Reporting Work-Related Injuries and Illnesses

1. Purpose / Background

This SOP describes procedures for reporting work-related injuries and illnesses of MIT workers. Federal and state regulations require that MIT make immediate reports to the government when work-related fatalities and certain serious work-related injuries and illnesses occur. For example, MIT EHS must report within one hour any fatality caused by hoisting machinery, report within eight hours any work-related incident resulting in a fatality. And report within 24 hours the in-patient hospitalization of one or more employees, all work related amputations and all work related losses of an eye. Because of these regulatory reporting requirements, supervisors must report these types of incidents immediately to MIT EHS.

In addition to specifying reporting requirements for these serious incidents, Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1904, Recording and Reporting Occupational Injuries and Illnesses, requires recording of less serious occupational injuries and illnesses. MIT supervisors must report all these work-related injuries and illnesses to EHS within 24 hours by following the procedures described in this SOP. Failure to report or record occupational injuries and illnesses could subject MIT to significant OSHA penalties as well as unfavorable publicity.

Aside from regulatory reporting and recording requirements, timely reporting of injuries and illnesses is necessary to ensure that hazards are corrected and incident causes are investigated, to provide incident trend data to be used in “measuring and continuously improving our environmental, health and safety performance,” and to maintain “compliance with federal, state and local environmental, health and safety laws and good practices,” as per the MIT EHS policy.

2. Scope

This SOP describes the procedures supervisors are required to use for reporting occupational illnesses and injuries to EHS and procedures EHS should use to record and report these injuries if required.

Incidents that do not involve work-related injuries or illnesses also occur at MIT. These incidents might involve, for example, injuries or illnesses which are not work related; fires, floods, or other property damage with no personal injury; or near miss situations where the potential for future injury exists if the incident occurs again. EHS must be notified of these other incidents as well. In cases involving injuries, the Supervisor’s Injury Report form may be used; in others a phone call to x2-3477 or an email to environment@mit.edu may be more appropriate.

Incidents which cause serious injury, illness, or property loss, or have the potential to do so, must be investigated and the immediate and root causes determined. Data gained from such an investigation can be evaluated and used to prevent future incidents. MIT’s SOP for Incident Investigation describes the incident investigation procedures.

3. Prerequisites

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3.1. Privacy Issues
Protecting workers’ right to privacy shall be a primary concern in the conduct of this program. Only authorized MIT personnel shall have access to workers’ personal information contained in injury or illness records. All records that contain workers’ personal information shall be kept secure from unauthorized access. OSHA privacy requirements, including special treatment of privacy concern cases, shall be followed where applicable.

3.2. Determining if a personal injury should be on the MIT OSHA Log:
3.2.1 The EHS Safety Program and OSHA Recordkeeper make the determination of whether or not an injury or illness needs to be recorded on the MIT OSHA log. On any injury or illness that is determined to be recordable, a supervisor’s report must be completed.

3.2.2. An injury or illness is recordable on the MIT OSHA 300 Log if:

- The worker is paid by MIT; or

- The worker is paid by another source, is not on the MIT payroll but is directly supervised by MIT personnel. This definition includes; interns; visiting scientists; some post-docs and graduate students; research associates; and temporary workers and contractors if MIT personnel directly supervise them.

3.2.3. Injuries or illnesses incurred by contractors who are supervised by contractor personnel are not recordable on MIT’s OSHA Log; their injuries and illnesses should be reported to the contractor’s parent company and recorded on the contractor’s OSHA log. MIT EHS must also be notified of these injuries at x2-3477 and given a copy of any incident documentation provided by the contracting company.

4. Procedures
4.1. Reporting Work-Related Injuries and Illnesses
All work-related injuries and illnesses must be reported by following the steps described below. Workers at Lincoln Laboratory should refer to section 4.2 for information specific to Lincoln Laboratory’s reporting system.

