

RECORDKEEPING AND REPORTING

(A) You must leave the names on the 300 Log. However, to protect the privacy of injured and ill employees, do not record the employee's name on the OSHA 300 Log for certain "privacy concern cases."

(d) When an employee, former employee, or personal representative asks for a copy of the DCBS Form 801 or equivalent describing an injury or illness to that employee or former employee, you must give the requester a copy of the DCBS Form 801 or equivalent containing that information by the end of the next business day.

(e) When an authorized employee representative asks for copies of the DCBS Form 801 or equivalent for an establishment where the agent represents employees under a collective bargaining agreement, you must give copies of those forms to the authorized employee representative within 7 calendar days. You are only required to give the authorized employee representative information from the releasable part of the DCBS Form 801 or equivalent section titled "Tell us about the case" or a similar section. You must remove all other information from the copy of the DCBS Form 801 or equivalent form that you give to the authorized employee representative.

(f) You may not charge for these copies the first time. However, if one of the designated persons asks for additional copies, you may assess a reasonable charge for retrieving and copying the records.

(21) Reporting Fatalities and Hospitalizations to Oregon OSHA. You must report the following to Oregon OSHA at 1-800-922-2689 or 503-378-3272 within the given time limits:

(a) Fatalities 8 hours after occurrence or employer knowledge

You must report a fatality caused by a heart attack at work. You must report a fatality resulting from motor vehicle accidents that happen during the employee's work shift. The local OR-OSHA field office safety or health manager will decide whether to investigate the incident, depending on the circumstances of the heart attack or motor vehicle accident. Report a fatality only if it occurs within 30 days of the accident.

(b) Catastrophe 8 hours after occurrence or employer knowledge.

For the ease of the reader the Definition for Catastrophe is – An accident in which two or more employees are fatally injured, or three or more employees are admitted to a hospital or an equivalent medical facility.

(c) Overnight Hospitalization 24 hours after occurrence or employer knowledge of one or more employees.

Overnight hospitalization is for medical treatment only. Hospitalization for observation is not reportable, nor is emergency room treatment. You must report injuries related to a heart attack or motor vehicle accident as well as other work related injuries.

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Report overnight hospitalizations to the nearest Oregon OSHA field office (Portland, Salem, Bend, Eugene or Medford).

NOTE: Oregon OSHA Field Office locations, telephone and Fax numbers are:

Salem Central Office
350 Winter Street NE, Room 430
Salem OR 97301-3882
(503) 378-3272
Toll Free: (800) 922-2689
Fax: (503) 947-7461

Eugene
1140 Willagillespie, Suite 42
Eugene OR 97401-2101
(541) 686-7562
Fax: (541) 686-7933

Medford
1840 Barnett Road, Suite D
Medford OR 97504-8250
(541) 776-6030
Fax: (541) 776-6246

Portland
Fremont Place, Building I
1750 NW Naito Parkway, Suite 112
Portland OR 97209-2533
(503) 229-5910
Fax: (503) 229-6492

Bend
Red Oaks Square
1230 NE Third Street, Suite A-115
Bend OR 97701-4374
(541) 388-6066
Fax: (541) 388-6203

Pendleton
721 SE Third Street, Suite 306
Pendleton OR 97801-3056
(541) 276-9175
Fax: (541) 276-6869

Salem
1340 Tandem Avenue NE, Suite 160
Salem OR 97309-0417
(503) 378-3274
Fax: (503) 378-4921

(d) Effective date. The effective date for reporting of a fatality resulting from motor vehicle accidents that happen during the employee's work shift is January 1, 2007.

(22) Providing Records to Government Representatives. When an authorized government representative asks for the records you keep in compliance with this standard, you must provide copies of the records within 4 business hours.

(a) Authorized government representatives are:

(A) a representative of the Oregon Department of Consumer and Business Services.

(B) a representative of the Secretary of Labor conducting an inspection or investigation under the Act.

(C) a representative of the Secretary of Health and Human Services (including the National Institute for Occupational Safety and Health - NIOSH) conducting an investigation under Section 20(b) of the Act.

(23) Requests from the Bureau of Labor Statistics or DCBS. If you receive a Survey of Occupational Injuries and Illnesses Form from the Bureau of Labor Statistics (BLS), or a BLS designee, or a request for data from the Oregon Department of Consumer and Business Services, you must promptly complete the form and return it following the instructions on the survey form.