



**HO-CHUNK NATION CODE (HCC)  
TITLE 6 – PERSONNEL, EMPLOYMENT AND LABOR CODE  
SECTION 8 – OCCUPATIONAL SAFETY AND HEALTH  
PROGRAM ACT OF 2002  
SUBSECTION 20 – RECORDKEEPING**

**ENACTED BY LEGISLATURE: MAY 20, 2002**

**LAST AMENDED AND RESTATED: December 6, 2022**

**CITE AS: 6 HCC § 8-20**

1. **Authority.** See basic document (Occupational Safety and Health Program Act).
2. **Purpose.** This subsection of the Occupational Safety and Health Act contains the requirements to record and report work-related injuries, illnesses, and fatalities. The records assist in efforts to discover, evaluate, and address workplace hazards; assist the Division of Safety in carrying out enforcement and consultation programs; aid in the development and evaluation of safety and health ordinances; are used to develop information and conduct research regarding the causes and prevention of occupational injuries and illnesses; and accurately describe the nature of occupational safety and health problems to the Nation or its facilities.
3. **Scope.** Each facility of the Ho-Chunk Nation as applicable will develop and implement a written accident reporting and investigation procedures and methods. This written plan is intended to demonstrate the Ho-Chunk Nation’s compliance with the provision and requirements of 29 C.F.R. § 1904.04 Recording Criteria. Recording an injury or illness does not necessarily mean that the nation or employee was at fault, that an OSHD ordinance was violated, or that the employee is eligible for worker’s compensation or other insurance benefits.
4. **Coverage and Exemptions.** Coverage and exemptions are summarized and specified in the following table:

**Covered Employees**

| Division/Department        | Specific Classification  |
|----------------------------|--|
| Agriculture                | All Classifications  |
| Transportation & Utilities | All Classifications  |
| Whole Sale                 | All Classifications  |
| Retail                     | General Merchandise<br>Food Stores<br>Eating and Drinking Places<br>Fuel Dealers   |
| Services                   | Hotels, Rooming Houses, Camps and other Lodging Places<br>Services to Dwellings and Other Buildings<br>Automotive Repair, Services and Parking<br>Health Services<br>Job Training & Vocational Rehabilitation Services<br>Residential Care |

**5. Injury and Illness Log and Summary.** Ho-Chunk Nation Facilities and enterprises shall maintain **an OSHA 300 Injury and Illness Log and 300A Summary Form** and make reports as specified under this subsection.

**6. Administrative Duties.** The Ho-Chunk Nation is responsible for developing and maintaining this written accident reporting, investigation and recordkeeping plan. The Office of Division of Safety is solely responsible for all facets of this ordinance and has full authority to make necessary decisions to ensure the success of this ordinance. Records and other associated documents relating to work related injuries or illnesses shall be kept at the individual facilities where the employee reports for work. Human Resource departments at each facility have the appropriate training and experience to insure the recordkeeping and reporting provisions of this ordinance are maintained.

**7. Definitions.**

a. "Amputation" means the traumatic loss of a limb or other external body part. Amputations include a part, such as a limb or appendage, that has been severed, cut off, amputated (either completely or partially); fingertip amputations with or without bone loss; medical amputations resulting from irreparable damage; and amputations of body parts that have since been reattached."

b. "Employee" means any person who performs labor services alone for the Ho-Chunk Nation for hire at an established wage or salary.

c. "First Aid" means the following treatment for work related injuries and illnesses. This following list is a comprehensive list of all treatments considered first aid for recordkeeping purposes.

