

TEAM
WORK
MAKES THE
DREAM
WORK

BE PART OF THE
SAFETY TEAM



South Carolina Law Prohibits EMPLOYMENT DISCRIMINATION

Based on: Race, Color, Religion, National Origin, Sex, including Pregnancy & Childbirth (or related medical conditions), Age (over 40), or Disability

Examples of conduct covered under the law:

- ❖ Failure to Hire or Promote
- ❖ Unequal Wages
- ❖ Harassment/Intimidation
- ❖ Discipline/Demotion/Suspension/Termination
- ❖ Applying Different Terms and Conditions of Employment
- ❖ Failure to Reasonably Accommodate due to a **disability, religion, pregnancy, childbirth or related medical conditions, including, but not limited, to lactation**
- ❖ Retaliation as a result of complaining about discrimination, seeking an accommodation, or participating in a discrimination investigation

South Carolina Human Affairs Commission

1026 Sumter Street, Suite 101
Columbia, SC, 29201

www.schac.sc.gov

Phone: 803-737-7800

Toll- Free: 1-800-521-0725



How to report unlawful discrimination:

- ❖ Complete a questionnaire via phone, in-person, mail, or online at www.schac.sc.gov. Once submitted, a SCHAC Intake Officer will contact you and assist you in filing a formal complaint.
- ❖ You must file a formal complaint to launch an investigation.
- ❖ There are strict time limits for filing charges of employment discrimination. To preserve the ability to act on your behalf and to protect your right to file a private lawsuit, should you ultimately need to, you should contact SCHAC promptly when discrimination is suspected.

EQUAL EMPLOYMENT OPPORTUNITY IS THE LAW

In Addition to Employment, the **Mission of SCHAC** is to eliminate and prevent unlawful discrimination in:

Housing on the basis of race, color, national origin, religion, sex, familial status or disability.

Public Accommodations on the basis of race, color, national origin or religion.

Employers, including each State Agency, or department of the State, and local subdivision thereof, **SHALL POST, KEEP POSTED, AND MAINTAINED IN CONSPICUOUS PLACES UPON THEIR PREMISES** where notices to employees and applicants for employment are customarily posted a notice to be prepared and distributed by the Commission setting forth excerpts from and/or summaries of, pertinent provisions of the Human Affairs Law, and information pertinent to the filing of a complaint.

South Carolina Workplace Laws: Notice to Employees

Safety and Health Protection on the Job

THE STATE: Under the South Carolina Occupational Safety and Health Act, the state is responsible for the enforcement of occupational safety and health standards in all workplaces, both public and private, within South Carolina. However, longshoring, shipbuilding, ship repairing and shipbreaking operations covered by the Longshoremen and Harbor Workers' Compensation Act, as amended, remain under federal jurisdiction.

EMPLOYERS: Each employer shall furnish to employees employment and a place of employment which are free from recognized hazards that are causing, or likely to cause, death or physical harm to his employees, and shall comply with occupational safety and health standards promulgated by the Director of Labor, Licensing and Regulation (LLR). Employers must report to OSHA all work-related fatalities within 8 hours, and all inpatient hospitalizations, amputations, and losses of an eye within 24 hours. Reporting may be accomplished by telephone at (803) 896-7672 or in person at 121 Executive Center Drive, Suite 230, Columbia, SC 29211.

EMPLOYEES: Each employee shall comply with occupational safety and health standards and all rules, regulations and orders issued by the director of Labor, Licensing and Regulation which are applicable to his own actions and conduct.

Any employee or representative may request an inspection of place or site of employment. Any employee may file a complaint, either verbally or in writing. Complaint forms and filing information may be found on our website or will be provided, upon request, by the South Carolina Department of Labor, Licensing and Regulation.

Employers and employees have the right to participate in inspections by means of bringing to the attention of the inspecting officer possible violations which exist in their area of work and the right to participate in the walk-around inspection. The inspecting officer shall have the right to determine the number of persons participating in the walk-around inspection.

