
MIOSHA

Michigan Occupational Safety and Health Administration
Department of Licensing and Regulatory Affairs

AGENCY INSTRUCTION

DOCUMENT IDENTIFIER:
MIOSHA-STD-05-2R2

DATE: June 22, 2016

SUBJECT: Recording and Reporting of Occupational Injuries and Illnesses

- I. Purpose. This instruction establishes policies and provides clarification to ensure uniform enforcement and interpretation of MIOSHA Safety and Health Standard, Part 11, R408.22101 et seq., Recording and Reporting of Occupational Injuries and Illnesses.
- II. Scope. This instruction applies agency-wide.
- III. References.
 - A. Agency Instruction, MIOSHA-ADM-15-6, [Injury and Illness \(I&I\) Report Processing](#), as amended.
 - B. Bureau of Labor Statistics (BLS) Survey of Occupational Injuries and Illnesses (BLS-9300N06).
 - C. Executive Office of the President, Office of Management and Budget, [North American Industry Classification System \(NAICS\) Manual](#), 2012.
 - D. General Industry Safety Standard Part 24, R408.12413 et seq., [Mechanical Power Presses](#).
 - E. Injury and Illness Incident Report, MIOSHA 301.
 - F. Known or Suspected Occupational Disease Report; Form MIOSHA- MTSD-51.
 - G. Log of Work-Related Injuries and Illnesses, MIOSHA 300.
 - H. Michigan Occupational Safety and Health Act, R408.1001 et seq., P.A. 154 of 1974, as amended.
 - I. [MIOSHA Field Operations Manual \(FOM\)](#), as amended.
 - J. [MIOSHA Recordkeeping Guide](#) (MIOSHA-MISS-1).
 - K. MIOSHA Safety and Health Standard Part 11, R408.22101 et seq., [Recording and Reporting of Occupational Injuries and Illnesses](#).
 - L. Occupational Health Standard Part 302, R325.51401 et seq., [Vinyl Chloride](#).
 - M. Occupational Health Standard Part 303, R325.50051 et seq., [Methylenedianiline](#).
 - N. Occupational Health Standard Part 306, R325.51451 et seq., [Formaldehyde](#).
 - O. Occupational Health Standard Part 309, R325.51851 et seq., [Cadmium](#).
 - P. Occupational Health Standard Part 310, R325.51901 et seq., [Lead](#).
 - Q. Occupational Health Standard Part 311, R325.77101 et seq., [Benzene](#).
 - R. Occupational Health Standard Part 313, R325.51651 et seq., [Methylene Chloride](#).

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- S. Occupational Health Standard Part 554, R325.7001 et seq., [Bloodborne Infectious Diseases](#).
- T. Occupational Health Standard Part 603, R325.51991 et seq., [Lead Exposure in Construction](#).
- U. Occupational Safety and Health Administration, [Detailed Guidance for OSHA's Injury and Illness Recordkeeping Rule](#).
- V. P.A. 368 of 1978, as amended, Michigan Public Health Code, Article 5, Part 56, Occupational Diseases.
- W. Summary of Work-Related Injuries and Illnesses, MIOSHA 300A.
- IV. Distribution. MIOSHA Staff; OSHA Lansing Area Office; S-drive Accessible; MIOSHA Weekly; and Internet Accessible.
- V. Cancellations. All previous versions of this agency instruction.
- VI. History. History of previous versions include:
 - MIOSHA-STD-05-2R1, May 20, 2011
 - MIOSHA-STD-05-2, June 30, 2005
- VII. Contact. [Adrian Rocskay](#), Director General Industry Safety and Health Division (GISHD); [Lawrence Hidalgo](#), Director Construction Safety and Health Division (CSHD); [Nella Davis-Ray](#), Director Consultation Education and Training (CET) Division; and [Ron Ray](#), Director, Technical Services Division (TSD).
- VIII. Originator. Barton G. Pickelman, Acting Director
- IX. Appendix and Other Resources.
 - A. [Appendix A](#) Occupational Disease Reporting contains
 - 1. Explanation letter to Michigan Physicians, Hospitals, Clinics, and Employers with list of classifying illnesses.
 - 2. Excerpts from Michigan Public Health Code.
 - 3. Known or Suspected Occupational Disease Report form and instructions, including a link to the electronic form.
 - B. [MIOSHA Recordkeeping Guide](#) (MIOSHA-MISS-1).
 - C. [Detailed Guidance for OSHA's Injury and Illness Recordkeeping Rule](#).
- X. Significant Changes.
 - A. Added procedures for investigations of employers that do not report an in-patient hospitalization, amputation, or loss of eye within the 24 hours required by MIOSHA Safety and Health Standard, Part 11, R408.22101 et seq., Recording and Reporting of Occupational Injuries and Illnesses.

