	Welder	5-29	basement	scissors, left arm and left leg, fell from ladder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	21														
2	Shawn Alexander	Factory worker	7-22	assembly	poisonous drink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		30	45													
3	Sam Sanders	Electrician	8-15	3rd floor	wireless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	10														
4	Ralph Daniels	Assembler	9-17	production	falling object	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
5	Jared Daniels	Machine op.	10-23	production	production floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																

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

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

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

Note whether the case involves an injury or an illness.

# Log of Work-Related Injuries and Illnesses

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

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

Establishment name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

Identify the person			Describe the case			Classify the case				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness						
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(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:				Away from work (K)	On job transfer or restriction (L)	(M)						
						Remained at Work						Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Fracture (5)	All other (6)	
						Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)	Days (K)	Days (L)							
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

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

# Summary of Work-Related Injuries and Illnesses

Year 20\_\_



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

Form approved OMB no. 1218-0126

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
(S)	(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 38 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Responses are not required in response to the collection of information unless it displays a currently valid OMB control number. If you have any comments about this estimate or any other aspect of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3044, 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., Manufacturer 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, use 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 \_\_\_\_\_ / \_\_\_\_\_  
\_\_\_\_\_ / \_\_\_\_\_  
\_\_\_\_\_ / \_\_\_\_\_

## Optional

# Worksheet to Help You Fill Out the Summary

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

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

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

The number of employees paid in all pay periods = ① \_\_\_\_\_

- 2 Count the number of pay periods your establishment had during the year. Be sure to include any pay periods when you had no employees.

The number of pay periods during the year = ② \_\_\_\_\_

- 3 Divide the number of employees by the number of pay periods.

$\frac{\text{①}}{\text{②}} = \text{③}$  \_\_\_\_\_

- 4 Round the answer to the next highest whole number. Write the rounded number in the blank marked *Annual average number of employees*.

The number rounded = ④ \_\_\_\_\_

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

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

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

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

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

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

### Optional Worksheet

\_\_\_\_\_ Find the number of full-time employees in your establishment for the year.

X \_\_\_\_\_ Multiply by the number of work hours for a full-time employee in a year.

\_\_\_\_\_ This is the number of full-time hours worked.

+ \_\_\_\_\_ Add the number of any overtime hours as well as the hours worked by other employees (part-time, temporary, seasonal)

\_\_\_\_\_ Round the answer to the next highest whole number. Write the rounded number in the blank marked *Total hours worked by all employees last year*.



# OSHA's Form 301 Injury and Illness Incident Report

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



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

Form approved OMB no. 1218-0176

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

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

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

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

Completed by \_\_\_\_\_  
Title \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_-\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Information about the employee

- 1) Full name \_\_\_\_\_
- 2) Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
- 3) Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_
- 4) Date hired \_\_\_\_/\_\_\_\_/\_\_\_\_
- 5)  Male  
 Female

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

- 6) Name of physician or other health care professional \_\_\_\_\_  
\_\_\_\_\_
- 7) If treatment was given away from the worksite, where was it given?  
Facility \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
- 8) Was employee treated in an emergency room?  
 Yes  
 No
- 9) Was employee hospitalized overnight as an in-patient?  
 Yes  
 No

### Information about the case

- 10) Case number from the Log \_\_\_\_\_ (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness \_\_\_\_/\_\_\_\_/\_\_\_\_
- 12) Time employee began work \_\_\_\_\_ AM / PM
- 13) Time of event \_\_\_\_\_ AM / PM  Check if time cannot be determined
- 14) What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
- 15) What happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
- 16) What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
- 17) What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.
- 18) If the employee died, when did the death occur? Date of death \_\_\_\_/\_\_\_\_/\_\_\_\_

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and reviewing the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate or any other aspect of this data collection, including suggestions for reducing this burden, contact: U.S. 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.