- (1) Visit(s) to a health care provider limited to observation.
- (2) Diagnostic procedures, including the use of prescription medications solely for diagnostic purposes (e.g., eye drops to dilate pupils).
- (3) Use of nonprescription medications, including antiseptics.
- (4) Simple administration of oxygen.
- (5) Administration of tetanus or diphtheria shot(s) or booster(s).
- (6) Cleaning, flushing or soaking wounds on skin surface.
- (7) Use of wound coverings such as bandages, gauze pads, etc.
- (8) Use of hot/cold therapy (e.g. compresses, soaking, whirlpools, nonprescription skin cream/lotions for local relief, etc.), except for musculoskeletal disorders.
- (9) Use of any totally non-rigid, non-immobilizing means of support (e.g., elastic bandages).
- (10) Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister
- (11) Use of eye patches.

(12) Removal of foreign bodies not embedded in the eye if only irrigation is required.

(13) Removal of splinters or foreign material from areas other than the eyes by irrigation, tweezers, cotton swabs or other simple means.

d. “Health Care Provider” means a person operating within the scope of his or her license, registration or certification in health care.

e. “Injury or Illness” means any sign, symptom, or laboratory abnormality, which indicates an adverse change in an employee’s anatomical, biochemical, physiological, functional, or psychological condition.

f. “Medical Treatment” means any medical care or treatment beyond “first aid”.

g. “Ordinance” means the Occupational Safety and Health Program Act of 2002. The definitions contained in this subsection of the Act and related interpretations shall be applicable to such terms when used in this subsection.

h. “Responsible Management Official” means the person at a facility or enterprise accountable for certifying the accuracy and completeness of the entries on the OSHA 300 Injury and Illness Log and 300A Summary Form. This person is normally identified as the highest ranking official working at the establishment.

i. “Restricted Work Activity” means the employee is not capable of performing at full capacity for a full shift at the task he or she was engaged in at the time of the injury or onset of illness (the task includes all facets of the assignment the employee was performing) or his or her daily work activity (daily work activity includes all assignments the employee was expected to perform on the day of injury or onset of illness).

j. “Work Environment” means the facility, enterprise and other locations where employees are engaged in work or are present as a condition of their employment.

## **8. Injury/Medical Issues.**

a. If a workplace accident results in an injury or illness requiring hospitalization of one or more employees; a fatality; amputation; or loss of an eye, the facility manager or highest ranking management official present shall immediately notify the OSHD at 715-284-5877. The OSHD will notify the nearest OSHA Office within the required eight hours by phone or in person.

b. If an injured person is taken to a doctor, a statement from the doctor will be attached to the Accident Report Form. See Appendix B (Ho-Chunk Nation Accident Investigation Form).

c. Employees with workplace injuries resulting in time off work will be put in the facility or enterprise Return-to-Work Program to facilitate their full recovery and resumption of original work.

d. Weekly compensation for workplace injuries or illnesses requiring time of work, as indicated by ordinance, applies after the third day of wage loss. (Sundays are not included in the three-day waiting period unless the employee ordinarily works or was scheduled to work on Sunday).

e. If the disability continues for more than seven (7) calendar days, worker's compensation goes back to day one.

f. On the day of the injury, the Nation will cover the time loss due to doctor and/or emergency room visits, or inability to work, up to a maximum of two hours.

g. Anytime an employee is away from work because of an accident on-the-job, it should be recorded as follows: Off Work – Work Related Injury or Illness.

### **9. OSHA 300 Injury and Illness Log and 300A Summary Form.**

a. Each facility, enterprise or location shall maintain an OSHA 300 Injury and Illness Log and 300A Summary Form or equivalent for recordable injuries and illnesses experienced by employees.

b. Every recordable injury and illness shall be entered within seven (7) calendar days of receiving information that a recordable injury or illness has occurred. A recordable injury or illness is one, which meets all the following four criteria:

(1) An injury or illness exists (see definition of injury or illness).

(2) The injury or illness is work-related (see definition of work-related).

(3) The injury or illness is new. A new injury or illness does not result from a recurrence of a pre-existing condition if no new or additional workplace incident or exposure occurs. A recurrence of a previous work related injury or illness is presumed to be a new case when it either (i) results from a new work event or exposure, or (ii) 45 days have lapsed since medical treatment, restricted work or days away from work were discontinued and last signs or symptoms were experienced.

