



“DOE Injury and Illness Reporting and Recordkeeping”

March 24, 2021

Craig Schumann

CAIRS Program Manager

Office of ES&H Reporting and Analysis (AU-23)



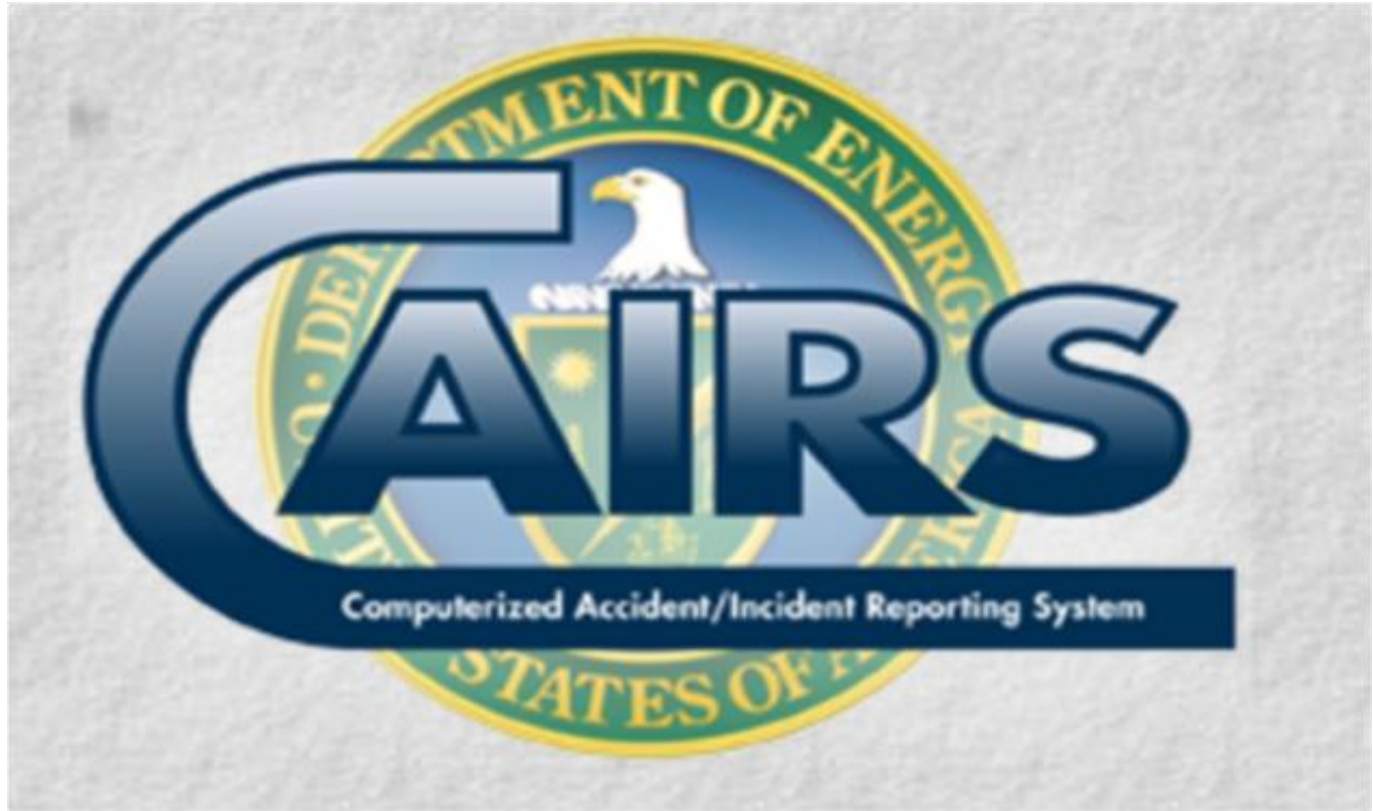


CAIRS

Computerized Accident/Incident
Reporting System



***Injury/Illness Reporting**



The **Computerized Accident/Incident Reporting System** is a database used to collect and analyze DOE and DOE contractor reports of injuries and illnesses that occur during DOE operations....**this is where we get our TRC and DART rates.**

Office of Environment, Health, Safety and Security



If you Google CAIRS you might find:

“ CAL FIRE has a web-based subscription service called
California All Incident Reporting System (CAIRS).

or the

Child and Adult Integrated Reporting System (CAIRS)

(New York State Office of Mental Health)

or the

Chemical Accident Information & Reporting System (CAIRS)

(Government of India)

But in DOE it is the:

Computerized Accident/Incident Reporting System

**Approximately over 1000 reports per year...
different reporting thresholds than ORPS.*

Office of Environment, Health, Safety and Security



NOTE

There are actually three injury/illness recording and reporting groups in the DOE Complex:

The three different groups have separate requirements:

- 1) Federal Employees (29 CFR 1960 “Basic Program Elements for Federal Employees OSHA”)
- 2) DOE Contractor Employees and Subcontractors at Sites covered under 10 CFR 851 (10 CFR 851.23 and 851.26...which incorporate 29 CFR 1904)
- 3) Contractor Employees At DOE Sites Where OSHA Has Jurisdiction (29 CFR 1904 “Recording and Reporting Occupational Injuries and Illness”)



How does DOE collect this data? ...through DOE Order 231.1B

DOE Order 231.1B requires work-related fatalities, injuries and illnesses to be reported into CAIRS



U.S. Department of Energy
Washington, D.C.

ORDER

DOE O 231.1B

Approved: 6-27-2011
Chg 1: 11-28-2012

SUBJECT: ENVIRONMENT, SAFETY AND HEALTH REPORTING

1. **PURPOSE.** To ensure the Department of Energy (DOE), including the National Nuclear Security Administration (NNSA), receives timely and accurate information about events that have affected or could adversely affect the health, safety and security of the public or workers, the environment, the operations of DOE facilities, or the credibility of the Department. This will be accomplished through timely collection, reporting, analysis, and dissemination of data pertaining to environment, safety, and health issues as required by law, or regulations, or in support of United States political commitments to the International Atomic Energy Agency (IAEA).

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What are types of information that must be reported according to
DOE Order 231.1B?

- Annual site environmental information (ASER)
- Occupational safety and health information
- Ionizing Radiation Exposure Information
- Safety basis information
- Radioactive sealed sources information



DOE Order 231.1B/ Attachment 3

“Reporting Occupational Safety and Health Information”

- Contractors must ensure that work-related fatalities, injuries, and illnesses that occur to their **employees and subcontractor employees** are recorded and reported accurately.
- **Injury and illness incident reports must also be submitted electronically using the CAIRS individual accident/incident report format.**
- New reports must be submitted for receipt on or before the 15th and the last working day of the month.



Code of Federal Regulations

10 CFR 851.26 Recordkeeping and reporting.

(a) Recordkeeping. Contractors must:

(2) Ensure that the work-related injuries and illnesses of its workers and subcontractor workers are recorded and reported accurately and consistent with DOE reporting directives.

What are the “DOE reporting directives” mentioned in 10 CFR 851?

DOE Order 231.1B



Do DOE contractors have to follow all of the OSHA 1904 regulations for recordkeeping/reporting?



*And the answer is...10 CFR 851.23(a)(2) says
contractors must comply with:*

**Title 29 CFR, Parts 1904.4 through 1904.11, 1904.29 through 1904.33; and
1904.46, “Recording and Reporting Occupational Injuries and Illnesses.”**

So this does not include all of 1904...

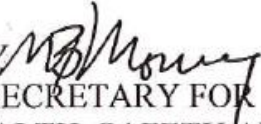


Department of Energy

Washington, DC 20585

March 17, 2015

MEMORANDUM FOR DEPARTMENTAL ELEMENTS

FROM: MATTHEW B. MOURY 
ASSOCIATE UNDER SECRETARY FOR
ENVIRONMENT, HEALTH, SAFETY AND SECURITY

SUBJECT: Revised Department of Energy Reporting Requirement for Severe
Work-related Injuries to Federal Employees

Effective January 1, 2015, work establishments under the jurisdiction of the Occupational Safety and Health Administration (OSHA) will be required to report additional types of severe work-related injuries. As published in the Federal Register on September 18, 2014, title 29, Code of Federal Regulations, part 1904, section 39 (29 CFR 1904.39), is revised to include reporting of all fatalities, inpatient hospitalizations, amputations, and losses of an eye as a result of work-related incidents. Equivalent reporting requirements for Department of Energy (DOE) contractor work-related injuries and illnesses are under the jurisdiction of DOE, not OSHA, and therefore not subject to this revision in 29 CFR 1904.39. However, DOE reporting requirements for severe work-related injuries and illnesses to Federal employees are subject to OSHA requirements, as provided in 29 CFR 1904.39 and invoked in DOE Order 231.1B, *Environment, Safety and Health Reporting* (DOE O 231.1B).

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General Recording Criteria

Requires records to include any work-related injury or illness resulting in one or more of the following:

- Death
- Days away from work...(DART)
- Restricted work or transfer to another job...(DART)
- Medical treatment beyond **first aid**...(prescription medicine)
- Loss of consciousness
- Diagnosis of a significant injury/illness by a physician or other licensed health care professional
- Meets special recording criteria



Determination of Work Relatedness

You must consider an injury or illness 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.



Work-Related Exceptions

You are not required to record injuries and illnesses if it involves:

- eating, drinking, or preparing food or drink for personal consumption
- **common colds and flu**
- voluntary participation in wellness or fitness programs
- personal tasks, grooming or self-medication
- present in work environment as a member of the general public rather than as an employee
- signs and symptoms surface at work but result solely from non-work-related event
- mental illness
- motor vehicle accident in parking lot during commute

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1904.29(a):

“Basic requirement. You must use OSHA 300, 300-A, and **301 forms, or equivalent forms**, for recordable injuries and illnesses.”

“The OSHA 300 form is called the Log of Work-Related Injuries and Illnesses, the 300-A is the Summary of Work-Related Injuries and Illnesses, and the **OSHA 301 form is called the Injury and Illness Incident Report.**”

- OSHA Form 300
- OSHA Form 300A
- OSHA Form 301
- *Requires additional form for some cases –if it is a “Privacy Case”



OSHA's Form 300

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

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) | Using these four categories, check ONLY the most serious result for each case: | | | | (K) | (L) | (M) | | | | |
| | | | | | | Death (G) | Days away from work (H) | Remained at work | | On job transfer or restriction (K) | Away from work (L) | Injury (1) | Skin disorder (2) | Respiratory condition (3) | Poisoning (4) | All other illnesses (5) |
| | | | | | | | | Job transfer or restriction (I) | Other recordable cases (J) | | | | | | | |
| | | | month/day | | | <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 Statistics, Room N-5644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

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

Page __ of __

OSHA Form 300

The severity of a case decreases on the log from column G (Death) to column J

Office of Environment, Health, Safety and Security



OSHA's Form 300A

Summary of Work-Related Injuries and Illnesses

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

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.
Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."
Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

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

Number of Days

| Total number of days of job transfer or restriction | Total number of days away from work |
|---|-------------------------------------|
| _____ | _____ |
| (K) | (L) |

Injury and Illness Types

| Total number of . . . | |
|----------------------------------|-------------------------------|
| (M) | |
| (1) Injuries _____ | (4) Poisonings _____ |
| (2) Skin disorders _____ | (5) All other illnesses _____ |
| (3) Respiratory conditions _____ | |

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 50 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 current 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 Statistics, Room N-36840 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment Information

Your establishment name _____

Street _____

City _____ State _____ ZIP _____

Industry description (e.g., *Manufacture of motor truck trailers*) _____

Standard Industrial Classification (SIC), if known (e.g., *SIC 3715*) _____

Employment Information

(If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees _____

Total hours worked by all employees last year _____

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive _____ Title _____

(_____) / / _____
Phone _____ Date _____

OSHA Form 300A

(should be posted now Feb 1-April 30)

Office of Environment, Health, Safety and Security



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. 1218-0175

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?
9) Was employee hospitalized overnight as an in-patient?

Information about the case

- 10) Case number from the Log _____
11) Date of injury or illness ____/____/____
12) Time employee began work _____ AM / PM
13) Time of event _____ AM / PM
14) What was the employee doing just before the incident occurred?
15) What happened?
16) What was the injury or illness?
17) What object or substance directly harmed the employee?
18) If the employee died, when did death occur?

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 maintaining the data needed, and completing and reviewing the collection of information. Persons 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 collection, including suggestions for reducing this burden, contact: US Department of Labor, OSHA Office of Statistics, Room N-3514, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

OSHA Form 301



Do we use the OSHA Form 301?

10 CFR 851.20(b)(2)(vi):

“The DOE Form 5484.3 (the DOE equivalent to OSHA Form 301) that contains the employee’s name as the injured or ill worker”

*This 5484.3 is the CAIRS form...
Computerized Accident/Incident Reporting System



DOE F 5484.3
(05-98)
All Other Editions
Are Obsolete

U.S. Department of Energy
INDIVIDUAL ACCIDENT/INCIDENT REPORT
Official Use Only - Privacy Act

OMB Control No.
1910-0300

General Information

1. Organization Name: _____

Organization Code:

2. Case Number: Revision: Yes

3. Did accident involve more than one reporting organization?
 Yes No

Multiple Case Number:

4. Accident Type: Injury/Illness Vehicle
 Property Damage Other

5. Investigation Type: A B C Non-recordable

6. Department, Division, or I.D. Code: _____

7. Date of Occurrence:
Month Day Year (YYYY)

8. Time of Event: (Military)

9. Accident Occurred: Indoors Outdoors

10. On Employer's Premise: Yes No

11. Specific Location: _____

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Why is this data important?

What does DOE use it for?

#1 reason... it is a regulatory requirement but there are other uses

- Typically injury/illness rates are one of the evaluation factors used by DOE in the Performance Evaluation and Measurement Plan (PEMP) ...determining annual performance fees
- It is also used in “Request for Proposals”
(see next slide)



Office of Environmental Management

DOE Issues Draft Request for Proposal for Integrated Tank Disposition Contract at the Hanford Site

FEBRUARY 25, 2021

Section M Evaluation Factors for Award

(f) Performance information. The Government will only evaluate past performance information for work it considers relevant to the acquisition in terms of similar in scope, size, and complexity, as defined above in paragraph (a), and within the timeframe specified, as defined above in paragraph (a). **The Offeror may also be evaluated on safety statistics (OSHA, Days Away, Restricted or Transferred (DART) and Total Recordable Case (TRC))** and DOE enforcement actions and/or worker safety and health, nuclear safety, and/or classified information security incidents or notifications posted to the DOE Office of Enterprise Assessments website (<https://energy.gov/ea/information-center/enforcement-infocenter>) and corrective actions taken to resolve those problems.

Office of Environment, Health, Safety and Security



The contractor's average for both **DART case rates and TRC rates for the most recent 3-year period shall be at or below the most recent specific industry national average** NAICS code three digit level published by the Bureau of Labor Statistics (BLS).



The Voluntary Protection Programs (VPP) recognize employers and workers in the private industry and federal agencies who have implemented effective safety and health management systems and **maintain injury and illness rates below national Bureau of Labor Statistics averages for their respective industries.**



OSHA recognizes that injury and illness rates do not necessarily indicate an employer's lack of interest in safety and health.

Recording a case indicates only three things:

- (1) that an injury or illness has occurred;
- (2) that the employer has determined that the case is work-related (using OSHA's definition of that term);
- (3) that the case is non-minor, i.e., that it meets one or more of the OSHA injury and illness recording criteria.

Federal Register /Vol. 66, No. 13 / Friday, January 19, 2001 /Rules and Regulations 5933



Must the Employer Be at Fault For the Case To Be OSHA Recordable?

- No. For OSHA recordkeeping purposes, it does not matter who was at fault
- The injury/illness did not have to result from some “defect” in the workplace
- It doesn’t matter if the case was preventable
- It doesn’t matter if the case was compensable



DOE question

- An employee stood up from his office chair and felt a muscle strain.
- The incident occurred in the morning and the employee states that he had been doing nothing in the workplace that could have caused his strain.
- He had been doing some yard work at home over the previous weekend.
- He was given a prescription for a muscle relaxant.

Is this recordable?



DOE response

- The case is recordable because there was an event in the workplace that either caused or contributed to the injury.
- Although the injury seems to have merely surfaced at work, there is an event, getting out of the office chair, that is an environmental factor present in the work-place that contributed to the injury.
- Work-relatedness is established when a workplace event causes or contributes to an injury.
- The injury meets the criterion for recordability because prescription medication was provided.



What about COVID-19?

If you get it, is it a CAIRS case?

Remember the exception:

You are not required to record injuries and illnesses if it involves:

- common colds and flu... **but COVID-19 is not the common cold or flu**

**The work-relatedness exception for the common cold or flu
does not apply to these cases**



Is it a CAIRS case?

The answer is yes...if all the following are true:

1. The case is a confirmed case of COVID-19 ;
2. The case is work-related and;
3. The case involves one or more of the general recording criteria (medical treatment beyond first aid, days away from work).

What is the most difficult question?



The most difficult question is determining work-relatedness.

In other words, did you get it at work?

- The expectation is that a *reasonable determination/inquiry* be made.
- For example, an employee's COVID-19 illness *is likely work-related* if the job duties include having frequent, close exposure to the general public in a locality with ongoing community transmission and there is no alternative explanation.
- Alternatively, an employee's COVID-19 illness *is likely not work-related* if outside the workplace, they have a family member or close friend who has COVID-19.
- In summary...

“If, after the reasonable and good faith inquiry described above, the employer cannot determine whether it is more likely than not that exposure in the workplace played a causal role with respect to a particular case of COVID-19, the employer does not need to record that COVID-19 illness.”



Some key points to remember...

- The OSHA regulations define what is an occupational injury or illness and what must be recorded.
- DOE requires these cases to be reported into CAIRS.
- Here is the purpose of the OSHA “Recording and Reporting Occupational Injuries and Illness” 29 CFR 1904 regulations:

“The purpose of this rule (part 1904) is to require employers to record and report work-related fatalities, injuries, and illnesses.”

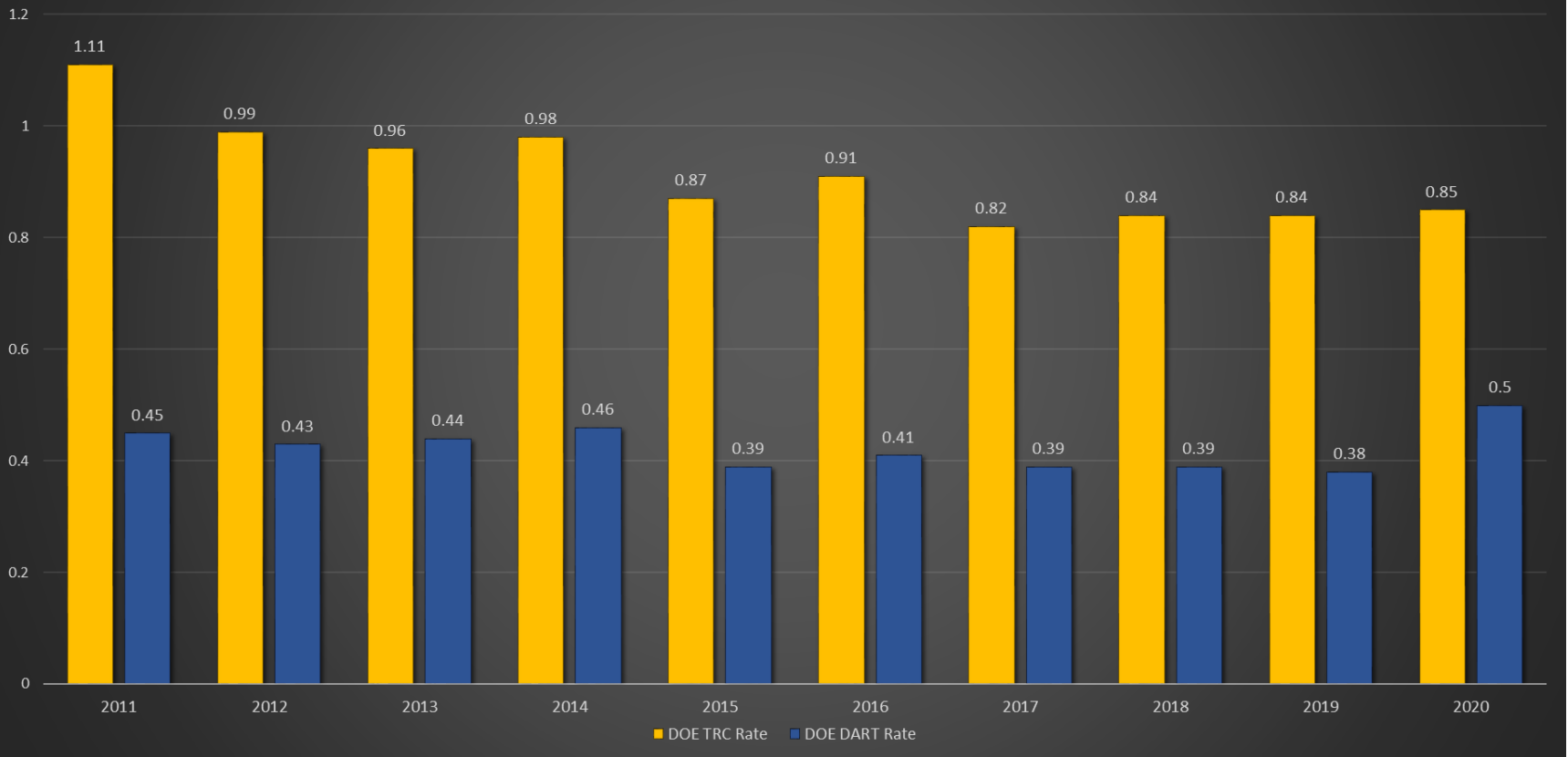
Note to § 1904.0: Recording or reporting a work-related injury, illness, or fatality does not mean that the employer or employee was at fault, that an OSHA rule has been violated, or that the employee is eligible for workers' compensation or other benefits.”



- **TRC** means Total Recordable Case. *{sometimes referred as Total Case Incident Rate (TCIR)}*
- **DART** means Days Away, Restricted or Transfer.
- This injury and illness information is objective data that can be used in evaluating safety programs.
- These are incident rates **based on the treatment the injury received** but they do not generally relate to either how severe the injury was or more importantly, how severe the injury could have been.



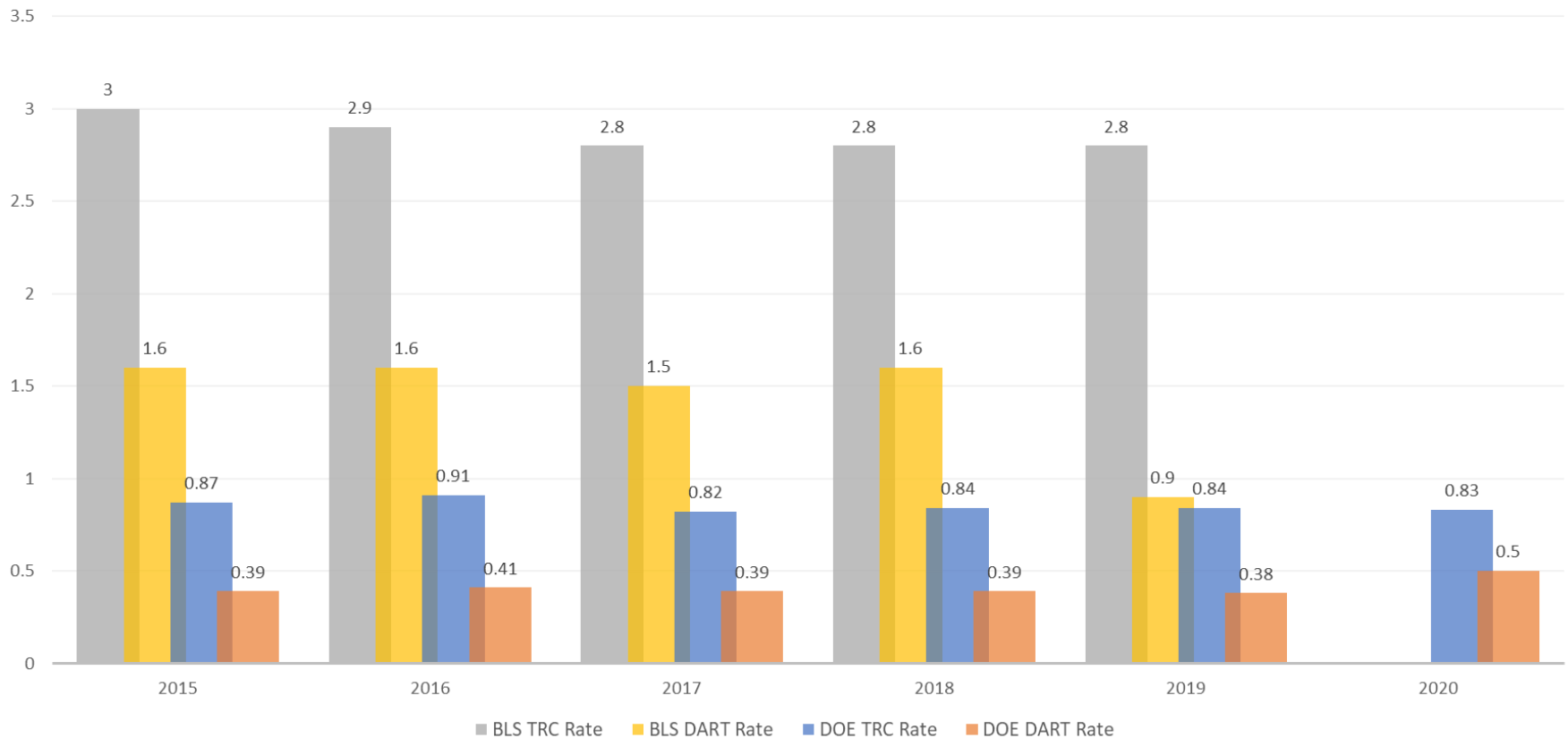
DOE Occupational Injury and Illness Incidence Rates CY 2011-2020



Office of Environment, Health, Safety and Security



Comparison of BLS-Private Industry and DOE Occupational Injury and Illness Incidence Rates CY 2015-2020 (BLS 2020 data not available)



Office of Environment, Health, Safety and Security



This is a table of the total number of cases submitted to CAIRS in CY 2020 by event category that best describes the way the injury or illness was produced or inflicted by the source of injury or illness

| | |
|--|-------------|
| Bodily Reaction and Exertion | 347 |
| Pandemic | 289 |
| Contact with Objects and Equipment | 276 |
| Falls | 144 |
| Exposure to Harmful Substances or Environments | 59 |
| Other Events or Exposures | 33 |
| Transportation Accidents | 15 |
| Fires and Explosions | 3 |
| Assaults and Violent Acts | 3 |
| Total for CY 2020 | 1169 |



**This is a table of CY 2020 CAIRS cases
submitted by Program Office**

| | |
|--|-------------|
| Energy Efficiency and Renewable Energy | 5 |
| Environmental Management | 176 |
| Fossil Energy | 11 |
| Legacy Management | 1 |
| National Nuclear Security Administration | 637 |
| Nuclear Energy | 80 |
| Power Administration | 10 |
| Science | 249 |
| Total for CY 2020 | 1169 |



Final Test Question

CAIRS is an acronym that means:

- a) Computerized Accident/Illness Recordkeeping System
- b) Computerized Accident/Investigation Reporting System
- c) Computerized Accident/Injury Recordkeeping System
- d) Computerized Accident/Incident Reporting System



QUESTIONS?

Craig Schumann

CAIRS Program Manager
craig.schumann@hq.doe.gov
630-252-9176

Office of Environment, Health, Safety and Security