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- B. Removed information about the reporting requirements in Occupational Health Standard Part 307, Acrylonitrile (AN), Rule 325.51504, because they were rescinded.
 - C. Removed information about the reporting requirements in Occupational Health Standard Part 350, Carcinogens, Rule 325.35010, because they were rescinded.
 - D. Deleted Appendix B – Frequently Asked Questions.
 - E. [Detailed Guidance for OSHA's Injury and Illness Recordkeeping Rule.](#)
- XI. Record Review Procedures. Injury and illness records will be reviewed by MIOSHA staff according to the following:
- A. Construction Safety and Health Division. The Safety Officer/Industrial Hygienist (SO/IH) will review the injury and illness 300 log and the 300A summary during any accident or fatality investigation, and as necessary during scheduled and complaint investigations for establishments that are required to maintain them. During the required posting period February 1 through April 30, compliance with the annual posting requirement will be addressed during all inspections.
 - B. General Industry Safety and Health Division. The SO/IH will request and review injury and illness records as a part of all inspections. Records must be reviewed for establishments that are required to maintain them. The review shall include, at a minimum, the last calendar year prior to the inspection and the current year's records. The only exception is when the SO/IH has made a recent inspection within the same calendar year, then only the records since the last visit need to be reviewed.

Example: An SO/IH conducts an inspection in February of this year and reviews last year's records and year-to-date this year and then returns in June. Only the records since the last visit in February would need to be reviewed.

During the required posting period February 1 through April 30, compliance with the annual posting requirement will be addressed during all inspections.
 - C. Consultation Education and Training (CET) Division. Consultants shall review and record the injury and illness log information for all of the following:
 - 1. CET Award applications (Gold, Silver, Bronze Certificate of Recognition, and Ergonomic Success).
 - 2. Safety and Health Management System Evaluations using form MIOSHA-512.
 - 3. Michigan Challenge Program (MCP) applications.
 - 4. Michigan Voluntary Protection Program (MVPP) applications.
 - 5. Michigan Safety and Health Achievement Recognition Program (MSHARP) applications.
 - 6. Safety and Health Program Assessments using Form 33.

During the required posting period February 1 through April 30, compliance with the annual posting requirement will be addressed during all consultations.

XII. Citation and Penalty Procedures.

- A. MIOSHA 300 Log and MIOSHA 301 Form. The employer must record cases on the MIOSHA 300 Log of Work-Related Injuries and Illnesses, and on the MIOSHA 301 Injury and Illness Incident Report (or equivalent form), as prescribed in R408.22109, Rule 1109, "Recording criteria."
1. No Records Kept - With Injury/Illness. Where no records are kept and there have been injuries or illnesses that meet the requirements for recordability, as determined by other records or by employee interview, a citation for failure to keep records will typically be issued. The SO/IH must document the specific injury or illness in the case file.
 2. No Records Kept - Without Injury/Illness. Where no records are kept and there have been no injuries or illnesses, as determined by employee interviews, an other-than-serious citation will not be issued. The SO/IH will explain the requirement for maintaining injury/illness records and document in the case file. On subsequent inspections an other-than-serious citation may be issued.
 3. Missing Entry. When the required records are kept but no entry is made for a specific injury or illness that meets the requirements for recordability, a citation for failure to record the case will typically be issued.
 4. Records not Accurate. When the required records are kept but have not been completed with the detail required by the regulation, or the records contain minor inaccuracies, the records will be reviewed to determine if there are deficiencies that materially impair the understandability of the nature of hazards, injuries and illnesses in the workplace. If the defects impair the understandability of the nature of the hazards, injuries and/or illnesses at the workplace, a citation will typically be issued. If the deficiencies do not materially impair the understandability of the information, typically no citation will be issued.
 5. Citation Groupings. Generally recordkeeping violations for improper recording of a case may be limited to one grouped item. Violations of the posting and recordkeeping requirements which involve MIOSHA 300, 301, 300A shall be grouped as an "other" violation for penalty purposes.
 6. Significant Cases, Willful and Egregious. When an SO/IH determines that there may be significant recordkeeping deficiencies, it may be appropriate to make a recommendation that willful violation(s) be issued. When multiple willful violations are being proposed, instance by instance violations and penalties may be considered.