4.1.1. A worker who has a work-related injury or illness shall notify his or her first level supervisor immediately. If someone other than the official supervisor was supervising the worker, an “acting supervisor”, that person must be notified and must act as supervisor in filling out the Supervisor’s Injury Report form. The acting supervisor should notify the official supervisor about the injury as soon as possible.
4.1.2. The injured or ill worker should seek medical treatment if necessary. Initial medical treatment for a work-related injury or illness should be at the MIT Medical Department. MIT Medical is the preferred provider for initial treatment of work-related injuries or illnesses. See the MIT Benefits Office web site for more information on Workers’ Compensation and Medical Providers: http://web.mit.edu/hr/benefits/work_comp.html

4.1.3. At MIT Medical, the injured or ill worker should receive the pink “Supervisor’s Copy” of the Initial Report: MIT Work-related Injury / Illness form (the “Initial Report form”), if it is not provided the worker must request it. The worker should give any medical paperwork to his or her supervisor or acting supervisor.

4.1.3.1 If the employee is not treated at MIT medical, they should inform their doctor that they are being seen for a work related injury. Any medical paperwork indicating injury diagnosis and return to work status must be provided to his or her supervisor prior to returning to normal work duties.

4.1.4. MIT Medical should send the yellow copies of the Initial Report form and, when applicable, a Return to Work Note to the Workers’ Compensation Office. A photocopy of each form is also sent to the EHS OSHA Recordkeeper, N52-496.

4.1.5. Follow-up treatment, if necessary, may be with the physician or licensed health care provider of the worker’s choice. When follow-up visits are at MIT Medical, the worker will be given the pink “Supervisor’s Copy” of the Return to Work Note and should give this form to his or her supervisor or acting supervisor. For follow-up visits to providers other than MIT Medical, the worker must notify the medical provider that the injury is work-related and request documentation to give to his or her supervisor documenting the date of onset, the nature of the injury, and recommended work restrictions. It is important that the supervisor get this information from the worker. For worker’s compensation cases, the worker should also communicate that they are making a claim for Workers’ Compensation benefits and specify that all bills and other records, be sent to the MIT Workers’ Compensation Office.

4.1.6. The supervisor or acting supervisor must also send a photocopy of the Initial Report form and all Return to Work Notes (the pink forms from MIT Medical) to the OSHA Recordkeeper in N52-496.

4.1.7. The first-level supervisor or the acting supervisor must immediately notify EHS at 2-3477 or after hours call the MIT Operations Center at x3-1500 to notify the EHS Primary On-call person of any incident that:

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4.1.7.1. Results in a fatality or in-patient hospitalization of one or more employees

4.1.7.2. Results in amputation or loss of an eye 4.1.7.3.

Calling for these injuries is not required by OSHA but do it anyways for good practice??

4.1.8. Within twenty-four hours of any work-related injury or illness, the supervisor or acting supervisor should submit the online Supervisor’s Injury Report, which is routed to the EHS OSHA Recordkeeper and the Workers’ Compensation Office. The form is found in the “full catalogue” of your atlas homepage. [https://atlas.mit.edu/atlas](https://atlas.mit.edu/atlas)

4.1.9. An MIT certificate is needed for access to submit this report. Certificate IDs may be created at the following link: [http://web.mit.edu/is/topics/certificates/](http://web.mit.edu/is/topics/certificates/)

4.1.10 Information requested on this form is necessary for OSHA recordkeeping. If worker personal information, such as home address, home telephone number or date of birth, is not on file and is not known to the supervisor, the supervisor may enter Not Available. The EHS OSHA Recordkeeper will contact the Workers’ Compensation Office to obtain this information.

4.2. **Differences in Reporting Procedures at Lincoln Laboratory**

Lincoln Laboratory (LL) maintains a separate OSHA Log and posts a separate OSHA 300A summary. The following are differences in the procedures for reporting work-related injuries or illnesses that occur at Lincoln Laboratory.

4.2.1 At Lincoln Laboratory, initial medical treatment for a work-related injury or illness should be at MIT Medical (Lexington) if treatment is needed during MIT Medical business hours. After hours the worker should go to the nearest emergency room for treatment. At the emergency room, the worker should notify the medical provider that the injury is work-related. The worker should request documentation to give to his or her supervisor documenting the date of onset, the nature of the injury, and recommended work restrictions.

4.2.2. At Lincoln Laboratory, the Supervisor’s Report form may be printed from the LL EHS website or obtained from LL EHS. The completed paper form should be sent to LL EHS, Room FA-249. Supervisors may contact LL EHS for assistance in filling out the form.