## If You Need Help...

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

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

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

or

▼ Call your State Plan office

### Federal Jurisdiction

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

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

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

Region 4 - 404 / 562-2306  
*Alabama; Florida; Georgia; Mississippi*

Region 5 - 512 / 353-2220  
*Illinois; Ohio; Wisconsin*

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

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

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

Region 9 - 415 / 975-4310

Region 10 - 206 / 553-5930  
*Idaho*

### State Plan States

Alaska - 907 / 269-4957

Arizona - 602 / 542-5795

California - 415 / 703-5100

\*Connecticut - 860 / 566-4980

Hawaii - 808 / 586-9100

Indiana - 317 / 232-2688

Iowa - 515 / 281-3661

Kentucky - 502 / 564-3070

Maryland - 410 / 527-4465

Michigan - 517 / 322-1848

Minnesota - 651 / 284-5050

Nevada - 702 / 486-9028

\*New Jersey - 609 / 984-1389

New Mexico - 505 / 827-4230

\*New York - 518 / 457-2574

North Carolina - 919 / 807-2875

Oregon - 503 / 378-3272

Puerto Rico - 787 / 754-2172

South Carolina - 803 / 734-9669

Tennessee - 615 / 741-2793

Utah - 801 / 530-6901

Vermont - 802 / 828-2765

Virginia - 804 / 786-6613

Virgin Islands - 340 / 772-1315

Washington - 360 / 902-5554

Wyoming - 307 / 777-7786

\*Public Sector only





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

### **Have questions?**

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

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

# EXIT

# OSHA FACT SHEET

## Emergency Exit Routes

How would you escape from your workplace in an emergency? Do you know where all the exits are in case your first choice is too crowded? Are you sure the doors will be unlocked and that the exit access, such as a hallway, will not be blocked during a fire, explosion, or other crisis? Knowing the answers to these questions could keep you safe during an emergency.

### What is an *exit route*?

An *exit route* is a continuous and unobstructed path of exit travel from any point within a workplace to a place of safety. An *exit route* consists of three parts:

- *Exit access* – portion of an *exit route* that leads to an exit.
- *Exit* – portion of an *exit route* that is generally separated from other areas to provide a protected way of travel to the *exit discharge*.
- *Exit discharge* – part of the *exit route* that leads directly outside or to a street, walkway, refuge area, public way, or open space with access to the outside.

### How many *exit routes* must a workplace have?

Normally, a workplace must have at least two *exit routes* to permit prompt evacuation of employees and other building occupants during an emergency. More than two exits are required, however, if the number of employees, size of the building, or arrangement of the workplace will not allow employees to evacuate safely. *Exit routes* must be located as far away as practical from each other in case one is blocked by fire or smoke.

*Exception:* If the number of employees, the size of the building, its occupancy, or the arrangement of the workplace allows all employees to evacuate safely during an emergency, one *exit route* is permitted.

### What are some other design and construction requirements for *exit routes*?

- *Exit routes* must be permanent parts of the workplace.

- *Exit discharges* must lead directly outside or to a street, walkway, refuge area, public way, or open space with access to the outside. These *exit discharge* areas must be large enough to accommodate the building occupants likely to use the *exit route*.
- *Exit stairs* that continue beyond the level on which the *exit discharge* is located must be interrupted at that level by doors, partitions, or other effective means that clearly indicate the direction of travel leading to the *exit discharge*.
- *Exit route* doors must be unlocked from the inside. They must be free of devices or alarms that could restrict use of the *exit route* if the device or alarm fails.
- Side-hinged exit doors must be used to connect rooms to *exit routes*. These doors must swing out in the direction of exit travel if the room is to be occupied by more than 50 people or if the room is a high-hazard area.
- *Exit routes* must support the maximum permitted occupant load for each floor served, and the capacity of an *exit route* may not decrease in the direction of *exit route* travel to the *exit discharge*.
- Ceilings of *exit routes* must be at least 7 feet, 6 inches high.
- An exit access must be at least 28 inches wide at all points. Where there is only one exit access leading to an exit or exit discharge, the width of the exit and exit discharge must be at least equal to the width of the exit access. Objects that project into the exit must not reduce its width.
- Outdoor *exit routes* are permitted but must meet the minimum height and width requirement for indoor *exit routes* and must
  - have guardrails to protect unenclosed sides if a fall hazard exists;
  - be covered if snow or ice is likely to accumulate, unless the employer can demonstrate accumulations will be removed before a slipping hazard exists;
  - be reasonably straight and have smooth, solid, substantially level walkways; and
  - not have a dead-end longer than 20 feet.



