SAFETY AND LOSS CONTROL Services

Loss Prevention and Cost Containment
“Don’t break your neck for SAFETY”
SAFETY AND LOSS CONTROL Services

*Loss Prevention and Cost Containment*
Think Safety First!
www.saf.sc.gov

Welcome

The South Carolina State Accident Fund is the leading insurance in South Carolina. Since 1943, SAF has provided a continuous, guaranteed source of cost-effective workers' compensation coverage. Today we serve nearly 700 employers and 200,000 employees throughout the state. Welcome to our new website!

As the leading experts on workers' compensation in South Carolina, we understand the important role we play in the economic and social well-being of the citizens of our state. A strong and viable workers' compensation system requires employers, injured workers, the medical services industry, and insurance carriers to share information and coordinate their efforts as a unified team, to minimize frequency and severity of workplace accidents and timely return injured workers to productive employment. We hope our new website will facilitate such team work and thereby add cost-effective value to our customer service.

If you have suggestions on how we can enhance the value or quality of this site, please do not hesitate to contact our webmaster at webmaster@saf.sc.gov or (803)-896-5800. Thank you for helping us "Meet the Challenge!"

Harry B. Gregory, Jr.
Director
**OSHA Recordkeeping Forms**

**Form 300**

**Log of Work-Related Injuries and Illnesses**

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 do not meet any of the specific recording criteria listed in 29 CFR Part 1904.6 through 1904.10. 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.

### Identify the person

<table>
<thead>
<tr>
<th>(A) Case no.</th>
<th>(B) Employee’s name</th>
<th>(C) Job title (e.g., Worker)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Describe the case

<table>
<thead>
<tr>
<th>(D) Date of injury or onset of illness</th>
<th>(E) Where the event occurred (e.g., Loading dock with exit)</th>
<th>(F) Describe injury or illness, part of body affected, and object/ substance that directly injured or made person ill (e.g., Second degree burn on right forearm from acid/alkali)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Classify the case

CHECK ONLY ONE box for each case based on the most serious outcome for that case:

<table>
<thead>
<tr>
<th>(G) Days away from work</th>
<th>(H) Job transfer or restriction</th>
<th>(I) Medical care</th>
<th>(J) Usually away from work</th>
<th>(K) Other recordable cases</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Remained at work

<table>
<thead>
<tr>
<th>(L) Days after transfer or restriction</th>
<th>(M) Number of days worked since injury/illness occurred</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Public reporting burden for this collection of information is estimated to average 1 hour 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 OSHA approval number. If you have any comments about these estimates or any other aspect of the data collection, contact the U.S. Department of Labor, OSHA Office of Technical Analysis, Room S-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed form to this office.

PUBLIC REPORTING BURDEN FOR THIS COLLECTION OF INFORMATION IS ESTIMATED TO AVERAGE 1 HOUR 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 OSHA APPROVAL NUMBER. IF YOU HAVE ANY COMMENTS ABOUT THESE ESTIMATES OR ANY OTHER ASPECT OF THE DATA COLLECTION, CONTACT THE U.S. DEPARTMENT OF LABOR, OSHA OFFICE OF TECHNICAL ANALYSIS, ROOM S-3644, 200 CONSTITUTION AVENUE, NW, WASHINGTON, DC 20210. DO NOT SEND THE COMPLETED FORM TO THIS OFFICE.
**OSHA Recordkeeping Forms**

**Form 300A**

**Summary of Work-Related Injuries and Illnesses**

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.

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### Number of Cases

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of deaths</td>
<td>(a)</td>
</tr>
<tr>
<td>Total number of cases with days away from work</td>
<td>(b)</td>
</tr>
<tr>
<td>Total number of cases with job transfer or restriction</td>
<td>(c)</td>
</tr>
<tr>
<td>Total number of other recordable cases</td>
<td>(d)</td>
</tr>
</tbody>
</table>

### Number of Days

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of days away from work</td>
<td>(g)</td>
</tr>
<tr>
<td>Total number of days of job transfer or restriction</td>
<td>(h)</td>
</tr>
</tbody>
</table>

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### Injury and Illness Types

<table>
<thead>
<tr>
<th>Type</th>
<th>Total Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Injuries</td>
<td></td>
</tr>
<tr>
<td>(2) Poisonings</td>
<td></td>
</tr>
<tr>
<td>(3) Skin disorders</td>
<td></td>
</tr>
<tr>
<td>(4) Hearing loss</td>
<td></td>
</tr>
<tr>
<td>(5) All other illnesses</td>
<td></td>
</tr>
</tbody>
</table>

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**Establishment Information**

- **Year establishment name**: ____________________________
- **Street**: ____________________
- **City**: ____________________ **State**: __________ **ZIP**: __________
- **Industry description**: e.g., Manufacturer of motor trucks
- **Standard Industrial Classification (SIC)**, if known (e.g., 3715)
- **OR**: North American Industrial Classification (NAICS), if known (e.g., 333112)

**Employment Information**

- **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 the information is true, accurate, and complete.

**Company Name**: ____________________________

**Title**: ____________________________

**Signature**: ____________________________

**Date**: ____________________________

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Post this Summary page from February 1 to April 20 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. Persons are not required to respond to a collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspect of this data collection, contact US Department of Labor, OSHA Office of Statistical Analysis, Room N 3644, 200 Constitution Avenue, NW, Washington, DC 20210. Please send the completed form to this office.
“OSHA Recordkeeping Forms”

FORM 301 ***

OSHA’s Form 301
Injury and Illness Incident Report

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.