4.2.3. Supervisor’s Reports, Initial Report forms and Return to Work Notes that are provided to LL EHS are used to maintain the OSHA log for incidents occurring at Lincoln Laboratory.

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4.2.4. LL EHS provides information to the MIT EHS OSHA Recordkeeper at the end of each calendar year that is incorporated into the annual MIT OSHA 300A summary and into the Mass. Division of Occupational Safety surveys.

4.2.5. In the event of a fatality, the in-patient hospitalization of three or more workers, or other reportable injury or illness, LL EHS shall report the incident to the required outside agencies (see section 4.3) and to the MIT EHS Office.

4.3. **EHS Office Reporting to Outside Agencies**

4.3.1. Reporting Fatalities

For any fatality that occurs within 30 days of a work related incident, employers must report the event within 8 hours of finding out about it.

4.3.2 Reporting Inpatient Hospitalizations, Amputations or Eye Loss

For any inpatient hospitalization, amputation or eye loss employers must report the incident within 24 hours of learning about it. Employers only have to report if the hospitalization, amputation or loss of an eye occurs within 24 hours of the work-related incident.

The MIT EHS Office Safety Program or LL EHS, in coordination with the OSHA Recordkeeper and the Environmental Programs Office (EPO), must follow specific procedures to report the incident.

The EHS Office must call the Area Office of OSHA nearest the site of the incident or the OSHA central telephone number at 1-800-321-6742. The EHS Office caller must talk to a live person; leaving a voicemail message is not acceptable.

The EHS Office caller must provide OSHA with the following information about the incident:

4.3.1.1. The establishment name (MIT)

4.3.1.2. The location of the work-related incident

4.3.1.3. The time of the work-related incident

4.3.1.4. The type of reportable event (i.e., fatality, inpatient hospitalization, amputation or loss of an eye)

4.3.1.5. The number of employees who suffered the event

4.3.1.6. Names of the employees who suffered the event

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4.3.1.7. MIT’s contact person and his or her phone number (this person will be determined by the EHS Office based on the nature of the event)

4.3.1.8. A brief description of the work-related incident

4.3.2. Reporting Fatal Hoisting Machinery Accidents

In the advent of a fatal hoisting machinery accident, in addition to notifying OSHA, the EHS Office must notify the Massachusetts Department of Public Safety District Engineering Office within one hour.

4.3.2.1 The EHS Office must contact the Mass. Department of Public Safety at 617-727-3200 to report such an event.

4.3.2.2 The accident scene must not be disturbed, with the exception of the removal of the dead or injured persons, until the Department of Public Safety and OSHA grant approval to do so.

4.3.3. Determining who makes the phone call

Specific individuals within EHS have been designated as Lead Contacts for Regulatory Agencies, including OSHA. The document identifying these individuals, entitled “Lead Contacts with Regulatory Agencies”, can be found on the EHSNet in the Documents Section under EHS Office.

4.4. Procedures for EHS Office Record Keeping

4.4.1 The OSHA Recordkeeper shall review the Supervisor’s Injury Report for each injury or illness that is reported. The OSHA Recordkeeper may contact the supervisor for missing forms or for additional information if necessary.

4.4.2 The OSHA Recordkeeper shall notify the Safety Program immediately if a work-related incident results in a fatality, the in-patient hospitalization of 1 or more employees, a work related amputation or a work related loss of an eye so that OSHA reporting requirements may be fulfilled. The OSHA recordkeeper shall also notify the Safety Program of any hazards to the MIT community described in the supervisor’s report, which may or may not have contributed to the injury or illness so that the Safety Program staff can follow-up.

4.4.3 The OSHA Recordkeeper shall review the Initial Report form for each occupational injury or illness, and match it with the Supervisor’s Injury Report form.

4.4.4 Based on data in the Supervisor’s Injury Report and Initial Report form(s), the OSHA Recordkeeper will classify each injury or illness as OSHA Reportable.

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(and Recordable), OSHA Recordable, First Aid Only, Near Miss, “Not an MIT Employee”, Not Work-Related, or Other. The OSHA Recordkeeper shall then file records in the appropriate secure location.