## What are the requirements for exits?

- *Exits* must be separated by fire resistant materials—that is, one-hour fire-resistance rating if the exit connects three or fewer stories and two-hour fire-resistance rating if the exit connects more than three floors.
- *Exits* are permitted to have only those openings necessary to allow access to the *exit* from occupied areas of the workplace or to the *exit discharge*. Openings must be protected by a self-closing, approved *fire door* that remains closed or automatically closes in an emergency.

## What are the maintenance, safeguarding, and operational features for exit routes?

OSHA standards require employers to do the following:

- Keep *exit routes* free of explosive or highly flammable furnishings and other decorations.
- Arrange *exit routes* so employees will not have to travel toward a high-hazard area unless the path of travel is effectively shielded from the high-hazard area.
- Ensure that *exit routes* are unobstructed such as by materials, equipment, locked doors, or dead-end corridors.
- Ensure that safeguards designed to protect employees during an emergency remain in good working order.
- Provide lighting for *exit routes* adequate for employees with normal vision.
- Keep *exit route* doors free of decorations or signs that obscure the visibility of *exit route doors*.
- Post signs along the *exit access* indicating the direction of travel to the nearest *exit* and *exit discharge* if that direction is not immediately apparent. Also, the line-of-sight to an exit sign must be clearly visible at all times.
- Mark doors or passages along an *exit access* that could be mistaken for an *exit* "Not an Exit" or with a sign identifying its use (such as "Closet").
- Install "EXIT" signs in plainly legible letters.
- Renew fire-retardant paints or solutions often enough to maintain their fire-retardant properties.
- Maintain *exit routes* during construction, repairs, or alterations.
- Provide an emergency alarm system to alert employees, unless employees can promptly see or smell a fire or other hazard in time to provide adequate warning to them.

## Are employers required to have emergency action plans?

If you have *10 or fewer employees*, you may communicate your plan orally. If you have *more than 10 employees*, however, your plan must be written, kept in the workplace, and available for employee review. Although employers are required to have an emergency action plan (EAP) only when the applicable OSHA standard requires it, OSHA strongly recommends that all employers have an EAP. Here are the OSHA standards that require EAP's:

- Process Safety Management of Highly Hazardous Chemicals - 1910.119
- Fixed Extinguishing Systems, General - 1910.160
- Fire Detection Systems, 1910.164
- Grain Handling - 1910.272
- Ethylene Oxide - 1910.1047
- Methylenedianiline - 1910.1050
- 1,3-Butadiene - 1910.1051

## What are the minimum elements of an emergency action plan?

- Procedures for reporting fires and other emergencies.
- Procedures for emergency evacuation, including the type of evacuation and *exit route* assignments.
- Procedures for employees who stay behind to continue critical plant operations.
- Procedures to account for all employees after evacuation.
- Procedures for employees performing rescue or medical duties.
- Name or job title of employees to contact for detailed plan information.
- Alarm system to alert workers.

In addition, you must designate and train employees to assist in a safe and orderly evacuation of other employees. You must also review the emergency action plan with each employee covered when the following occur:

- Plan is developed or an employee is assigned initially to a job.
- Employee's responsibilities under the plan changes.
- Plan is changed.