Under state law, when the authorized representative of the employees accompanies the inspecting officer during a walk-around inspection, he shall not suffer any loss of wages or other benefits which would normally accrue to him.

Where there is no authorized representative, the inspecting officer will consult with a reasonable number of employees concerning matters of safety and health in the workplace.

DISCRIMINATION: State and federal laws prohibit discrimination against any employee if he files a complaint or causes any proceeding under or related to this Act or is about to testify in any such proceedings or because of the exercise by any employee on behalf of himself or others of

Employment Discrimination

South Carolina and federal laws prohibit discrimination on the basis of race, sex, age, religion, color, national origin and disability. You also have the right to be free from discrimination for medical needs arising from pregnancy, childbirth, or related medical conditions.

If you feel that you have been discriminated against because of these, contact the:
South Carolina Human Affairs Commission
1026 Sumter Street, Suite 101, Columbia, SC 29201
Phone: 803-737-7800 or 1-800-521-0725 www.schac.sc.gov

any right afforded under state and federal law. The director of Labor, Licensing and Regulation or the nearest federal OSHA offices must be notified within thirty (30) days after such discriminatory act occurs. State and local government employees should file such complaints with the director of SC Department of Labor, Licensing and Regulation. A public sector employee believing that he has been discharged or otherwise discriminated against by any person in violation of Section 41-15-510 may proceed with a civil action pursuant to the provisions contained in Chapter 27, Title 8.

CITATIONS: Citations listing the alleged violations during an inspection will be mailed to the employer with reasonable promptness. State law requires such citations be promptly posted at appropriate places for employee information for three days, or until the violations are corrected, whichever is later, to warn employees of dangers that may exist.

PENALTIES: An employer may be assessed a penalty up to \$7,000 dollars for a non-serious violation.

An employer who receives a citation for a serious violation may be assessed a penalty up to \$7,000 dollars for each such violation.

Any employer who willfully violates an occupational safety and health rule or regulation may be assessed a penalty not more than \$70,000 for each violation.

Any employer who willfully violates an occupational safety and health rule or regulation and the violation causes death to an employee shall be deemed guilty of a misdemeanor and, upon conviction, be punished by fine, imprisonment or both.

For more information, contact:
South Carolina Department of
Labor, Licensing and Regulation
Office of OSHA Compliance
PO Box 11329, Columbia, SC 29211-1329
803-896-7665, <http://www.scosha.llronline.com/>

Under a plan approved November 30, 1972 by the U.S. Department of Labor, Occupational Safety and Health Administration (OSHA), the State of South Carolina is providing job safety and health protection for workers throughout the State. Federal OSHA will monitor the operation of this plan to assure that continued approval is merited. Any person may make a complaint regarding the state administration of this plan directly to the Regional Office of OSHA, U.S. Department of Labor, 61 Forsyth Street SW, Room 6T50, Atlanta, Georgia 30303.

Workers' Compensation

If you are injured on the job, you should:
1. Notify your employer at once. You can't receive benefits unless your employer knows you're injured.
2. Tell the doctor your employer sends you to that you're covered by Workers' Comp.
3. Notify the Workers' Comp. provider in the box below or the Worker's Comp. Commission at 803-737-5700 if you experience undue delays or problems with your claim.

Workers' Compensation:
1. Pays 100% of your medical bills and some other expenses.
2. Compensates you for 66 2/3% of your salary, limited to the maximum wage set by law, if you are unable to work for more than seven calendar days.

We are operating under and subject to the SC Workers' Compensation Act. In case of accidental injury or death to an employee, the injured employee, or someone acting in his or her behalf, must give immediate notice to the employer or general authorized agent. Failure to give such immediate notice may be the cause of serious delay in the payment of compensation to the injured employee or his or her dependents and may result in failure to receive any compensation benefits under the law.

