



**Berry Bros. General Contractors, Inc.
Corporate Policy Procedure**

Issue Date: 02-18-08

Section # 03

Page: 1 of 12

**(HSE) Health, Safety & Environmental
Policies and Procedures Manual**

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Accident Reporting and Recordkeeping

CONTENTS	SUBPART
Purpose	A
Policy Statement	B
Responsibilities	C
Incidents (Occupational Injuries and Illnesses)	D
Events (Near Misses)	E
Incident Reporting Procedures	F
Recordkeeping	G
Training	H
Program Audits	I
Recording Injuries and Illnesses	J
Pre-Existing Conditions	K
Medical Treatment	L
First Aid	M
Recordkeeping Needle Stick and Sharps Injuries	N
Recording Cuts, Lacerations, Punctures, and Scratches	O
Recording Medical Removal Cases	P
Recording Occupational Hearing Loss	Q
Recording Criteria for Calendar Year 2003 and Later	R
Recording Work-Related Tuberculosis Cases	S
Injury and Illness Summary	T



**Berry Bros. General Contractors, Inc.
Corporate Policy Procedure**

Issue Date: 02-18-08

Section # 03

Page: 2 of 12

**(HSE) Health, Safety & Environmental
Policies and Procedures Manual**

Doc # SWP 03

Approver: Joe Berry

Revision: 3

Accident Reporting and Recordkeeping

Subpart A – Purpose

Various Federal and State laws require accident, injury and illness reports. Our company insurance carriers also require accident reports.

Subpart B – Policy Statement

It is the policy of Berry Bros. General Contractors, Inc. (hereafter referred to as Berry Bros.) to create, maintain and file accident reports as required by law and keep records of work related fatalities, injuries and illnesses. Accident reports submitted to outside agencies and agents of the company shall be submitted in the required format. Example: OSHA 300 log and OSHA 301 form (or equivalent).

All incidents/accidents resulting in injury or causing illness to employees and events (near-miss accidents) shall be reported no matter how small or insignificant an employee may think they are in order to:

- Establish a written record of factors that cause injuries and illnesses and occurrences (near-misses) that might have resulted in injury or illness but did not, as well as property and vehicle damage.
- Maintain capability to promptly investigate incidents and events in order to initiate and support corrective and/or preventive action.
- Provide statistical information for use in analyzing all phases of incidents and events.
- Provide the means for complying with the reporting requirements for occupational injuries and illness
- The Incident Reporting System requirements apply to all incidences involving company employees, on-site vendors, contractor employees and visitors, which result in (or might have resulted in) personal injury, illness, and/or property and vehicle damage.

Subpart C – Responsibilities

Management:

- Establish and maintain an effective accident-reporting program.
- Establish and maintain an effective record keeping program including security controls over sensitive employee medical and exposure records.
- Train all employees in the accident reporting procedures.



**Berry Bros. General Contractors, Inc.
Corporate Policy Procedure**

Issue Date: 02-18-08

Section # 03

Page: 3 of 12

**(HSE) Health, Safety & Environmental
Policies and Procedures Manual**

Doc # SWP 03

Approver: Joe Berry

Revision: 3

Accident Reporting and Recordkeeping

- Train record custodians in proper record entry, maintenance, and release procedures.
- Conduct annual program audit
- Enter each recordable injury or illness on the OSHA 300 log and 301 Incident report, or other equivalent form, within seven (7) calendar days of receiving information that a recordable injury or illness has occurred.

Supervisors

- Comply with the requirements of this program

Employees

- Comply with the accident reporting procedures.

Subpart D – Incidents (Occupational Injuries and Illnesses)

Injuries and illnesses that require reporting include those injuries and illnesses occurring on the job which result in any of the following: lost work time, restrictions in performing job duties, requirement for first aid or outside medical attention, permanent physical bodily damages, or death. Examples of reportable injuries and illnesses include, but are not limited to, heat exhaustion from working in hot environments, strained back muscles from moving equipment, acid burns on fingers, etc.

Other incidents requiring reporting include those incidents occurring on the job which result in any of the following: injury or illness, damage to a vehicle, fire/explosion, property damage, or chemical releases requiring evacuation of at least that immediate spill area. Examples of "non-reportable" injuries and illnesses include small paper cuts, common colds, and small bruises not resulting in work restrictions or requiring first aid or medical attention.