4.4.5 The OSHA Recordkeeper shall enter and update information on OSHA Recordable injuries and illnesses in the SAP system for the OSHA 300 log. This will be accomplished by referring to the Supervisor’s Injury Report, the Initial Report form, and if applicable the Return to Work Note and by consulting with the Workers’ Compensation Office or the supervisor to update information about the number of days a worker is out of work or on restricted duty.

5. Roles & Responsibilities

5.1. Responsibilities of Workers

5.1.1. MIT workers must follow the procedures in section 4.1 in response to any work-related injury or illness. Workers at Lincoln Laboratory should also consult section 4.2.

5.2. Responsibilities of Supervisors

5.2.1. Supervisors should follow the procedures in section 4.1 in response to work-related injuries or illnesses to personnel under their supervision. Supervisors at Lincoln Laboratory should also consult section 4.2.

5.2.2. As soon as an incident is reported, the supervisor of the injured or ill worker must take steps to ensure that any immediate hazards are corrected or guarded. The EHS Office should be contacted for help as needed.

5.2.3. If a worker reports an injury or illness that is not work-related; the supervisor should make a note of the injury in the worker’s file. If an injury that is not work-related is aggravated by routine work, the injury is OSHA recordable and the supervisor shall submit a Supervisor’s Injury Report as described in section 4.1. Modification of duties might be considered in this situation to avoid aggravation of such an injury. The Workers’ Compensation Office and the MIT Disability Services Office should be contacted for additional information.

5.2.4. When a worker is out of work due to an injury or illness, the supervisor should collaborate with the Workers’ Compensation Office to get the worker back on the job as soon as possible. The supervisor must keep track of days on which the injured or ill worker is away from work or on Restricted Duty, and update the EHS OSHA Recordkeeper on any changes from the initial estimate. When the worker is cleared by their medical provider to return to full duty, the supervisor should notify the EHS Office OSHA Recordkeeper of the
number of days away from work and number of days on Restricted Duty. A return to work note from a licensed medical provider must be provided.

5.2.5 Supervisors of employees with illnesses or injuries that may be sensitive in nature should notify the affected employees of their right to privacy and inform the OSHA recordkeeper of employees request that the reported injury remain private.

5.3. Responsibilities of Acting Supervisors

5.3.1. If an individual is notified of a work-related injury or illness while acting as supervisor when an employee’s official supervisor is unavailable, the acting supervisor should follow the procedures described in section 4.1 to report the injury or illness.

5.3.2. If the supervisor is unavailable, the acting supervisor must take steps as described in section 5.1.2 to correct or guard any hazards related to the incident.

5.4. Responsibilities of Witnesses

5.4.1. Persons who witness an injury or illness should be prepared to provide a statement or make a written report of what they have observed if requested to do so by the EHS Office.

5.5. Responsibilities of the MIT Medical Department

5.5.1. The Medical Department should follow the procedures in section 4.1.3 to 4.1.5 to notify the Workers’ Compensation Office and the EHS Office of work-related injuries or illnesses that are treated at MIT Medical.

5.5.2. Appropriate Medical Department personnel should participate in OSHA Reporting trainings or other training sessions related to injury and illness reporting when offered by the EHS Office.

5.6. Responsibilities of the Workers’ Compensation Office

5.6.1. The Workers’ Compensation Office shall follow the procedures in section 4.1.5 to notify the EHS OSHA Recordkeeper of follow-up visits by injured or ill workers to providers other than MIT Medical.

5.6.2 The Workers’ Compensation Office is responsible for assisting the EHS OSHA Recordkeeper in obtaining workers’ personal information that is not known to the supervisor.

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5.6.3. Appropriate Workers’ Compensation Office personnel should participate in OSHA Reporting trainings or other training sessions related to injury and illness reporting when offered by the EHS Office.

5.7 Responsibilities of Lincoln Lab EHS

5.7.1. Lincoln Lab EHS is responsible for following the procedures described in section 4.2, and section 4.3 for reporting to outside agencies.

5.7.2. Lincoln Lab EHS is responsible for providing training to workers and supervisors at Lincoln Laboratory in the Laboratory’s procedures for reporting injuries and illnesses.

5.8 Responsibilities of the EHS Office Safety Program

5.8.1. The EHS Office Safety Program is responsible for following the procedures described in section 4.3 for reporting to outside agencies.