SC Workers' Compensation Commission
PO Box 1715, Columbia, SC 29202-1715
803-737-5700, www.wcc.sc.gov

For more information, contact:
♦SC Dept. of Labor, Licensing and Regulations,
803-896-4380, www.llronline.com
♦SC Department of Employment and Workforce,
803-737-2400, www.dew.sc.gov

♦SC Human Affairs Commission,
803-737-7800, 1-800-521-0725,
www.schac.sc.gov

♦SC Workers Compensation Commission,
803-737-5700, www.wcc.sc.gov

**THIS NOTICE MUST BE POSTED
CONSPICUOUSLY.**

This poster is free of charge to all SC employers by contacting one of the agencies above.
August 2018

Payment of Wages, Child Labor and Right-to-Work Laws

Payment of Wages Act
When an employee is hired, the employer must notify the employee in writing of:
• the wages agreed upon
• the normal hours the employee will work
• the time and place wages will be paid
• the deductions an employer may make from wages, including insurance

Changes to these terms must be in writing at least seven (7) calendar days before they become effective.

Employers must pay employees all wages due each pay period.

Employers must also give employees an itemized statement showing gross pay and all deductions made each pay period and maintain records of wages paid for three years.

Employers who violate the Payment of Wages Act are subject to a civil penalty of \$100 for each violation. Employees can recover up to three times the full amount of unpaid wages, costs, and attorney's fees in a civil action.

To report a suspected violation, or for recordkeeping or other questions involving the Payment of Wages Act, or to order a copy of the Payment of Wages Act, please contact the Office of Wages and Child Labor at the address and number listed below.

Child Labor
No employer in this state shall engage in any oppressive child labor practices. Oppressive child labor includes employment of any minor in any occupation declared by the director of Labor, Licensing and Regulation to be particularly hazardous or detrimental to the health or well being of minors. Oppressive child labor also includes employment of minors who are 14 or 15 years old under the following conditions:
• During school hours
• Before 7 a.m. or after 7 p.m. (9 p.m. during the period of summer break of the school district in which the minor resides)
• More than 18 hours during school weeks

- More than 3 hours on school days
- More than 40 hours in non-school weeks
- More than 8 hours on non-school days

For details involving child labor provisions, please contact the Office of Wages and Child Labor at:
SC Department of Labor, Licensing and Regulation
Office of Wages and Child Labor
PO Box 11329, Columbia, SC 29211-1329
Phone: 803-896-4470, www.llronline.com

Right-to-Work
The right to work of a person in South Carolina cannot be denied, interfered with, or abridged because the person belongs - or does not belong - to a labor union. An employer, labor organization, or other person who violates a worker's rights under these provisions is guilty of a misdemeanor, and, upon conviction, must be punished by imprisonment for not less than 10 days nor more than 30 days, a fine of not less than \$1,000 but not more than \$10,000, or both. In addition, the employer, labor organization, or other person is subject to a lawsuit by the aggrieved worker. For more information call (803) 896-4470.

Immigrant Worker
The South Carolina Illegal Immigration and Reform Act requires all employers to verify the legal status of new employees and prohibits employment of any worker who is not legally in this country and authorized to work.

After July 1, 2009, all businesses in South Carolina are imputed a South Carolina employment license which permits an employer to hire employees. The imputed employment license remains in effect as long as the business abides by the law.

Effective January 1, 2012, all South Carolina employers are required to enroll in the U.S. Department of Homeland Security's E-Verify program and verify the status of new employees within three business days, using E-Verify. Failure to use E-Verify to verify new hires will result in probation for the employer or suspension/revocation of the employer's business licenses.

Unemployment Insurance

This establishment may be covered by the S.C. Employment and Workforce Law.

If you become unemployed, contact your local SC Works center for assistance with employment opportunities. If no job is immediately available, you may be eligible for unemployment insurance. If only part time work is available, you may be eligible for partial benefits. Apply online anytime, anywhere at <https://scuihub.dew.sc.gov/CSS/>
A guide to applying for unemployment benefits can be found at <https://dew.sc.gov/individuals/apply-for-benefits>

Workers Pay No Part of the Cost for Unemployment Insurance

Unemployment Insurance Tax:

Often unemployed workers tell us that unemployment insurance is due them "because they have paid for it." In South Carolina, employees do not fund unemployment insurance through deductions from pay. Employers fund unemployment insurance through tax contributions.

Social Security Tax
Don't confuse unemployment insurance with old age, survivors and disability insurance. The amount deducted from your wages as Social Security is your contribution to old-age, survivors and disability insurance. The employer contributes an equal amount, in addition to his payment of the full unemployment insurance tax.

If you have lost your job due to domestic violence, there is a possibility you may be eligible for unemployment insurance benefits.



South Carolina Workers' Compensation

Workers' Compensation Compliance Poster

We are operating under and subject to the South Carolina Workers' Compensation Act

In case of accidental injury or death to an employee, the injured employee, or someone acting in his or her behalf, must give immediate notice to the employer or general authorized agent. Failure to give such immediate notice may be the cause of serious delay in the payment of compensation to the injured employee or his or her dependents and may result in failure to receive any compensation benefits under the law.

Workers' Compensation:

1. Pays 100% of your medical bills and some other expenses.
2. Compensates you for 66 2/3% of your salary, limited to the maximum wage set by law, if you are unable to work for more than seven (7) calendar days.

If you are injured on the job, you should:

1. Notify your employer at once. You cannot receive benefits unless your employer knows you are injured.
2. Tell the doctor your employer sends you to that you are covered by workers' compensation.
3. Notify the Workers' Compensation Provider listed on this poster or the South Carolina Workers' Compensation Commission at 803.737.5700 if you experience undue delays or problems with your claim.

South Carolina
Workers' Compensation Commission
P.O. Box 1715, 1333 Main Street, Suite 500
Columbia, S.C. 29202-1715
803-737-5700
www.wcc.sc.gov

Workers' Compensation Provider Name

Mailing Address

Claims Telephone Number



SOUTH CAROLINA HUMAN AFFAIRS LAW

PROHIBITS EMPLOYMENT DISCRIMINATION

Under state law an employer may not discriminate against you on the bases of: Race, Color, National Origin, Religion, Age (40+) or Disability, Sex (Including pregnancy, childbirth, or related medical conditions, sexual orientation, or gender identity).

The South Carolina Human Affairs Commission (SCHAC) enforces state and federal laws that protect employees and applicants from employment discrimination.

Examples of Illegal Employment Practices

All aspects of employment including:

- **Failure to hire or promote**
- **Pay (Unequal wages or compensation) or Benefits**
- **Failure to provide reasonable accommodation due to:**
 - a disability
 - sincerely held religious belief, observance, or practice.
 - pregnancy, childbirth, or related medical condition, including, but not limited to, lactation.
- **Unlawful Discipline/Demotion/Suspension**
- **Retaliation or conduct, that might reasonably discourage someone from:**
 - opposing discrimination
 - filing a charge
 - or participating in an investigation or proceeding
- **Applying different terms and conditions of employment**
- **Harassment including:**
 - unwelcome verbal or physical conduct or Intimidation

Enforcement is pursuant to SC Code Ann. § 1-13-90. For a full list of unlawful employment actions in this State, please refer to SC Code Ann. §§ 1-13-80 & 41-1-130.



How to report unlawful discrimination:

If you believe discrimination has occurred, contact the South Carolina Human Affairs Commission.

- **Complete a questionnaire:**

- **Online** at <https://schac.sc.gov>
- **Call us** at (803) 737-7800 or Toll-Free at 1-800-521-0725
- **In person or mail to:**
1026 Sumter Street, Suite 101
Columbia, SC 29201



- You must **file a formal complaint** to launch an investigation.
- There are **strict time limits** for filing charges of employment discrimination. To preserve the ability to act on your behalf and to protect your right to file a private lawsuit, should you ultimately need to, you should contact the SC Human Affairs Commission promptly when discrimination is suspected.

Employers including state agencies, local governments (as employers), educational institutions (as employers), and local subdivision thereof, shall **POST, KEEP POSTED, AND MAINTAINED IN CONSPICUOUS PLACES UPON THEIR PREMISES**, where notices to employees and applicants are customarily posted.

The mission of the SC Human Affairs Commission is to eliminate and prevent unlawful discrimination in: **Employment** on the bases of Race, Color, National Origin, Religion, Sex (including pregnancy, childbirth, or related medical condition, sexual orientation, or gender identity), Age (40+), or disability; **Housing** on the bases of: Race, Color, National Origin, Religion, Sex, Familial Status or Disability; **Public Accommodations** on the bases of: Race, Color, National Origin or Religion.

South Carolina Human Affairs Commission
1026 Sumter Street, Suite 101
Columbia, SC 29201
www.schac.sc.gov

Phone: (803) 737-7800

Toll-Free: 1-800-521-0725

(Revised 11/14/2022)



La Ley de la Comision de Asuntos Humanos de Carolina Del Sur Prohibe la discriminacion del empleo.

Bajo la ley estatal un empleador no puede discriminarlo por motivos de: Raza, Color, Origen Nacional, Religion, Edad (40+) o Discapacidad, Sexo (Incluyendo el embarazo, el parto, o condiciones medicas similares, orientacion sexual, o identidad de genero).

La Comision de Asuntos Humanos de Carolina Del Sur (SCHAC) hace cumplir las leyes estatales y federales que protegen a los empleados y solicitantes de trabajo de discriminacion laboral

Ejemplos de Practicas Ilegales de Empleo

Todos los aspectos del empleo, incluyendo:

- No contratar o ascender
- Pago (Salarios o compensacion desiguales) o Beneficios
- No proporcionar adaptaciones razonables debido a:
 - una discapacidad
 - creencias, observancias o practicas religiosas sinceras.
 - embarazo, parto, or condiciones medicas similares, incluyendo, pero no limitado a, la lactancia
- Disciplina/Descenso/Suspension ilegal
- Represalias o conducta, que razonablemente podrian desalentar a alguien de:
 - oponerse a la discriminacion
 - presentar un cargo
 - o participar en una investigacion or procedimiento
- Aplicacion de diferentes terminos y condiciones de empleo
- Acoso incluyendo:
 - conducta verbal o fisica no deseada o Intimidacion

La Aplicacion se realiza de conformidad con SC Code Ann. § 1-13-90. Para obtener una lista completa de las acciones de empleo ilegales en este estado, consulte SC Code Ann. §§ 1-13-80 & 41-1-130.

(Revised 11/14/2022)



Como denunciar discriminacion ilegal:

Si cree que ha ocurrido discriminacion, comuniquese con la Comision de Asuntos Humanos de Carolina Del Sur.

- **Complete un cuestionario:**

- **En linea** en <https://schac.sc.gov>
- **Llamenos** al (803) 737-7800 o al numero gratuito 1-800-521-0725
- **En persona o por correo a:**
1026 Sumter Street, Suite 101
Columbia, SC 29201



- Debe presentar una queja formal para iniciar una investigacion.
- Hay **limites de tiempo estrictos** para presentar cargos de discriminacion laboral. Para preservar la capacidad de actuar en su nombre y proteger su derecho a presentar una demanda privada, si finalmente lo necesita, debe comunicarse con la Comision de Asuntos Humanos de Carolina Del Sur de inmediato cuando se sospecha que discriminacion ha ocurrido.

Los Empleadores incluyendo las agencias estatales, los gobiernos locales (como empleadores), las instituciones educativas (como empleadores), y la subdivision local de los mismos, deberan **PUBLICAR, MANTENER PUBLICADO, Y PUBLICAR EN LUGARES VISBLES EN SUS INSTALACIONES**, donde habitualmente se publican avisos a los empleados y solicitantes de trabajo.

La mision de la Comision de Asuntos Humanos de Carolina del Sur es eliminar y prevenir discriminacion ilegal en: **Empleo** sobre las bases de: Raza, