



## OSHA COMPLIANCE CHECKLIST

*Be advised that many industries have their own, specific OSHA requirements. To determine if your organization requires additional compliance, consult your insurance carrier or you can reference this website, [https://www.osha.gov/dcsp/compliance\\_assistance/quickstarts/general\\_industry/index.html#index](https://www.osha.gov/dcsp/compliance_assistance/quickstarts/general_industry/index.html#index)*

### **OSHA Requirements That Apply to Most General Industry Employers**

#### **Hazard Communication Standard.**

This standard is designed to ensure that employers and employees know about hazardous chemicals in the workplace and how to protect themselves. Employers with employees who may be exposed to hazardous chemicals in the workplace must prepare and implement a written Hazard Communication Program and comply with other requirements of the standard.

**Emergency Action Plan Standard.** OSHA recommends that all employers have an Emergency Action Plan. A plan is mandatory when required by an OSHA standard. An Emergency Action Plan describes the actions employees should take to ensure their safety in a fire or other emergency situation.

**Fire Safety.** OSHA recommends that all employers have a Fire Prevention Plan. A plan is mandatory when required by an OSHA standard.

**Exit Routes.** All employers must comply with OSHA's requirements for exit routes in the workplace.

**Walking/Working Surfaces.** Falls from heights and on the same level (*a working surface*) are among the leading causes of serious work-related injuries and deaths. OSHA issued a final rule on November 18, 2016 on walking-working surfaces and personal fall protection systems to better protect workers in general industry from these hazards by updating and clarifying standards and adding training and inspection requirements. The rule is effective on January 17, 2017, with delayed compliance dates for some provisions.

**Medical and First Aid.** OSHA requires employers to provide medical and first-aid personnel and supplies commensurate with the hazards of the workplace. The details of a workplace medical and first-aid program are dependent on the circumstances of each workplace and employer.

## OSHA Requirements That May Apply to Your Workplace

- If you have employees who operate machinery (*e.g., saws, slicers, shears, slitters, power presses, etc.*), you may be subject to OSHA's **Machine Guarding** requirements.
  
- If your employees service or maintain machines or equipment that could start up unexpectedly or release hazardous energy, you may be subject to OSHA's **Lockout/Tagout** requirements.
  
- Electrical hazards, such as wiring deficiencies, are one of the hazards most frequently cited by OSHA. OSHA's electrical standards include design requirements for electrical systems and safety-related work practices.
  
- Employers must perform an assessment of each operation in their workplace to determine if their employees are required to wear **personal protective equipment (PPE)**. Note that engineering controls and work practices are the preferred methods for protecting employees. OSHA generally considers PPE to be the least desirable means of controlling employee exposure.
  
- If necessary to protect the health of your employees, you must provide appropriate **respirators**. You must establish a Respiratory Protection program that meets the requirements of OSHA's Respiratory Protection standard.
  
- Employers whose employees are exposed to excessive **noise** (*e.g., conditions that make normal conversation difficult*) may be required to implement a Hearing Conservation program.
  
- Employers should evaluate their workplaces for the presence of **confined spaces**.
  
- If employees may be exposed to **blood or bodily fluids** as part of their assigned duties, you may be subject to OSHA's Bloodborne Pathogens standard.
  
- If your employees operate **Powered Industrial Trucks** (*i.e., forklifts*), you may be subject to OSHA's Powered Industrial Trucks standard.
  - Review materials related to the standard's operator training requirements, including sample daily checklists and an outline of a sample training program

**\*\*This list is not comprehensive** - additional OSHA standards may apply to your workplace. Be sure to review OSHA's general industry standards (29 CFR 1910) for other requirements. In addition, section 5(a)(1) of the Occupational Safety and Health Act, known as the General Duty Clause, requires employers to provide their employees with a workplace that is free of recognized hazards likely to cause death or serious physical harm. \*\*

## Survey Your Workplace for Additional Hazards

Survey your workplace for additional hazards and OSHA requirements by:

Using a checklist. See the Self-Inspection Checklists in OSHA's Small Business Handbook. OSHA Publication 2209 (2005).

Using an online tool. OSHA eTool: OSHA Hazard Awareness Advisor. This tool can help you identify and understand common safety and health hazards in your workplace. It will ask you about activities, practices, material, equipment, and policies at your workplace. The Hazard Awareness Advisor uses your answers to determine the hazards that are likely to be present. It then prepares a customized report that briefly describes the likely hazards and the OSHA standards that address those hazards.

Using OSHA's Hazard identification Training Tool. This is a game-based training tool for small business owners and workers interested in learning the core concepts of hazard identification. After using this tool, users will better understand the process to identify hazards in their own workplace.

Reviewing OSHA's Safety and Health Information Bulletins

## Develop a Comprehensive Jobsite Safety and Health Program

While OSHA does not require employers to develop comprehensive safety and health programs, development and implementation of these programs is an effective way to comply with OSHA standards and prevent workplace injuries and illnesses. The information you've obtained from the steps above is a good start for developing a comprehensive safety and health program.

### Recordkeeping, Reporting and Posting

Recordkeeping. OSHA requires certain employers to keep records of workplace injuries and illnesses (29 CFR 1904).

First determine if you are exempt from the routine recordkeeping requirements. You are not required to keep OSHA injury and illness records (*unless asked to do so in writing by OSHA or the Bureau of Labor Statistics*) if:

- 1) you had 10 or fewer employees during all of the last calendar year (29 CFR 1904.1); or
- 2) you are in certain low-hazard industries (29 CFR Part 1904, Subpart B, Appendix A).

NOTE: As of January 1, 2015, OSHA updated the list of industries that are partially exempt from keeping OSHA injury and illness records. See Updates to OSHA's Recordkeeping Rule.

If you do not qualify for these exemptions, you must comply with OSHA's recordkeeping requirements.

Download OSHA's recordkeeping forms or order them from the OSHA Publications Office.

Read the regulations. 29 CFR 1904

Reporting Fatalities and Severe Injuries. All employers, regardless of size or industry, must report to OSHA all work-related fatalities within 8 hours. All employers must also report to OSHA all work-related inpatient hospitalizations, all amputations, and all losses of an eye within 24 hours.

Read the regulations. 29 CFR 1904.39

Learn more. OSHA's Recordkeeping Rule.

Electronic Submission of Injury and Illness Data. An OSHA rule requires certain employers to electronically submit certain injury and illness data through OSHA's *Injury Tracking Application (ITA)*.

Learn more. OSHA Final Rule to Improve Tracking of Workplace Injuries and Illnesses

OSHA Poster. All employers must post the OSHA Poster (or state plan equivalent) in a prominent location in the workplace. Download or order the OSHA Poster in English or Spanish, and other languages.

Access to Employee Exposure and Medical Records. An OSHA standard (*29 CFR 1910.1020*) requires employers to provide employees, their designated representatives, and OSHA with access to employee exposure and medical records. Employers generally must maintain employee exposure records for 30 years and medical records for the duration of the employee's employment plus 30 years.

Review an OSHA booklet. Access to Medical and Exposure Records (PDF). OSHA Publication 3110 (2002).

**NOTE:** *If your workplace is in a state operating an OSHA-approved state program, state plan recordkeeping regulations, although substantially identical to federal ones, may have some more stringent or supplemental requirements, such as for reporting of fatalities and catastrophes. Contact your state program directly for additional information.*

## Step 7: Find Additional Compliance Assistance Information

Press Ctrl + Click to access links.

1. Where can I find a collection of OSHA resources designed for smaller employers?
  - Visit OSHA's [Small Business page](#) and learn about OSHA's [On-site Consultation](#).
2. Do you have Spanish-speaking employees?
  - Learn about [OSHA's Spanish language resources](#) and see Spanish translations of OSHA's web pages by clicking on the "Español" link at the top right of the pages.
3. Do you employ temporary workers?
  - Visit [OSHA's Protecting Temporary Workers page](#).
4. Do you employ teen or young workers?
  - Visit [OSHA's Young Workers page](#).
5. Where can I find information to prevent heat illnesses in outdoor workers?
  - Visit [OSHA's Heat Illness Prevention page](#)
6. Are you concerned that your employees could suffer musculoskeletal disorders at the workplace?
  - Visit [OSHA's Ergonomics page](#) to learn about OSHA's approach to ergonomics, review OSHA's voluntary ergonomic guidelines for various industries, and find training resources.
7. Has OSHA developed any compliance assistance information targeted for my specific industry?
  - Learn about OSHA's [industry-specific resources](#).
8. How do I find out about OSHA's voluntary programs and other ways to work cooperatively with OSHA?
  - Learn about OSHA's [Cooperative Programs](#).
9. How can I find OSHA's guidance on preparing workplaces for pandemic influenza?
  - Visit [OSHA's Pandemic Influenza Safety and Health Topics Page](#).
10. How can I keep up to date on OSHA's compliance assistance resources?
  - Visit OSHA's [Help for Employers page](#).
  - Subscribe to or read [QuickTakes](#), OSHA's biweekly electronic newsletter.
11. What if I still have questions?
  - Search the OSHA website. Check the [site index](#) and the [search](#) page.
  - Call the [OSHA 800 Number](#): (800) 321-OSHA (6742).
  - Submit a question by [e-mail](#).
  - Contact your local [OSHA office](#) or [state plan office](#).
  - Request a free [on-site consultation](#).

## 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. 1518-0136

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 with 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 scalding liquid)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:			Days		(M)															
						Remained at Work			Away from work		On job transfer or restriction		Agony		Skin Disorders		Respiratory conditions		Poisonings		Hearing loss		All other illnesses			
						(G) Death	(H) Days away from work	(I) Job transfer or restriction	(J) Other recordable cases	(K) Days	(L) Days	(1) Days	(2) Days	(3) Days	(4) Days	(5) Days	(6) Days	(7) Days	(8) Days	(9) Days	(10) Days	(11) Days	(12) Days	(13) Days	(14) Days	(15) Days
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Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time to review the instructions, search existing data sources, 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 aspect of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20355. Do not send the completed forms to this office.

Be sure to transfer their totals to the Summary page (Form 300A) before you post it.

Page \_\_\_\_\_ of \_\_\_\_\_

## Summary of Work-Related Injuries and Illnesses

Year 20\_\_



U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1518-0136

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 away from work	Total number of days of job transfer or restriction		
(K)	(L)		
Injury and Illness Types			
Total number of . . . (M)			
(1) Injuries		(4) Poisonings	
(2) Skin disorders		(5) Hearing loss	
(3) Respiratory conditions		(6) All other illnesses	

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time to review the instructions, search existing data sources, 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 aspect of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20355. 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 vehicle parts) \_\_\_\_\_

Standard Industrial Classification (SIC), if known (e.g., 3731) \_\_\_\_\_

OR \_\_\_\_\_

North American Industrial Classification (NAICS), if known (e.g., 336212) \_\_\_\_\_

**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 name \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_