5.8.2. The Safety Program shall develop and provide training for workers and supervisors in the procedures for reporting injuries and illnesses (see Section 6.0), and provide training on the reporting system and OSHA regulations to MIT Medical, the Workers’ Compensation Office, and other entities involved in the reporting system.

5.8.3. The Safety Program shall ensure that the effectiveness of the reporting program is audited on a periodic basis.

5.9 Responsibilities of the EHS OSHA Recordkeeper

5.9.1 The OSHA Recordkeeper shall follow the procedures described in section 4.4 to review incidents, obtain additional information from supervisors or Human Resources, and enter data needed in SAP to generate the OSHA 300 log.

5.9.2 The OSHA Recordkeeper shall ensure that the employee’s name is not entered on the OSHA 300 log in privacy concern cases or in the case of other illnesses if the employee chooses to have his or her name withheld.

5.9.3. In January each year, the OSHA Recordkeeper shall finalize the OSHA 300 log and the 300A Summary, including incorporating Haystack, Bates and Endicott House data and obtaining required signatures. Lincoln Laboratory completes their own OSHA 300 log and 300A summary and provides this to the main campus EHS office in January.

5.9.4. The EHS OSHA Recordkeeper shall complete the OSHA Bureau of Labor Statistics annual survey and make sure all documents for the Lincoln Lab

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survey are forwarded to the Lincoln Lab EHS Office as soon as received. Lincoln Lab completes a separate Bureau of Labor Statistics annual survey.

5.9.5. The OSHA Recordkeeper shall update EHS Office Safety Program, Lincoln Laboratory EHS, and other entities on changes to OSHA regulations related to OSHA record keeping.

6. Training

Training in reporting injuries and illnesses shall be provided as follows:

6.1. The Safety Program will develop and maintain a training module on injury and illness reporting targeted at supervisors. Information on reporting of work-related injuries and illnesses, as well as the Supervisor’s Injury Report form, is available at the MIT EHS Office website, http://ehs.mit.edu/site/content/occupational-injury-or-illness.

6.2. The Safety Program will also coordinate specialized training of other groups or individuals involved with OSHA reporting and recording, including EHS Office staff, Workers’ Compensation Office, Medical Department, EHS Coordinators and EHS Representatives on an as-needed basis.

7. Monitoring Requirements

The OSHA Recordkeeping program will be audited for effectiveness on a regular basis. The EHS Office Safety Program will oversee the audit.

8. Record Management

29 CFR 1904.33 requires that the OSHA 300 log, annual summary, and Supervisor’s Report forms be retained for at least five years following the end of the calendar year that these records cover. At MIT, these records will be retained as prescribed in the Records Retention Schedule in the EHS Records Retention SOP.

9. References

9.1 Standards

29 Code of Federal Regulations, Part 1904, Recording and Reporting Occupational Injuries and Illness

Massachusetts General Laws, Chapters 151,152

452 Code of Massachusetts Regulations (CMR): Department of Industrial Accidents

520 CMR: Department of Public Safety (Hoisting Machinery)

9.2 Other SOP/ SOGs

Incident Investigation

Records Retention (EHS)
10. Definitions

10.1. Acting Supervisor – Someone supervising an employee in the absence of the employee’s official supervisor.

10.2. Incident – An incident is any undesired occurrence that threatens or causes harm to human health or safety, the environment, or property. Examples of incidents include injuries, fires, explosions, floods, natural disasters, hazardous material releases, and near misses.

10.3. Near Misses – An undesired event that does not result in injury or illness resulting in medical attention or significant property damage but given a slight shift in time or position, damage and/or injury could easily have occurred.

10.4. First Aid Only - In general, injuries or illnesses considered to be first aid only consist of first aid treatments that are:

- administered after the injury or illness occurs at the immediate location
- consist of a one-time or short-term treatment
- are simple and require little or no technology
- can be administered by people with little training (beyond first aid training) and even by the injured or ill person.