(4) The injury or illness meets one or more of the following:

(a) Results in death or loss of consciousness

(b) Results in day(s) away from work, restricted work activity or job transfer.

(c) Requires medical treatment beyond first aid.

(d) Is a recordable condition listed in Subpart C to 29 C.F.R. § 1904.

c. See 29 CFR § 1904.4(b)(2) for a decision tree for recording occupational injuries and illnesses.

### **10. Accident Reporting Procedures.**

a. Report Immediately.

(1) An employee must report any injury, no matter how slight, to his or her supervisor no later than the end of the employee's workday on the day of the accident causing the injury as outlined in the HCN Employment Relations Act of 2004, Chapter VIII, labeled "*Worker's Compensation Plan*", Section 60, labeled "*Reporting Obligations*".

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An injury may be reported by another on behalf of the employee. An employee's failure to report a job related injury no later than the end of his/her workday shall result in the employee being ineligible for worker's compensation and/or medical benefits.

(2) The supervisor is responsible for completing an Injury Report Form and submitting it within 24 hours to the Human Resource Department, the Department of Personnel or its agent, as applicable. A supervisor's failure to file an injury report that initially prevents the employee from becoming eligible for worker's compensation and/or medical benefits shall result in disciplinary action against the supervisor.

b. The supervisor must immediately notify Human Resources when the incident/accident occurs. If the incident/accident requires hospitalization, a death or major property damage the Occupational Safety and Health Division should be notified immediately.

c. Any employee witnessing an accident at work is to call for emergency help or whatever assistance appears to be necessary. In addition, the employee is immediately to report the accident to his or her supervisor and take part in answering questions related to the Accident Report and Accident Investigation.

**11. Accident Investigation Procedures.** Thorough investigation of all accidents will lead to identification of accident causes and help:

a. Reduce economic losses from injuries and lost time.

b. Determine why accidents occur, where they happen, and any trends that might be developing.

(1) Employees develop an awareness of workplace problems and hazards.

(2) Identify areas for process improvement to increase safety and productivity.

(3) Note areas where training information or methods need to be improved.

(4) Suggest a focus for safety program development.

c. For accident investigations, the employee's supervisor will perform the following:

(1) Conduct accident investigation at the scene of the injury as soon after the injury as safely possible.

(2) Ask the employee involved in the accident and any witnesses, in separate interviews, to tell in their own words exactly what happened.

(3) Repeat the employee's version of the event back to the employee and allow the employee to make any additions or corrections.

(4) After the employee has given the description of the event, ask appropriate questions that focus on causes.

(5) When finished, remind the employee the investigation was to determine the cause and possible corrective action that can eliminate the cause(s) of the accident.

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(6) Complete an Accident Investigation Report with the employee and review data with employee for accuracy. This will provide information to put into database format.

d. The Accident Investigation Report is used to:

- (1) Track and report injuries on a monthly basis.
- (2) Group injuries by type, cause, body part affected, time of day, and process involved.
- (3) Determine if any trends in injury occurrence exist and graph those trends if possible.
- (4) Identify any equipment, material, or environmental factors that seem to be commonly involved in injury trends.
- (5) Proceed with improvements to reduce the likelihood of future injuries.

**12. Location of Records.** Records required by this subsection and OSHA §§ 1904.4, 1904.5, and 1904.6 for employees who report to work at a single facility or location shall be kept at that facility or location. Human Resources or Safety Offices are responsible for maintaining the following records and documentation:

- a. OSHA 300 Log of Injuries and Illness.
- b. Accident Investigation Reports.
- c. Training records.

**13. Retention and Updating of Work-related Injury and Illness Records.**

- a. Retention. OSHA Forms 300 and 301 or equivalents, and year-end summaries shall be retained for 5 years following the end of the year to which they relate.
- b. Updating. During the retention period, OSHA 300 and 301 Forms may have to be revised or updated if newly recordable injuries or illnesses are discovered.