## Must all employers have fire prevention plans?

If you have *10 or fewer employees*, you may communicate your plan orally. If you have *more than 10 employees*, however, your plan must be written, kept in the workplace, and available for employee review. Although employers are only required to have a fire prevention plan (FPP) when the applicable OSHA standard requires it, OSHA strongly recommends that all employers have a fire prevention plan (FPP). The following OSHA standards require FPPs:

- Ethylene Oxide, 1910.1047
- Methylenedianiline - 1910.1050
- 1,3-Butadiene - 1910.1051

## Here are the minimum provisions of a fire prevention plan:

- List of all major fire hazards, proper handling and storage procedures for hazardous materials, potential ignition sources and their control, and the type of fire protection equipment necessary to control each major hazard.
- Procedures to control accumulations of flammable and combustible waste materials.
- Procedures for regular maintenance of safeguards installed on heat-producing equipment to prevent the accidental ignition of combustible materials.
- Name or job title of employees responsible for maintaining equipment to prevent or control sources of ignition or fires.
- Name or job title of employees responsible for the control of fuel source hazards.

In addition, when you assign employees to a job, you must inform them of any fire hazards they may be exposed to. You must also review with each employee those parts of the fire prevention plan necessary for self-protection.

## How can I get more information on safety and health?

For more detail on exit routes and related standards see *Exit Routes, Emergency Action Plans, and Fire Prevention Plans* in *Title 29 of the Code of Federal Regulations (CFR)* 1910.33-39; and OSHA Directive CPL 2-1.037, *Compliance Policy for Emergency Action Plans and Fire Prevention Plans*. In addition, employers who comply with the exit route provisions of the National Fire Protection Association's 101-2000, *Life Safety Code*, will be considered in compliance with the OSHA requirements for exit routes.

OSHA has various publications, standards, technical assistance, and compliance tools to help you, and offers extensive assistance through workplace consultation, voluntary protection programs, strategic partnerships, alliances, state plans, grants, training, and education. OSHA's *Safety and Health Program Management Guidelines* (54 *Federal Register* 3904-3916, 1/26/89) detail elements critical to the development of a successful safety and health management system. This and other information are available on OSHA's website.

- For one free copy of OSHA publications, send a self-addressed mailing label to OSHA Publications Office, 200 Constitution Avenue N.W., N-3101, Washington, DC 20210; or send a request to our fax at (202) 693-2498, or call us toll-free at (800) 321-OSHA.
- To order OSHA publications online at [www.osha.gov](http://www.osha.gov), go to **Publications** and follow the instructions for ordering.
- To file a complaint by phone, report an emergency, or get OSHA advice, assistance, or products, contact your nearest OSHA office under the U.S. Department of Labor listing in your phone book, or call toll-free at (800) 321-OSHA (6742). The teletypewriter (TTY) number is (877) 889-5627.
- To file a complaint online or obtain more information on OSHA federal and state programs, visit OSHA's website.

This is one in a series of informational fact sheets highlighting OSHA programs, policies, or standards. It does not impose any new compliance requirements. For a comprehensive list of compliance requirements of OSHA standards or regulations, refer to *Title 29 of the Code of Federal Regulations*. This information will be made available to sensory-impaired individuals upon request. The voice phone is (202) 693-1999. See also OSHA's website at [www.osha.gov](http://www.osha.gov).

# EXIT

# OSHA FACT Sheet

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- be reasonably straight and have smooth, solid, substantially level walkways; and

- not have a dead-end longer than 20 feet.

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- Install "EXIT" signs in plainly legible letters.
- Renew fire-retardant paints or solutions often enough to maintain their fire-retardant properties.
- Maintain *exit routes* during construction, repairs, or alterations.
- Provide an emergency alarm system to alert employees, unless employees can promptly see or smell a fire or other hazard in time to provide adequate warning to them.

## Are employers required to have emergency action plans?

If you have *10 or fewer employees*, you may communicate your plan orally. If you have *more than 10 employees*, however, your plan must be written, kept in the workplace, and available for employee review. Although employers are required to have an emergency action plan (EAP) only when the applicable OSHA standard requires it, OSHA strongly recommends that all employers have an EAP. Here are the OSHA standards that require EAP's:

- Process Safety Management of Highly Hazardous Chemicals - 1910.119
- Fixed Extinguishing Systems, General - 1910.160
- Fire Detection Systems, 1910.164
- Grain Handling - 1910.272
- Ethylene Oxide - 1910.1047
- Methylenedianiline - 1910.1050
- 1,3-Butadiene - 1910.1051

## What are the minimum elements of an emergency action plan?

- Procedures for reporting fires and other emergencies.
- Procedures for emergency evacuation, including the type of evacuation and *exit route* assignments.
- Procedures for employees who stay behind to continue critical plant operations.
- Procedures to account for all employees after evacuation.
- Procedures for employees performing rescue or medical duties.
- Name or job title of employees to contact for detailed plan information.
- Alarm system to alert workers.

In addition, you must designate and train employees to assist in a safe and orderly evacuation of other employees. You must also review the emergency action plan with each employee covered when the following occur:

- Plan is developed or an employee is assigned initially to a job.
- Employee's responsibilities under the plan changes.
- Plan is changed.

### Must all employers have fire prevention plans?

If you have *10 or fewer employees*, you may communicate your plan orally. If you have *more than 10 employees*, however, your plan must be written, kept in the workplace, and available for employee review. Although employers are only required to have a fire prevention plan (FPP) when the applicable OSHA standard requires it, OSHA strongly recommends that all employers have a fire prevention plan (FPP). The following OSHA standards require FPPs:

- Ethylene Oxide, 1910.1047
- Methylenedianiline - 1910.1050
- 1,3-Butadiene - 1910.1051

### Here are the minimum provisions of a fire prevention plan:

- List of all major fire hazards, proper handling and storage procedures for hazardous materials, potential ignition sources and their control, and the type of fire protection equipment necessary to control each major hazard.
- Procedures to control accumulations of flammable and combustible waste materials.
- Procedures for regular maintenance of safeguards installed on heat-producing equipment to prevent the accidental ignition of combustible materials.
- Name or job title of employees responsible for maintaining equipment to prevent or control sources of ignition or fires.
- Name or job title of employees responsible for the control of fuel source hazards.

In addition, when you assign employees to a job, you must inform them of any fire hazards they may be exposed to. You must also review with each employee those parts of the fire prevention plan necessary for self-protection.

### How can I get more information on safety and health?

For more detail on exit routes and related standards see *Exit Routes, Emergency Action Plans, and Fire Prevention Plans in Title 29 of the Code of Federal Regulations (CFR)* 1910.33-39; and OSHA Directive CPL 2-1.037, *Compliance Policy for Emergency Action Plans and Fire Prevention Plans*. In addition, employers who comply with the exit route provisions of the National Fire Protection Association's 101-2000, *Life Safety Code*, will be considered in compliance with the OSHA requirements for exit routes.

OSHA has various publications, standards, technical assistance, and compliance tools to help you, and offers extensive assistance through workplace consultation, voluntary protection programs, strategic partnerships, alliances, state plans, grants, training, and education. OSHA's *Safety and Health Program Management Guidelines* (54 *Federal Register* 3904-3916, 1/26/89) detail elements critical to the development of a successful safety and health management system. This and other information are available on OSHA's website.

- For one free copy of OSHA publications, send a self-addressed mailing label to OSHA Publications Office, 200 Constitution Avenue N.W., N-3101, Washington, DC 20210; or send a request to our fax at (202) 693-2498, or call us toll-free at (800) 321-OSHA.
- To order OSHA publications online at [www.osha.gov](http://www.osha.gov), go to Publications and follow the instructions for ordering.
- To file a complaint by phone, report an emergency, or get OSHA advice, assistance, or products, contact your nearest OSHA office under the U.S. Department of Labor listing in your phone book, or call toll-free at (800) 321-OSHA (6742). The teletypewriter (TTY) number is (877) 889-5627.
- To file a complaint online or obtain more information on OSHA federal and state programs, visit OSHA's website.

This is one in a series of informational fact sheets highlighting OSHA programs, policies, or standards. It does not impose any new compliance requirements. For a comprehensive list of compliance requirements of OSHA standards or regulations, refer to *Title 29 of the Code of Federal Regulations*. This information will be made available to sensory-impaired individuals upon request. The voice phone is (202) 693-1999. See also OSHA's website at [www.osha.gov](http://www.osha.gov).



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