7. Penalties.

- a) Penalties shall be assessed in accordance with the [MIOSHA Field Operations Manual](#), as amended.
- b) Where citations are issued, penalties will be proposed in the following cases:
 - (1) Where MIOSHA can document that the employer was previously informed of the requirements to keep records, or
 - (2) Where the employer's deliberate decision to deviate from the recordkeeping requirements, or the employer's plain indifference to the requirements, can be documented.

B. Annual Summary Requirements, R408.22132, Rule 1132. A citation will be issued, if any of the following conditions exist:

1. Failure to create an annual summary from the injuries and illnesses recorded on the MIOSHA 300 Log. Note: Employers may use the MIOSHA 300A or equivalent to create the annual summary.
2. Failure to certify the summary by the appropriate company executive.
3. Failure to properly post summary February 1 – April 30 regardless of whether there are entries on the log, as it is the only mandatory method of employee notification.

Penalties shall be based on the policies and procedures in the [MIOSHA FOM](#). The base penalty may be reduced to zero where no injury and illness actually occurred.

C. Reporting.

1. Injury and Illness Reporting Requirements.

- a) The reporting requirements in MIOSHA Safety and Health Standard Part 11, R408.22101 et seq., [Recording and Reporting of Occupational Injuries and Illnesses](#), requires that an employer report to MIOSHA, all in-patient hospitalizations, amputations, and loss of an eye occurring within 24 hours of a work-related incident.
- b) An other-than-serious citation will normally be issued for failure to report any inpatient hospitalizations, amputation, or loss of an eye. Penalties for not reporting, as required, shall be based on the policies and procedures in the [MIOSHA FOM](#). If the agency director or designee becomes aware of an incident required to be reported through means other than an employer report (e.g., inspection or referral from fire or police department) prior to the elapse of the reporting period, and an inspection of the incident is made, a citation for failure to report will normally not be issued.

- c) When the agency becomes aware of an in-patient hospitalization, amputation, or loss of an eye that has not been reported within 24 hours, and the agency has no ongoing inspection of the establishment, the agency may initiate enforcement action against the employer. In such inspections, the SO/IH shall:
 - (1) Receive the following information and documentation as part of the inspection assignment and include this information in the case file:
 - (a) Name and address of the employer.
 - (b) Name, address, and contact information for the employee.
 - (c) Date of the unreported event.
 - (d) Nature and details of the medical condition and treatment.
 - (e) How the event is work-related.
 - (f) Employer knowledge of the event.
 - (g) Copies of documents from healthcare establishments which can be used by MIOSHA in enforcement actions as evidence of the employer's non-reporting.
 - (2) Conduct the inspection by telephone. This includes performing the opening conference, interview of the employer representative and subject employee, and closing conference over the phone.
 - (3) During the opening conference, inform the employer that the purpose of the inspection is to determine whether it has violated the Part 11 requirement to report any in-patient hospitalization, amputation, and loss of an eye to the agency within 24 hours.
 - (4) Ask the employer to confirm the information in XII. C. 1. c) (1) a.-g. and record that confirmation or the reason for the denial on the Field Narrative. A critical element of a citation is whether and when the employer had knowledge of the reportable event. Documents showing payment for the medical treatment by the employer, payment by the employer's medical insurance provider, or payment by the

employer's workers compensation insurance carrier would be evidence of employer knowledge.

- (5) If the employer denies knowledge of the event, and there is no evidence of payment by the employer, call the employee to confirm that they informed their employer of the event, who they informed, and when they informed them.
- (6) Confirm with the employer representative that the employer did not report the event. If the employer claims that it has reported the event, ask for the Incident Number given to them by Management Information Systems Section (MISS) staff, if phoned in, or if submitted electronically, the email receipt with the Submission Number (found in their Sent folder). If the employer cannot produce either, ask who reported the event, on what date and time, and to whom at MIOSHA did they report the event. Whenever possible, speak directly with the person who purportedly reported the event.
- (7) Document the interviews on a Field Narrative and include in the case file any documents submitted from the employer or employee.
- (8) Code the inspection in the OSHA Information System as "Unprogrammed Other" on the Inspection tab in the Inspection Type subtab in the Initiating Type field.
- (9) Propose a citation for R 408.22139(2) if the investigation indicates that the employer did not report the event as required. The citation is regulatory, is classified as other-than-serious, and has a gravity-based penalty of \$5,000, per the FOM.
- (10) Double check the MIOSHA database of reported events to ensure that the event has not been reported (for example, under a slightly different employer name or address). The database in Access is called MIOSHA Employee Injury Incident Reporting. Ask Lansing support staff for access to it. Press the Look Up Incident Report Numbers key to search by employer name, submitter name, date, or victim name. If proposing a citation, include a statement in the case file that the employer has not reported the event based on a search of the MIOSHA database of reported events.