10.5. OSHA Recordable Injury or Illness – The following are considered OSHA recordable:

- A work-related injury or illness that results in death, loss of consciousness, lost or restricted workdays or job transfer, or medical treatment beyond first aid

- Any other work related significant injury or illness diagnosed by a physician or other licensed medical professional even if none of the above criteria are met (examples might include cancer, a bone fracture, or a punctured eardrum; see 1904.7 for details)

- A work-related needle stick injury or cut from a sharp object that is contaminated with another person’s blood or other potentially infectious materials (special privacy case requirements apply; see 1904.8 for details)

- A hearing test showing a work-related Standard Threshold Shift in one or both ears and the employee’s total hearing level is 25 decibels (dB) or more above audiometric zero (averaged at 2000, 3000, and 4000 Hz) in the same ear(s) as the STS (see 1904.10 for details)
A situation in which a worker is medically removed under the medical surveillance requirements of an OSHA standard (see 1904.9 for details)

A non-occupational injury that is aggravated by routine work and meets the OSHA Recording criteria

10.4. OSHA Reportable Injury – An OSHA reportable injury is any work-related injury or illness that results in a death of one or more workers or the in-patient hospitalization of three or more workers. Any fatality resulting from a heart attack occurring at work is also OSHA reportable. Such incidents must be reported to OSHA within 8 hours.

10.5. Privacy Concern Cases – The following injuries or illnesses must be considered privacy concern cases, for which the worker’s name shall not be entered on the OSHA 300 log: an injury or illness to an intimate body part or the reproductive system; an injury or illness resulting from a sexual assault; mental illnesses; HIV infection, hepatitis or tuberculosis; needle stick injuries and cuts from sharp objects that are contaminated with another person’s blood or other potentially infectious material (see CFR1910.1300(b) for definition); or other illnesses, if a worker voluntarily requests that his or her name not be entered on the OSHA 300 log. For these cases, the words “privacy case” shall be entered in place of the worker’s name, and a separate, confidential list linking case numbers and worker names shall be maintained.

10.6. Restricted Duty – A returning worker is said to be on restricted duty when a physician or other licensed health care professional recommends that the worker return to work but not perform one or more of the routine functions of his or her job, or not work the full workday that he or she would otherwise have been scheduled to work.

10.7. Routine functions – those work activities that a worker regularly performs at least once a week.

10.8. Temporary Modified Duty – see Restricted Duty.

10.9. Work-related – An injury or illness is considered to be work-related if an event or exposure in the work environment either caused or contributed to the resulting condition or significantly aggravated a pre-existing injury or illness, regardless of whether the pre-existing injury or illness was work-related or not. All injuries or illnesses that occur on MIT property during work duty or when off campus on official MIT business must be reported. The EHS OSHA Recordkeeper and the Safety Program will make the determination of whether or not the injury is OSHA recordable.
Appendix A

Supervisor’s Report of Occupational Injury/Illness Form

The online form is found in the “full catalogue” of your atlas homepage.

https://atlas.mit.edu/atlas

The EHS OSHA Recordkeeper may be contacted for assistance.
Appendix B

Recordkeeping Work Process Flowchart

New injury occurs to MIT Employee or Researcher

Was injury work related?

Victim reports injury to supervisor or PI

Seeks medical attention?

Provider is MIT Medical?

No Initial Medical Report form generated?

Initial Medical Report form may not be generated

OSHA Recordkeeper Work Process

OSHA Recordkeeper (OSHA-R) receives online Supervisor’s Injury Report?

OSHA-R asks Supervisor to fill out online Supervisor’s Injury Report

OSHA-R changes status in IAL to “In Process”?

OSHA-R reviews IAL, email, and paper forms

OSHA-R contacts Supervisor for missing info

Was injury work related based on IMR and/or OSHA rules?

Does IMR prescribe time away from work beyond day of injury?

Does IMR prescribe restricted duty or job transfer?

Did victim receive Medical Treatment beyond First Aid?

Does injured person meet OSHA’s definition of “employee”?

Verify “recordable” isn’t checked.

Count and enter days (including weekends and holidays) on Time tab.

Note “Medical Only” in IAL

Verify “recordable” isn’t checked

Check “Recordable”.

Verify that only correct boxes are checked in IAL (lost time/restricted duty).

Did victim receive Medical Treatment beyond First Aid?