**14. Period Cover.** Records shall be kept on a calendar year basis.

**15. Mandatory Appendices.** This Subsection uses selected criteria and information as set forth by the United States Department of Labor, Occupational Safety and Health Administration in C.F.R. § 1904 *Recording and Reporting Occupational Injuries and Illnesses*.

- a. 1904.4 Recording criteria.
- b. 1904.5 Determination of work-relatedness.
- c. 1904.6 Determination of new cases.
- d. 1904.7 General Recording criteria.
- e. 1904.8 Recording criteria for needlestick and sharps injuries.

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f. 1904.29 Forms.

16. **Program Evaluation.** This Recordkeeping Program (accident reporting and investigation) is to be evaluated and updated on an annual basis to determine whether the ordinance is being followed and if further training may be necessary.

17. **Administration and Enforcement.** See Section 12 of the Occupational Safety and Health Program Act.

Appendices:

- A. First Aid Report
- B. Ho-Chunk Nation Supervisor's Report of Accident
- C. Monthly Summary of Injuries and Illnesses

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**Legislative History:**

12/5/01 Reviewed by Administration Committee.

1/9/02 Legislature posts for 45-day Public Review.

5/20/02 Enacted as Recordkeeping (6 HCC § 8-20) by Legislative Resolution 5/20/02E.

9/4/02 Amended and Restated by Legislative Resolution 9/4/902D amending paragraph 10a.

9/29/22 Legislature posts for 45-Day Review.

12/6/22 Amended and restated as Recordkeeping (6 HCC § 8-20) by Legislative Resolution 12-06-22E.

APPENDIX A (FIRST AID REPORT)

**FIRST AID REPORT**  
*Please Print Clearly*

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

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Department: \_\_\_\_\_ Date of Hire \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Date of Occurrence: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Work Related Injury or Illness Sustained: \_\_\_\_\_  
\_\_\_\_\_

Care Given By: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Care Given: \_\_\_\_\_

Employee Went:  Back to Work  To Doctor  Hospital  Home

Employee's Description of Occurrence: (Specific Details) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Supervisor Signature: \_\_\_\_\_

This Report Completed By: \_\_\_\_\_

Originals to: On-Site Safety Department                      Copy to: Supervisor

**Note:** This First Aid Report is locally reproducible and is prepared at the time the employee became injured or (work related) illness was sustained. To be filled out by employee/supervisor.

(Revised 09/03/03)



**APPENDIX B (HO-CHUNK NATION SUPERVISOR'S REPORT OF ACCIDENT FORM)**

**SUPERVISOR'S REPORT OF ACCIDENT - HO-CHUNK NATION**

*(PLEASE READ AND FOLLOW INSTRUCTIONS ON BACK)*

EVERY ACCIDENT SHOULD BE INVESTIGATED AND THE CAUSES CORRECTED SO THAT MORE ACCIDENTS WILL NOT OCCUR. DO NOT OVERLOOK THE SO-CALLED "UNIMPORTANT" CASES, BECAUSE, EXCEPT FOR "CHANCE" THEY COULD ALSO HAVE BEEN SERIOUS. IT IS ONLY BY THOROUGH INVESTIGATION THAT MANY OF THE REAL CAUSES CAN BE DETERMINED AND CORRECTED.

EMPLOYEE NAME \_\_\_\_\_ EMPLOYER \_\_\_\_\_

DATE OF ACCIDENT \_\_\_\_\_ TIME \_\_\_\_\_ DEPT. \_\_\_\_\_

DATE AND TIME REPORTED \_\_\_\_\_ DID EMPLOYEE LOSE TIME FROM WORK? YES  NO

HOURS LOST ON DATE OF \_\_\_\_\_ HAS EMPLOYEE RETURNED TO WORK? YES  NO

JOB TITLE \_\_\_\_\_ SERVICE WITH THE EMPLOYER \_\_\_\_\_ YEARS IN PRESENT JOB \_\_\_\_\_

**GIVE US YOUR HONEST COMMENTS ON QUESTIONS BELOW. WE ARE NOT TRYING TO BLAME ANYONE. YOUR OPINION MAY HELP US PREVENT ACCIDENT REPETITION.**

PLEASE ANSWER THE FOLLOWING:

CHECK "YES" OR "NO"

- |   |                              |                              |
|---|------------------------------|------------------------------|
| 1. WAS INJURED PERSON PROPERLY INSTRUCTED IN SAFE AND EFFICIENT METHODS?..... | YES <input type="checkbox"/> | NO <input type="checkbox"/>  |
| 2. DID INJURED PERSON VIOLATE ANY INSTRUCTIONS?.....                          | NO <input type="checkbox"/>  | YES <input type="checkbox"/> |
| 3. WAS NECESSARY PROTECTIVE EQUIPMENT WORN? (IF APPLICABLE).....              | YES <input type="checkbox"/> | NO <input type="checkbox"/>  |
| 4. DID POOR HOUSEKEEPING CONTRIBUTE TO INJURY?.....                           | NO <input type="checkbox"/>  | YES <input type="checkbox"/> |
| 5. DID HORSEPLAY CAUSE THE INJURY?.....                                       | NO <input type="checkbox"/>  | YES <input type="checkbox"/> |
| 6. WAS IT CAUSED BY SOMETHING WHICH NEEDED REPAIRS?.....                      | NO <input type="checkbox"/>  | YES <input type="checkbox"/> |
| 7. SHOULD A GUARD BE PROVIDED?.....   | NO <input type="checkbox"/>  | YES <input type="checkbox"/> |
| 8. DID ANY BODILY DEFECT CONTRIBUTE TO INJURY?.....                           | NO <input type="checkbox"/>  | YES <input type="checkbox"/> |
| 9. WAS IT CAUSED BY AN UNSAFE ACT?.....                                       | NO <input type="checkbox"/>  | YES <input type="checkbox"/> |
| 10. DID INJURED REPORT THE INJURY TO YOU, THE SUPERVISOR, IMMEDIATELY?.....   | YES <input type="checkbox"/> | NO <input type="checkbox"/>  |

ACCIDENT. (DESCRIBE WHAT INJURED WAS DOING AT TIME OF ACCIDENT, WHAT HAPPENED, WHO WAS INVOLVED, NATURE OF INJURY, PART OF BODY AFFECTED.) \_\_\_\_\_

WITNESSES' NAMES \_\_\_\_\_

UNSAFE ACTS. (WHAT DID THE EMPLOYEE OR ANOTHER PERSON DO INCORRECTLY?) \_\_\_\_\_

UNSAFE CONDITIONS. (WHAT UNGUARDED OR UNSAFE CONDITION OF MACHINERY, EQUIPMENT, BUILDING OR PREMISES WAS INVOLVED?) \_\_\_\_\_

ACTIONS TAKEN. (WHAT DID YOU DO TO CORRECT THE CONDITIONS WHICH CAUSED THIS INJURY?) \_\_\_\_\_

REMEDIES. (WHAT SHOULD YOUR ORGANIZATION DO TO PREVENT OTHER INJURIES LIKE THIS?) \_\_\_\_\_

MEDICAL CARE. DID EMPLOYEE GO TO DOCTOR OR HOSPITAL? YES  NO  IF YES, COMPLETE THE FOLLOWING

NAME OF DOCTOR OR HOSPITAL \_\_\_\_\_ DATE OF INITIAL VISIT \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

AS SUPERVISOR, DO YOU FEEL THAT THIS INJURY SHOULD BE COVERED UNDER THE WORKER'S COMPENSATION PROGRAM?  YES  NO

REASONS WHY \_\_\_\_\_

REPORT SUBMITTED BY \_\_\_\_\_ DATE \_\_\_\_\_

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**APPENDIX B (HO-CHUNK NATION SUPERVISOR’S REPORT OF ACCIDENT FORM)**

**COMPLETION INSTRUCTIONS FOR SUPERVISORS' REPORT OF ACCIDENT (SRA)**

The primary purpose of the SRA is to investigate the accident. It is also used to report the accident to the central office where the Employee Injury Report is then completed by administrative personnel. The SRA should be filled out as soon as possible after the accident.

If the SRA is incomplete or delayed, corrective action may also be delayed. A delay in taking corrective action will probably result in the occurrence of a similar accident.

The initial information asked for at the top of the SRA concerning the injured person's name, occupation, age, job history and loss of time from work is self-explanatory, but very necessary for eventual completion of the Employee Injury Report.

The following is a line-by-line set of instructions for completing of the SRA by the **Supervisor** of the injured employee. Concrete examples of important parts of the form are given for your use. This report should **not** be completed by the injured employee.

**QUESTIONS**

1. Was proper instruction given to the employee on how to do the job safely? Supervisors should instruct their employees on how to do the job efficiently and safely.
2. Referred to in question #1.
3. The supervisor should have told the employee what personal protective equipment is necessary to do the job. Did the employee wear the personal protective equipment when this job was being done?
4. Was the work area clean and well organized? i.e., scraps on the floor, blocked aisles, wet floor, spilled food, etc.
5. Was there inadequate supervision? Did horseplay or practical jokes contribute to the accident?
6. Was the injured person using equipment that was unsafe and in need of repair? i.e., broken ladder, bad electric cord on drill, etc.
7. Would a guard prevent another accident from happening? i.e., guard around the belts and pulleys, railing properly in place, guard on saw, etc.
8. Did this person have any bodily defects which might have helped cause the accident? i.e., poor vision, previous back injury, etc.
9. Most injuries are caused in part by unsafe acts. An Unsafe Act is something that the injured person or another person did, that he or she should not have done, which led to the accident. Below is a list of the most common unsafe acts and contributing factors:
 

|  |   |  |
|--|---|--|
| 1. Operating without authority                             | 7. Failure to use personal protective equipment                             | 12. Adjusting, clearing jams, cleaning machinery in motion |
| 2. Failure to warn or secure                               | 8. Failure to use equipment provided (except personal protective equipment) | 13. Distracting, teasing                                   |
| 3. Operating at unsafe speed                               | 9. Unsafe loading, placing and mixing                                       | 14. Poor housekeeping practices                            |
| 4. Making safety devices inoperative                       | 10. Unsafe lifting and carrying (including insecure grip)                   | 15. Disregard of instructions                              |
| 5. Using equipment, tools, materials or vehicles unsafely  | 11. Taking an unsafe position   | 16. Lack of knowledge or skill                             |
| 6. Using defective equipment, materials, tools or vehicles |   | 17. Act of other than injured                              |
|  |   | 18. Others .....   |
10. The accident should have been reported immediately to the supervisor; was it?

**Accident**

1. Describe what the injured was doing at the time of the accident.
2. What happened?
3. Who was involved?
4. What injuries resulted?  
Example: John was drilling a hole in the ceiling and chips of plaster fell into his eye. (This answers questions 1 and 2.) John got chips of plaster in his eye, resulting in a scratch to his eye. John was wearing his prescription glasses. (This answers questions 3 and 4.)  
Note the names of witnesses, if any.

**Unsafe Act**

Refer to question 9 above and examples of Unsafe Acts. Example: John was not wearing proper personal protective equipment.

**Unsafe Conditions**

- |   |                         |
|---|-------------------------|
| 1. Defective tools, equipment, substances | 5. Improper ventilation |
| 2. Unsafe design or construction          | 6. Improper dress       |
| 3. Hazardous arrangement                  | 7. Poor housekeeping    |
| 4. Improper illumination                  | 8. Congested area       |
|   | 9. Other                |

**Action Taken** Example: John has been re-instructed to wear proper personal protective equipment such as goggles or face shield when drilling overhead.

**Remedy** Example: Standard safety policy should be adopted that requires use of personal protective equipment. This policy should be strictly enforced by the supervisors.

**Medical Care:** Include all medical information that is known at this time. Do not delay the completion of this form for more complete information.

**As supervisor, do you feel that this injury should be covered under the Ho-Chunk Nations Workers' Compensation Program?** As a general rule, if the employee is injured while at work, that injury is covered under the workers' compensation program. However, if you, as supervisor, have reason to suspect that the injury did not occur at work, please tell us. This is only an opinion and by itself will not deny benefits.

**APPENDIX C (MONTHLY SUMMARY OF INJURIES AND ILLNESSES)**

(Locally reproducible form)

| MONTHLY SUMMARY OF INJURIES AND ILLNESSES |                                     |  |                                |                             |                               |                                       |                     |                            |
|---|-------------------------------------|--|--------------------------------|-----------------------------|-------------------------------|---------------------------------------|---------------------|----------------------------|
| Facility: _____ Date: _____               |                                     |  |                                |                             |                               |                                       |                     |                            |
| a<br>Period                               | b<br>Average<br>No. of<br>Employees | c<br>No. of<br>Employee<br>Hours<br>Worked | d<br>Worker's<br>Comp<br>Costs | e<br>Recordable<br>Injuries | f<br>Lost<br>Workday<br>Cases | g<br>Cases<br>without<br>Lost<br>Days | h<br>Total<br>Cases | i<br>First<br>Aid<br>Cases |
| Jan.                                      |                                     |  |                                |                             |                               |                                       |                     |                            |
| Feb.                                      |                                     |  |                                |                             |                               |                                       |                     |                            |
| <b>2 mo.</b>                              |                                     |  |                                |                             |                               |                                       |                     |                            |
| Mar.                                      |                                     |  |                                |                             |                               |                                       |                     |                            |
| <b>3 mo.</b>                              |                                     |  |                                |                             |                               |                                       |                     |                            |
| Apr.                                      |                                     |  |                                |                             |                               |                                       |                     |                            |
| <b>4 mo.</b>                              |                                     |  |                                |                             |                               |                                       |                     |                            |
| May                                       |                                     |  |                                |                             |                               |                                       |                     |                            |
| <b>5 mo.</b>                              |                                     |  |                                |                             |                               |                                       |                     |                            |
| Jun.                                      |                                     |  |                                |                             |                               |                                       |                     |                            |
| <b>6 mo.</b>                              |                                     |  |                                |                             |                               |                                       |                     |                            |
| Jul.                                      |                                     |  |                                |                             |                               |                                       |                     |                            |
| <b>7 mo.</b>                              |                                     |  |                                |                             |                               |                                       |                     |                            |
| Aug.                                      |                                     |  |                                |                             |                               |                                       |                     |                            |
| <b>8 mo.</b>                              |                                     |  |                                |                             |                               |                                       |                     |                            |
| Sep.                                      |                                     |  |                                |                             |                               |                                       |                     |                            |
| <b>9 mo.</b>                              |                                     |  |                                |                             |                               |                                       |                     |                            |
| Oct.                                      |                                     |  |                                |                             |                               |                                       |                     |                            |
| <b>10 mo.</b>                             |                                     |  |                                |                             |                               |                                       |                     |                            |
| Nov.                                      |                                     |  |                                |                             |                               |                                       |                     |                            |
| <b>11 mo.</b>                             |                                     |  |                                |                             |                               |                                       |                     |                            |
| Dec.                                      |                                     |  |                                |                             |                               |                                       |                     |                            |
| <b>Year</b>                               |                                     |  |                                |                             |                               |                                       |                     |                            |