2. Fatality Reporting.
 - a) In accordance with R408.22139, Rule 1139(1), within eight hours after the death of any employee from a work-related incident, the employer must report the fatality by telephone to the MIOSHA toll-free number: 800-858-0397.
 - b) Reports of a motor vehicle accident occurring in a construction work zone which results in the fatality, inpatient hospitalization, amputation, or loss of an eye must be reported.
 - c) In accordance with R408.22139, Rule 1139(8), the employer must report a work-related fatality or inpatient hospitalization caused by a heart attack within 24 hours.
 - d) If the MIOSHA program becomes aware of a fatality through means other than an employer report, prior to the elapse of the 8-hour fatality reporting period, and an inspection of the incident is initiated, a citation for failure to report will typically not be issued.
 - e) A citation of R408.22139, Rule 1139(1) for a MIOSHA programmed-related fatality will typically be issued for failure to report such an occurrence. Penalties for not reporting, as required, shall be based on the policies and procedures in the MIOSHA FOM.
 - f) A citation of R408.22139, Rule 1139(1) for a MIOSHA non-programmed related fatality may be issued for failure to report such an occurrence with no penalty.
3. Other Reporting. The following MIOSHA rules also include provisions, which require specific information to be reported to MIOSHA.
 - a) General Industry Safety Standard Part 24, [Mechanical Power Presses](#), Rule 408.12413, "Report of injuries" requires all point of operation injuries or injuries within the confines of the die be reported to MIOSHA within 30 days of the occurrence. Penalties for not reporting, as required, shall be based on the policies and procedures in the MIOSHA FOM.
 - b) Occupational Disease Reporting, P.A. 368 of 1978, as amended, Michigan Public Health Code, Article 5, Part 56, Occupational Diseases, requires a physician, hospital, clinic, or employer knowing of an individual having a case of occupational disease or health condition or suspected case aggravated by workplace exposures shall report the case to MIOSHA within 10 days after discovery of the occupational disease or condition. See Appendix A, Occupational Disease Reporting. Penalties shall be assessed in accordance with the [MIOSHA FOM](#), as amended.

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- D. Access to Injury and Illness Records for Employees. If the employer fails upon request to provide copies of records required in R408.22135, Rule 1135(3) to any employee, former employee, personal representative, or authorized employee representative by the end of the next business day, a citation will typically be issued. Penalties for not reporting, as required, shall be based on the policies and procedures in the [MIOSHA FOM](#).
- A citation for failure to give access will not be issued if the employer is to be cited for failure to keep records (MIOSHA 300, MIOSHA 300A, MIOSHA 301).
- E. Needlesticks and Sharps Injury Log. Employers may use the MIOSHA 300 Log and MIOSHA 301 form to meet the sharps injury log requirement of the Occupational Health Standard, Part 554, [Bloodborne Infectious Diseases](#), R325.70015, Rule 15(12), if the employer enters the type and brand of the device causing the sharps injury on the log. When employers maintain the records in a way that segregates sharps injuries from other types of work-related injuries and illnesses, or allows sharps injuries to be easily separated, no citation will be issued.
- F. Recording Criteria for Cases Involving Medical Removal. R408.22114, Rule 1114, requires the employer to record the case on the MIOSHA 300 Log if an employee is medically removed under the medical surveillance requirements of a MIOSHA standard. The following standards have medical removal requirements:
1. [Benzene](#). General Industry Standard, and Construction Standard, Part 311, R325.77101 et seq.
 2. [Cadmium](#). General Industry Standard and Construction Standard, Part 309, R325.51851 et seq.
 3. [Formaldehyde](#). General Industry Standard and Construction Standard, Part 306, R325.51451 et seq.
 4. [Lead](#). General Industry Standard, Part 310, R325.51901 et seq. and Construction Standard, Part 603, R325.51991 et seq. (adopted 29 CFR 1926.62 by reference).
 5. [Methylenedianiline](#). General Industry Standard and Construction Standard, Part 303, R325.50051 et seq.
 6. [Methylene Chloride](#). General Industry Standard and Construction Standard, Part 313, R325.51651 et seq. (adopted 29 CFR 1910.1052 by reference).
 7. [Vinyl Chloride](#). General Industry Standard and Construction Standard, Part 302, R325.51401 et seq.
- G. Privacy Concern Cases. R408.22129, Rule 1129 defines situations when the employer must protect the privacy of the injured or ill employee. The employer must not enter an employee's name on the MIOSHA 300 log when recording a "privacy case." The employer must keep a separate, confidential list of the case

numbers and employee names, and provide it to the government upon request. If the work-related injury or illness involves any of the following specific conditions, it is to be treated as a “privacy case:”

1. An injury or illness to an intimate body part or the reproductive system.
2. An injury or illness resulting from a sexual assault.
3. A mental illness.
4. HIV infection, hepatitis, or tuberculosis.
5. Needlestick and sharps injuries that are contaminated with another person’s blood or other potentially infectious material as defined by [Bloodborne Infectious Disease](#) Standard, R325.70002, Rule 2.
6. Other illnesses (not injuries), if the employee independently and voluntarily requests that his or her name not be entered on the MIOSHA 300 log. Musculoskeletal Disorders (MSDs) are not considered privacy concern cases.

XIII. Physician or Other Licensed Health Care Provider’s Opinion. In cases where two or more physicians or other licensed health care providers make conflicting or differing recommendations, the employer must make a decision as to which recommendation is the most authoritative (best documented, best reasoned, or most authoritative), and record based on that recommendation. This guidance applies to:

- A. Determining whether a case is new or reoccurring, R408.22111, Rule 1111.
- B. Return to work status, R408.22112, Rule 1112b. (4).
- C. Job restrictions, R408.22112, Rule 1112c. (8) and 1112f.

XIV. Employers Exempt and Partially Exempt.

- A. Small Employer Exemption. Employers with ten or fewer employees total from all locations at all times during the last calendar year do not need to keep MIOSHA injury and illness records.
- B. Low-Hazard Industry Exemption. Some low hazard industries are exempted from maintaining injury and illness records on a regular basis. The list of partially exempt NAICS codes is found in Appendix A of the recordkeeping rule. R408.22103, Rule 1103(3)(a).

XV. Prohibition Against Discrimination. R408.22136, Rule 1136 is informational only and is not a citable provision of the regulation. Any discrimination cases related to this rule are to be handled using the normal process under Section 65 of the MIOSH Act.

XVI. Establishment Criteria, R408.22105, Rule 1105(2).

Part 11 contains specific guidelines and options that employers have regarding “what is a separate establishment” and “where the MIOSHA 300 log may be maintained.” The following sections of Part 11 address these issues:

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- A. R408.22110, Rule 1110a. (2)(a)(b)(c)(d) – Employers may consider two or more separate businesses that share a single location to be separate establishments.
- B. R408.22110, Rule 1110a. (3)(a)(b)(c) – Employers may combine two or more physical locations into a single establishment.
- C. R408.22110, Rule 1110a. (4) – For employees who telecommute from home, the employee’s home is not a business establishment and a separate MIOSHA 300 log is not required.
- D. R408.22130, Rule 1130(1) – Multiple business establishments (including construction work sites) that are expected to be in operation for one (1) year or longer.
- E. R408.22130, Rule 1130(2) – Multiple business establishments (including construction work sites) that are expected to be in operation for less than one (1) year.
- F. R408.22130, Rule 1130(4) – For employees who work at several different locations or do not work at any of the employer’s fixed establishments.
- G. R408.22130, Rule 1130(5) – How to record injuries or illnesses when an employee is injured or becomes ill while visiting or working at another of the employer’s establishments, or while working away from any of the employer’s establishments.

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Appendix A – Occupational Disease Reporting



STATE OF MICHIGAN

RICK SNYDER
GOVERNOR

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
BARTON G. PICKELMAN, CIH
ACTING DIRECTOR

MIKE ZIMMER
DIRECTOR

To: Michigan Physicians, Hospitals, Clinics, and Employers

The enclosed material includes an instruction sheet, occupational disease report form, and a listing of several categories of occupational diseases and disorders. We have mailed this to you to assist in your complying with Part 56 of the Michigan Public Health Code, which requires physicians, hospitals, clinics, or employers to report all known or suspected cases of occupational diseases. As a result of Executive Orders No. 1996-1, 1996-2, and 2003-18, the responsibility for implementing Part 56 of the Michigan Public Health Code were transferred to the Michigan Department of Licensing and Regulatory Affairs.

The instruction sheet gives some background on Code Requirements and provides guidance on completing the report form. The following list of occupational diseases and disorders is taken from MIOSHA form #300 – Log and Summary of Occupational Injuries and Illnesses – where it is used for classifying recordable illnesses. This list, which we have added for informational purposes, includes typical examples of types of illnesses and disorders under each category and some causative agents. It is not a complete listing but is to be used as a guide.

The Department of Licensing and Regulatory Affairs has a contract with the Department of Medicine, Michigan State University to assist in the compilation and reporting of Michigan occupational diseases. Additionally, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Part 164.512 authorizes agencies to collect and receive health information for the purpose of preventing and controlling diseases and related activities.

Any inquiries regarding occupational reporting requirements should be directed to the Director of the Technical Services Division, Michigan Department of Licensing and Regulatory Affairs, P.O. Box 30649, Lansing, Michigan, 48909-8149; or (517) 284-7790.

Sincerely,

Mike Zimmer, Director

Classifying Illnesses

Skin diseases or disorders – Skin diseases or disorders are illnesses involving the worker’s skin that are caused by work exposure to chemicals, plants, or other substances. *Examples:* Contact dermatitis, eczema, or rash caused by primary irritants and sensitizers or poisonous plants; oil acne; friction blisters; chrome ulcers; or inflammation of the skin.

Musculoskeletal conditions - Musculoskeletal conditions are considered illnesses when caused by repetitive use. Musculoskeletal conditions secondary to acute strains or trauma are categorized as Michigan Physicians, Hospitals, Clinics, and Employers injuries.

Examples: chronic bursitis, carpal tunnel syndrome, chronic tendonitis/tenosynovitis, trigger finger, chronic rotator cuff tear or impingement, chronic lumbar strain, chronic radiculopathy, or sciatica.

Respiratory conditions – Respiratory conditions are illnesses associated with breathing hazardous biological agents, chemicals, dust, gases, vapors, or fumes at work. *Examples:* Silicosis, asbestosis, pneumonitis, pharyngitis, rhinitis or acute congestion, farmer’s lung, beryllium disease, tuberculosis, occupational asthma, reactive airways dysfunction syndrome (RADS), chronic obstructive pulmonary disease (COPD), hypersensitivity pneumonitis, toxic inhalation injury, such as metal fume fever, chronic obstructive bronchitis, and other pneumoconiosis.

Poisoning – Poisoning includes disorders evidenced by abnormal concentrations of toxic substances in blood, other tissues, other bodily fluids, or the breath that are caused by the ingestion or absorption of toxic substances into the body. *Examples:* Poisoning by lead, mercury, cadmium,

TECHNICAL SERVICES DIVISION
530 W. ALLEGAN • P.O. BOX 30649 • LANSING, MICHIGAN 48909-8149
www.michigan.gov • (517) 284-7790

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arsenic, or other metals; poisoning by carbon monoxide, hydrogen sulfide, or other gases; poisoning by benzene, benzol, or other organic solvents; poisoning by insecticide sprays, such as parathion or lead arsenate; or poisoning by other chemicals, such as formaldehyde.

Hearing Loss – Noise-induced hearing loss is defined for recordkeeping purposes as a change in hearing threshold relative to the baseline audiogram of an average of 10 dB or more in either ear at 2000, 3000, and 4000 hertz, and the employee's total hearing level is 25 decibels (dB) or more above audiometric zero (also averaged at 2000, 3000, and 4000 hertz) in the same ear(s).

All other illnesses – All other occupational illnesses. *Examples:* Heatstroke, sunstroke, heat exhaustion, heat stress and other effects of environmental heat; freezing, frostbite, and other effects of exposure to low temperatures; decompression sickness; effects of ionizing radiation (isotopes, x-rays, radium); effects of nonionizing radiation (welding flash, ultra-violet rays, lasers); anthrax; blood borne pathogenic diseases, such as AIDS, HIV, hepatitis B or hepatitis C; brucellosis; malignant or benign tumors; histoplasmosis; or coccidioidomycosis.

Excerpts from Michigan Public Health Code

Article 5. Prevention and Control of Diseases and Disabilities

Part 56. Occupational Diseases

Sec. 5601. (1) As used in this part, “occupational disease” means an illness of the human body arising out of and in the course of an individual’s employment and having one or more of the following characteristics:

- (a) It is caused by a frequently repeated or continuous exposure to a hazardous substance or agent or to a specific industrial practice which is hazardous and which has continued over an extended period of time.
- (b) It is caused by an acute exposure to a hazardous substance or agent.
- (c) It presents symptoms characteristic or an occupational disease known to have resulted in other cases from the same type of specific exposure.

(2) In addition, article 1 contains general definitions and principles of construction applicable to all articles in this code and part 51 contains definitions applicable to this part.

Sec. 5611. (1) A physician, hospital, clinic, or employer knowing of an individual having a case of occupational disease or a health condition aggravated by workplace exposures shall report the case to the department within 10 days after the discovery of the occupational disease or condition.

(2) A physician, hospital, clinic, or employer knowing of a suspected case of occupational disease or a health condition aggravated by workplace exposures shall report the case to the department within 10 days after the discovery of the occupational disease or condition.

(3) The report shall state the name and address of the individual, the name and business address of the employer, the business of the employer, the place of the individual’s employment, the length of time of employment in the place where the individual became ill, the nature of the disease, and other information required by the department.

(4) The department shall prepare and furnish the report forms and instructions for their use to physicians, hospitals, clinics, and employers.

Sec. 5613. (1) The department, upon receiving a report under section 5611 or believing that a case or suspected case of occupational disease exists in this state, may investigate to determine the accuracy of the report and the cause of the disease.

(2) To aid in the diagnosis or treatment of an occupational disease, the department shall advise the physician in charge of a patient of the nature of the hazardous substance or agent and the conditions of exposure of the patient as established by the investigation. In so doing the department shall protect the confidentiality of trade secrets or privileged information disclosed by the investigations in accordance with section 13 Act No. 442 of the Public Acts of 1976, being section 15.243 of the Michigan Compiled Laws.

Sec. 5621. (1) Reports submitted to the department under section 5611 are not public records and are exempt from disclosure pursuant to section 13(1)(d) of Act. No. 442 of the Public Acts of 1976.

(2) The bureau of worker’s disability compensation and the compensation appeal board in the department of labor shall have access to the record of an actual case of occupational disease in a compensation case before it.

Sec. 5623 (1) Not less than once each year, the department shall compile statistical summaries of all occupational diseases reported and accepted as covering true occupational diseases, and the kinds of employment leading to the occurrence of the diseases.

(2) The department shall disseminate to appropriate employers in this state appropriate instructions and information to prevent the occurrence of occupational diseases.

Sec. 5639. A physician, hospital or clinic administrator, or employer who fails to make a report or who willfully makes a false statement in a report required by section 5611 (1) is guilty of a misdemeanor punishable by a fine of not more than \$50.00.

Known or Suspected Occupational Disease Report

Click on the link below to access an electronic version:

http://www.michigan.gov/documents/CIS_WSH_OH_51_34239_7.pdf

Michigan Department of Licensing and Regulatory Affairs		MIOSHA Technical Services Division	
Known or Suspected Occupational Disease Report			
<small>(Information will be held confidential as prescribed in Public Act 368 of 1978.)</small>			
EMPLOYEE AFFECTED			
Name (Last, First, Middle)	Age	Sex M F	Race: <input type="radio"/> White <input type="radio"/> Black <input type="radio"/> Hispanic <input type="radio"/> Other
Street	City	State	Zip
Home Phone Number	Last Four Digits of Social Security Number (Optional)		
CURRENT EMPLOYER			
Current Employer Name	Worksite County		
Worksite Address	City	State	Zip
Business Phone	If Known, Indicate Business Type (products manufactured or work done)		
Number of Employees <input type="radio"/> <25 <input type="radio"/> 25-100 <input type="radio"/> 100-500 <input type="radio"/> >500			
Employee's Work Unit/Department	Dates of Employment From: _____ To: _____ Mo Day Year Mo Day Year		
Employee's Job Title or Description of Work			
ILLNESS INFORMATION			
Nature of Illness or Health Condition (Examples: Headache, Nausea, Difficulty Breathing, Cough, etc.)		Date of Diagnosis Mo Day Year	
Suspected Causative Agents (Chemicals, Physical Agents, Conditions)	Did Employee Die? Yes <input type="radio"/> No <input type="radio"/>	If Yes, Date of Death Mo Day Year	
If Physician, Indicate Clinical Impression for Suspected Occupational Disease, or Diagnosis of Confirmed Occupational Disease			
ADDITIONAL COMMENTS			
REPORT SUBMITTED BY			
If Report Submitted by Non-Physician, Did Employee See a Physician? <i>If yes, record information below.</i>			
Physician's Name		Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/>	
Phone			
Office Address	City	State	Zip
Name of Person Submitting Report			
		Physician <input type="radio"/> Non-Physician <input type="radio"/>	
Address	City	State	Zip
Signature	Phone	Date	

The Michigan Department of Licensing Regulatory Affairs is an equal opportunity, affirmative action employer, service provider and buyer.
Return completed form to:

Michigan Department of Licensing and Regulatory Affairs
Michigan Occupational Safety and Health Administration
Technical Services Division
525 W. Allegan Street, P.O. Box 30649
Lansing, MI 48909-8149

**BACKGROUND AND INSTRUCTIONS FOR COMPLETING
KNOWN OR SUSPECTED OCCUPATIONAL DISEASE REPORT**

As a result of Executive Orders No. 1996-1, 1996-2 and 2003-18 and Part 56 of P.A. 368 of 1978, a physician, hospital, clinic or employer must report known or suspected cases of occupational diseases or workplace aggravated health conditions to the Michigan Department of Licensing and Regulatory Affairs within 10 days after discovery of the disease or condition on a report form furnished by the department. This requirement does not apply to occupational injuries.

This report is furnished by the Department of Licensing and Regulatory Affairs in accordance with Section 5611 (4) of P.A. 368 of 1978 and is required to be completed and submitted to the Department of Licensing and Regulatory Affairs at the address below for all such cases to fulfill the statutory mandate prescribed by Section 5611 or Part 56 of the Act.

Instructions for completing report:

General:

Multiple reports on the same individual for the same illness should not be submitted. The employer should return this form only if the employee is not referred to a physician, hospital, or clinic. If a physician returns the form indicating a suspected occupational disease and at a later date confirms this occupational disease, an updated form confirming their diagnosis and causative agent should be submitted.

Employers:

If an employer is submitting the form, all questions, with the exception of those indicated for physicians only, should be completed. The form should be completed by the employer at the time of onset, discovery, or suspected occurrence of the employee's illness and returned directly to Michigan Department of Licensing and Regulatory Affairs.

If the employee is referred to a physician, hospital, or clinic, the employer should complete the forms as stated above and the form should then accompany the employee for completion by the medical personnel.

Physician, hospital or clinic:

The questions on the form, with the exception of those indicated for physicians only, may be completed by the employer at the time of onset, discovery, or suspected occurrence of the employee's illness. The form should then accompany the employee at the time of referral to a physician, hospital, or clinic for medical evaluation where the remainder of the form should be completed and submitted to the Michigan Department of Licensing and Regulatory Affairs. If the employee is seen by the physician without a referral from the employer, and the physician diagnoses a suspected or confirmed occupational illness, the entire form is to be completed by the physician and submitted to the Michigan Department of Licensing and Regulatory Affairs.

It is the responsibility of the employer and of physicians, hospitals, and clinics to ensure that the form is properly completed, signed and submitted to the Michigan Department of Licensing and Regulatory Affairs within 10 days after the onset of the disease, suspected occurrence of the disease, or a workplace aggravated health condition. The form must be completed for all suspected or actual occupational diseases or health conditions aggravated by workplace exposure, including death of the employee as a result of the disease or health condition aggravated by workplace exposure.

Completion of this report form does not relieve the employer of the requirements for notification of fatalities, one or more in-patient hospitalizations, amputations, or loss of an eye, and to maintain records of each recordable occupational injury or illness pursuant to the requirements of Public Act 154 of 1974, as amended, the Michigan Occupational Safety and Health Act.

ADDITIONAL REPORT FORMS ARE AVAILABLE FROM THE MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

**Michigan Department of Licensing and Regulatory Affairs (LARA)
Michigan Occupational Safety and Health Administration (MIOSHA)
Technical Services Division (TSD)**

**530 W. Allegan Street, P.O. Box 30649, Lansing, Michigan 48909-8149
Overnight Mail Address: 525 W. Allegan Street, Lansing, MI 48933**

517-284-7790