Subpart E – Events (Near Misses)

Other incidents that, strictly by chance, do not result in actual or observable injury, illness, death, or property damage are required to be reported. The information obtained from such reporting can be extremely useful in identifying and mitigating problems before they result in actual personal or property damage. Examples of near miss incidences required to be reported include the falling of a compressed gas cylinder, overexposures to chemical, biological, or physical agents (not resulting in an immediately observable manifestation of illness or injury), and slipping and falling on a wet surface without injury.



**Berry Bros. General Contractors, Inc.
Corporate Policy Procedure**

Issue Date: 02-18-08

Section # 03

Page: 4 of 12

**(HSE) Health, Safety & Environmental
Policies and Procedures Manual**

Doc # SWP 03

Approver: Joe Berry

Revision: 3

Accident Reporting and Recordkeeping

Subpart F – Incident Reporting Procedures

The following procedures are to be followed by all employees in order to effectively report occupational injuries and illnesses and other incidents or events. All reports to outside agencies, except for those to local emergency response units (police, fire, ambulance), shall be made only by the Site General Manager or the HSE Manager.

OSHA requires reporting of work related incidents resulting in the death of an employee or the hospitalization of three or more employees. Owner Clients require all incidents to be reported including, but not limited to, injuries, spills, property damage, fires, explosions, and vehicle damage

• Incidents (Injuries and Illnesses)

- Serious injury or illness posing a life-threatening situation shall be reported immediately to the local emergency response medical services (Call 911).
- Injuries and illnesses shall be reported immediately, by the injured employee, to his or her supervisor in person or by phone as soon after any life-threatening situation has been addressed. If the injured employee is unable to report immediately, then the incident should be reported as soon as possible.
- Upon notification of an occupational injury or illness, the supervisor should complete the Incident/Accident Report and, if possible, send it with the injured employee to the HSE Manager. The Incident/Accident Report Form must be completed and forwarded to the HSE Manager even if the employee receives medical treatment at the hospital and/or from a private physician.

• Events

- Incidents not involving injury or illness, but resulting in property damage, must also be reported within 24 hours of the incident. In the event of a fire or explosion that cannot be controlled by one person, vehicular accident, or a chemical release involving a reportable quantity or requiring a building evacuation, the involved party must immediately report the incident to the emergency response services in the area (911 - police, fire, etc.)
- All near miss incidences also must be reported on the Incident/Accident Report Form within 24 hours of occurrence. In place of indicating the result of the incident (i.e., actual



**Berry Bros. General Contractors, Inc.
Corporate Policy Procedure**

Issue Date: 02-18-08

Page: 5 of 12

Approver: Joe Berry

**(HSE) Health, Safety & Environmental
Policies and Procedures Manual**

Section # 03

Doc # SWP 03

Revision: 3

Accident Reporting and Recordkeeping

personal or property damage), the reporting person shall indicate the avoided injury or damage.

- Events, hazardous working conditions or situations, and incidents involving contractor personnel must be reported to the HSE Manager or HSE Coordinator immediately.

Subpart G – Recordkeeping

The Berry Bros.' HSE / Risk Management Departments will maintain the required OSHA 300 Log and 300A, Summary of (recordable) Occupational Injuries and Illnesses and the OSHA 301 Supplementary Record of Occupational Injuries and Illnesses for each calendar year.

At the end of the year, the documents will be reviewed and signed off on by a company official certifying that he or she has reviewed the data and based on his or her knowledge of the process by which the information was recorded that the annual summary is correct and complete

The records will be maintained for five (5) years in accordance with 1904. 33a.

Subpart H – Program Audits

The effectiveness of a program can only be accomplished if the program is implemented and maintained. Periodic reviews and audits shall be conducted to confirm that all employees are familiar with the incident reporting requirements and that the program is managed properly. These audits will consist of:

1. Annual review of accident reports to ensure all records have been maintained and is complete.
2. Annual review of the program with company insurance carriers and workers compensation third party provider.
3. Annual refresher training for employees involved in record entry and record keeping.
4. Annual refresher training for all employees detailing the accident reporting procedures.

Subpart I – Recording Injuries and Illnesses

Record keeping concepts and guidelines are included in the OSHA Standard 1904. The following summarizes the major recordkeeping concepts and provides additional information to aid in keeping records accurately.