Verify “repeat” flag in IAL is flagged and link the two reports in SAP

Victim, cleared to return full duty?

File paper reports by type.

Obtain followup reports from Medical Provider on work status (e.g. Return to Duty form)

Verify “recordable” isn’t checked

Change status to “Conference”.

Employee reaggravates old injury while performing work tasks after being cleared to return to work

IAL is created in SAP, auto email sent to OSHA-R, Workers Comp, and Supervisor

OSHA-R changes status in IAL to “In Process”?

Did info submitted complete?

OSHA-R contacts Supervisor for missing info

Was injury work related?

Victim reports injury to supervisor or PI

Seeks medical attention?

Provider is MIT Medical?

No Initial Medical Report form generated?

Initial Medical Report form may not be generated

Medical sends yellow copy of Initial Medical Report (IMR) form to Worker’s Comp Office, gives pink copy to Victim to give to Supervisor, and sends photocopy to OSHA Recordkeeper.

OSHA-R reviews IAL, email, and paper forms

OSHA-R contacts Supervisor for missing info

Was injury work related based on IMR and/or OSHA rules?

Does IMR prescribe time away from work beyond day of injury?

Does IMR prescribe restricted duty or job transfer?

Did victim receive Medical Treatment beyond First Aid?

Does injured person meet OSHA’s definition of “employee”?

Verify “recordable” isn’t checked.

Count and enter days (including weekends and holidays) on Time tab.

Note “Medical Only” in IAL

Verify “recordable” isn’t checked

Check “Recordable”.

Verify that only correct boxes are checked in IAL (lost time/restricted duty).

Did victim receive Medical Treatment beyond First Aid?

Verify “repeat” flag in IAL is flagged and link the two reports in SAP

Victim, cleared to return full duty?

File paper reports by type.

Obtain followup reports from Medical Provider on work status (e.g. Return to Duty form)

Verify “recordable” isn’t checked

Change status to “Conference”.

Employee reaggravates old injury while performing work tasks after being cleared to return to work

IAL is created in SAP, auto email sent to OSHA-R, Workers Comp, and Supervisor

OSHA-R changes status in IAL to “In Process”?

Did info submitted complete?

OSHA-R contacts Supervisor for missing info

Was injury work related based on IMR and/or OSHA rules?

Does IMR prescribe time away from work beyond day of injury?

Does IMR prescribe restricted duty or job transfer?

Did victim receive Medical Treatment beyond First Aid?

Does injured person meet OSHA’s definition of “employee”?

Verify “recordable” isn’t checked.

Count and enter days (including weekends and holidays) on Time tab.

Note “Medical Only” in IAL

Verify “recordable” isn’t checked

Check “Recordable”.

Verify that only correct boxes are checked in IAL (lost time/restricted duty).

Did victim receive Medical Treatment beyond First Aid?

Verify “repeat” flag in IAL is flagged and link the two reports in SAP

Victim, cleared to return full duty?

File paper reports by type.

Obtain followup reports from Medical Provider on work status (e.g. Return to Duty form)

Verify “recordable” isn’t checked

Change status to “Conference”.

Employee reaggravates old injury while performing work tasks after being cleared to return to work

IAL is created in SAP, auto email sent to OSHA-R, Workers Comp, and Supervisor

OSHA-R changes status in IAL to “In Process”?

Did info submitted complete?

OSHA-R contacts Supervisor for missing info

Was injury work related based on IMR and/or OSHA rules?

Does IMR prescribe time away from work beyond day of injury?

Does IMR prescribe restricted duty or job transfer?

Did victim receive Medical Treatment beyond First Aid?

Does injured person meet OSHA’s definition of “employee”?

Verify “recordable” isn’t checked.

Count and enter days (including weekends and holidays) on Time tab.

Note “Medical Only” in IAL

Verify “recordable” isn’t checked

Check “Recordable”.

Verify that only correct boxes are checked in IAL (lost time/restricted duty).

Did victim receive Medical Treatment beyond First Aid?

Verify “repeat” flag in IAL is flagged and link the two reports in SAP

Victim, cleared to return full duty?

File paper reports by type.

Obtain followup reports from Medical Provider on work status (e.g. Return to Duty form)

Verify “recordable” isn’t checked

Change status to “Conference”.