Information about the employee

1) Full name _____________________________________________
2) Street ______________________________________________
3) City ___________________ State ______ ZIP _____________
4) Date of birth ______/_____/______
5) Date kind ______/_____/______
6) Male □ Female □

Information about the physician or other health care professional

7) Name of physician or other health care professional _________________________________
8) If treatment was given away from the workplace, where was it given?
   Facility ___________________________
   Street ___________________________
   City ___________________ State ______ ZIP _____________
9) Was employee treated in an emergency room?
   Yes □ No □
10) 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 nausea; in stool color change."
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 death occur? Date of death ______/_____/______

Public reporting burden for this collection of information is estimated to average 37 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining 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: US Department of Labor OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, N.W., Washington, DC 20210. Leave this completed form to this office.
Changes to Reporting Requirements!

As of January 1, 2015, all employers must report:

- All work-related fatalities within 8 hrs (30 days)
- All work-related inpatient hospitalizations, amputations, and losses of an eye within 24 hours

Employers should call (803) 896-7672. This number is answered 24 hrs a day, 7 days a week!
If you must report...

- Establishment name
- Location of work-related event
- Time of work-related event
- Type of reportable event (fatality, in-patient hospitalization, amputation or loss of an eye)
- Number of employees who suffered the event
- Names of employees who suffered the event
- Contact person and phone number
- Brief description of the work-related incident
Changes to Reporting Requirements!
Do not have to report event if it:

- Resulted from a **motor vehicle accident** on a public street or highway; except in a construction work zone
- Occurred on **commercial or public transportation system** (plane, subway, bus, ferry, street car, light rail, train)
- Occurred more than **30 days** after incident (fatality) or more than **24 hrs** after (in-patient hospitalization, amputation, or loss of eye)
Changes to Reporting Requirements!

Do not have to report event if it:

- Is in-patient hospitalization for **diagnostic testing** or **observation** only
- Is in-patient for a **heart attack**, unless the attack resulted from a work-related incident
Common Training Classes

Accident Investigation
BloodBorne Pathogens
General Safety
Heat Related Illnesses
Lockout / Tagout
OSHA 300, 300A, 301
Safety Committees
Workplace Violence

Back Injury Prevention
Confined Space
Hazard Communication
Ladder Safety
Office Safety
Safety Attitude
Slips, Trips, and Falls
Special Requests
Safety Videos

Below is the description of the safety videos we currently have available for your use. Click on a title and complete the "Contact Us" Form to request a video.

**ACCIDENTS**

- "1. Accident Investigation In The Workplace" (22 minutes)
The purpose of an investigation is to find the cause of an accident, prevent future occurrences, not to fix blame. An unbiased approach is necessary to obtain objective findings. This is an excellent video that illustrates an actual accident investigation and the proper techniques used to perform an accident investigation.

- "2. Accident Reporting And Investigation (C-1)" (14 minutes)
How can management work to improve on the job safety for you and your co-workers when you do not report accidents? How can hazards be fixed if the people with the authority to fix them do not know they exist? You play a key role in promoting safety in your company. To help you in that role, this video will discuss a 5 point action plan which allows you to react more effectively when an accident occurs.

- "3. It Only Takes A Second" (3 minutes)
This video is designed to grab the viewer’s attention and focus their thoughts on safety. The video is an excellent tool to set the stage for discussion on nearly any safety issue.
SAFETY ASSESSMENT

• Initial Meeting
• Discuss your Program
• Form a Plan
• Inspections – “Mock”/Ergo
• Assist with Corrections, Trainings, etc.
“Mock Inspection”

**1910**
- .304(g)(6)(vi)(c)(5)
- .305(b)(1)(ii)
- .305(b)(2)(i)
- .333(a)
- .304(g)(5)
- .334(a)(3)(i)
- .335(a)(1)(i)

**1926**
- 404(b)(1)(ii)
- .405(b)(2)
- .405(b)(1)

**Electrical Citations**
“Mock Inspection” 2

1910
.212(a)(1)
.215(b)(9)
.212(a)(5)
.219(e)(3)(i)
.219(c)(2)(i)
.334(a)(3)(i)
.335(a)(1)(i)

1926
404(b)(1)(ii)
.405(b)(2)
.405(b)(1)

Guarding Citations
HAZARD COMMUNICATION

31910.1200

- Containers improperly labeled, tagged, or marked
- Inadequate training on hazardous chemicals
- No written Hazard Communication Program
- No “master” list for hazardous chemicals
- No MSDS/SDS for hazardous chemicals
“Mock Inspection” 4

Fall-Related Citations

1910
.23(c)(1)

1926
.451(g)(4)(i)
.501(b)(1)
.453(b)(2)(v)
.451(c)(1)(ii)
.501(b)(13)
.501(b)(10)
.451(e)(1)
.501(b)(4)
Earth-Moving Equipment/Forklift Citations

1926
.602(a)(9)(i)
.601(b)(4)
.602(a)(9)(ii)
.602(c)(1)(vi)

1910
.178(l)(1)(i)
.178(l)(4)(iii)
“Mock Inspection” **Others**

- General Duty Clause 1.12(a)
- Lock Out Tag Out 1910.147
- Flammable Liquids 1926.152
- Air Compressors 1910.242
- Excavations 1926.652
- Handheld Power Tools 1910.212
SAFETY SELLS
For Sale
By Owner

MUST SELL
LOST JOB, CAN'T PAY
Mtg. Wife left, took
dog. House a Gem,
except for asbestos.
Best Offer

ID#: BI0BYMN