**Berry Bros. General Contractors, Inc.
Corporate Policy Procedure**

Issue Date: 02-18-08

Page: 6 of 12

Approver: Joe Berry

**(HSE) Health, Safety & Environmental
Policies and Procedures Manual**

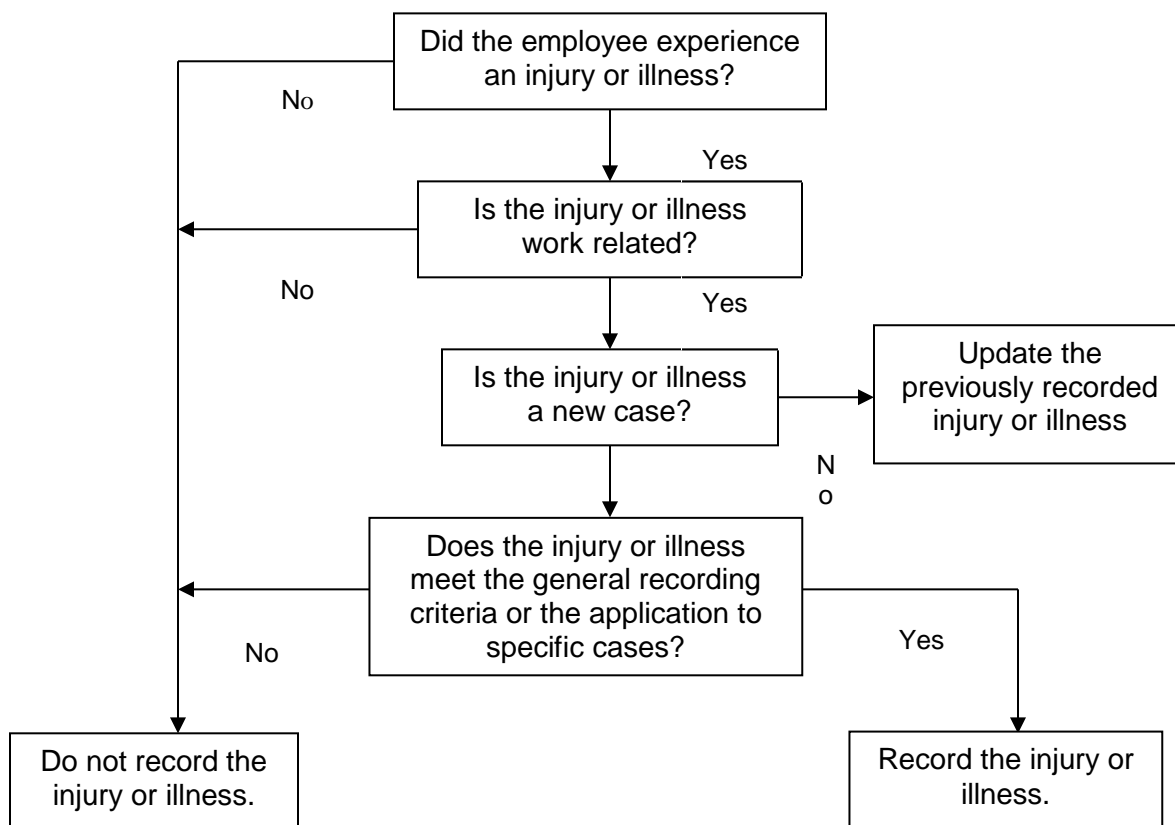
Section # 03

Doc # SWP 03

Revision: 3

Accident Reporting and Recordkeeping

Berry Bros. Recordability Decision Tree





**Berry Bros. General Contractors, Inc.
Corporate Policy Procedure**

Issue Date: 02-18-08

Section # 03

Page: 7 of 12

**(HSE) Health, Safety & Environmental
Policies and Procedures Manual**

Doc # SWP 03

Approver: Joe Berry

Revision: 3

Accident Reporting and Recordkeeping

Injuries and Illnesses must not be recorded if...

At the time of the injury or illness, the employee was present in the work environment as a member of the general public rather than as an employee.

The injury or illness involves signs or symptoms that surface at work but result solely from a non-work-related event or exposure that occurs outside the work environment.

The injury or illness results solely from voluntary participation in a wellness program or in a medical, fitness, or recreational activity such as blood donation, physical examination, flu shot, exercise class, racquetball, or baseball.

The injury or illness is solely the result of an employee eating, drinking, or preparing food or drink for personal consumption (whether bought on the employer's premises or brought in). For example, if the employee is injured by choking on a sandwich while in the employer's establishment, the case would not be considered work related.

Note: If the employee is made ill by ingesting food contaminated by workplace contaminants (such as lead), or gets food poisoning from food supplied by the employer, the case would be considered work-related.

The injury or illness is solely the result of an employee doing personal tasks (unrelated to their employment) at the establishment outside of the employee's assigned working hours.

The injury or illness is solely the result of personal grooming, self-medication for a non-work-related condition, or is intentionally self-inflicted.

The injury or illness is caused by a motor vehicle accident and occurs on a company parking lot or company access road while the employee is commuting to or from work.

The illness is the common cold or flu (Note: contagious diseases such as tuberculosis, brucellosis, hepatitis A, or plague are considered work-related if the employee is infected at work).

The illness is a mental illness. Mental illness will not be considered work-related unless the employee voluntarily provides the employer with an opinion from a physician or other licensed health care professional with appropriate training and experience (psychiatrist, psychologist, psychiatric nurse practitioner, etc.) stating that the employee has a mental illness that is work-related.



**Berry Bros. General Contractors, Inc.
Corporate Policy Procedure**

Issue Date: 02-18-08

Section # 03

Page: 8 of 12

**(HSE) Health, Safety & Environmental
Policies and Procedures Manual**

Doc # SWP 03

Approver: Joe Berry

Revision: 3

Accident Reporting and Recordkeeping

Subpart I (cont.)

Consider an injury or illness to meet the general recording criteria if it results in any of the following:

- Death.
- Days away from work.
- Restricted work.
- Transfer to another job.
- Medical treatment beyond first aid.
- Loss of consciousness.
- Significant injury or illness diagnosed by a physician or other licensed health care professional.

Subpart J – Pre-Existing Conditions

Pre-existing injuries or illnesses must be recorded only if work activities have "significantly aggravated" the condition. An injury or illness is a pre-existing condition if it resulted solely from a non-work-related event or exposure that occurred outside the work environment. A pre-existing injury or illness has been significantly aggravated when an event or exposure in the work environment results in any of the following:

- Death
- Loss of consciousness
- One or more days away from work
- Days of restricted work
- Job transfer
- Medical treatment
- Change in medical treatment

Subpart K – Medical Treatment

Medical treatment means the management and care of a patient to combat disease or disorder. Medical treatment does not include:

- Visits to a physician or other licensed health care professional solely for observation or counseling.



**Berry Bros. General Contractors, Inc.
Corporate Policy Procedure**

Issue Date: 02-18-08

Section # 03

Page: 9 of 12

**(HSE) Health, Safety & Environmental
Policies and Procedures Manual**

Doc # SWP 03

Approver: Joe Berry

Revision: 3

Accident Reporting and Recordkeeping

- The conduct of diagnostic procedures, such as x-rays and blood tests, including the administration of prescription medications used solely for diagnostic purposes.
- First aid.

Subpart L – First Aid

For recordkeeping determination "First Aid" means only the following:

1. Using a non-prescription medication at nonprescription strength (for medications available in both prescription and non-prescription form, a recommendation by a physician or other licensed health care professional to use a non-prescription medication at prescription strength is considered medical treatment for recordkeeping purposes).
2. Administering tetanus immunizations (other immunizations, such as Hepatitis B vaccine or rabies vaccine, are considered medical treatment).
3. Cleaning, flushing or soaking wounds on the surface of the skin.
4. Using wound coverings such as bandages, Band-Aids™, gauze pads, etc.; or using butterfly bandages or Seri-Strips™ (other wound closing devices such as sutures, staples, etc., are considered medical treatment)
5. Using hot or cold therapy.
6. Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc. (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for recordkeeping purposes).
7. Using temporary immobilization devices while transporting an accident victim (e.g., splints, slings, neck collars, back boards, etc.).
8. Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister.
9. Using eye patches.
10. Removing foreign bodies from the eye using only irrigation or a cotton swab.
11. Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means.
12. Using finger guards.
13. Using massages (physical therapy or chiropractic treatment are considered medical treatment for recordkeeping purposes).
14. Drinking fluids for relief of heat stress.

Subpart M – Recording Needle Stick and Sharps Injuries

All work-related needle stick injuries and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material must be recorded as an injury.



**Berry Bros. General Contractors, Inc.
Corporate Policy Procedure**

Issue Date: 02-18-08

Page: 10 of 12

Approver: Joe Berry

**(HSE) Health, Safety & Environmental
Policies and Procedures Manual**

Section # 03

Doc # SWP 03

Revision: 3

Accident Reporting and Recordkeeping

To protect the employee's privacy, you may not enter the employee's name on the OSHA 300 Log. Follow the privacy requirements of OSHA Standard 1904.

Subpart N – Recording Cuts, Lacerations, Punctures, and Scratches

Record cuts, lacerations, punctures, and scratches only if they are work related and involve contamination with another person's blood or other potentially infectious material. If the cut, laceration, or scratch involves a clean object, or a contaminant other than blood or other potentially infectious material, record the case only if it meets one or more general recording criteria.

Subpart O – Recording Medical Removal Cases

If an employee is medically removed under the medical surveillance requirements of an OSHA standard, the case must be record on the OSHA 300 Log. Instances of voluntary removal need not be recorded.

Subpart P – Recording Occupational Hearing Loss

Record all work-related hearing losses averaging 25dB or more at 2000, 3000, and 4000 hertz in either ear on the OSHA 300 Log. Use the employee's original baseline audiogram for comparison. You may make a correction for presbycusis (aging) by using the tables in Appendix F of 29CFR 1910.95.

Subpart Q – Recording Criteria for Calendar year 2003 and Later

Hearing loss is presumed to be work-related if the employee is exposed to noise in the workplace at an 8-hour time-weighted average of 85 dB's or greater, or to a total noise dose of 50 percent, as defined in 29 CFR 1910.95. For hearing loss cases where the employee is not exposed to this level of noise, use the rules in OSHA Standard 1904.5 to determine if the hearing loss is work-related.

If a physician or other licensed health care professional determines that the hearing loss is not work-related or has not been significantly aggravated by occupational noise exposure, do not record the case on the OSHA 300 Log.



**Berry Bros. General Contractors, Inc.
Corporate Policy Procedure**

Issue Date: 02-18-08

Page: 11 of 12

Approver: Joe Berry

**(HSE) Health, Safety & Environmental
Policies and Procedures Manual**

Section # 03

Doc # SWP 03

Revision: 3

Accident Reporting and Recordkeeping

If an employee's audiogram shows that a Standard Threshold Shift has occurred, record the case on the OSHA 300 Log by checking the "hearing loss" column. A Standard Threshold Shift is defined as a change in hearing threshold, relative to the most recent audiogram for that employee, of an average of 10 decibels or more at 2000, 3000, and 4000 hertz in one or both ears.

If the employee has never previously experienced a recordable hearing loss, compare the employee's current audiogram with that employee's baseline audiogram. If the employee has previously experienced a recordable hearing loss, you must compare the employee's current audiogram with the employee's revised baseline audiogram (the audiogram reflecting the employee's previous recordable hearing loss case).

Before recording hearing loss cases, use the aging effects table of OSHA Standard 1910.95 to adjust the audiogram and then apply the recording criteria to determine if the case is recordable.

Subpart R – Recording Work-Related Tuberculosis Cases

If any employee has been occupationally exposed to anyone with a known case of active tuberculosis (TB), and that employee subsequently develops a tuberculosis infection, as evidenced by a positive skin test or diagnosis by a physician or other licensed health care professional, record the case on the OSHA 300 Log by checking the "respiratory condition" column. Recorded cases may be lined out or erased if:

- The employee is living in a household with a person who has been diagnosed with active TB.
- The Public Health Department has identified the worker as having contact with an individual with a case of active TB unrelated to the workplace.
- A medical investigation shows that the employee's infection was caused by exposure to TB away from work, or proves that the case was not related to the workplace TB exposure.

Subpart S – Injury and Illness Summary

The summary must be completed by February 1 of the following year. Post a copy of the summary in each establishment in a conspicuous place or places where notices to employees are customarily posted. Ensure that the summary is not altered, defaced or covered by other material. The summary must be posted from February 1 through April 30.



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Corporate Policy Procedure**

**(HSE) Health, Safety & Environmental
Policies and Procedures Manual**

Section # 03

Doc # SWP 03

Revision: 3

Issue Date: 02-18-08

Page: 12 of 12

Approver: Joe Berry

Accident Reporting and Recordkeeping

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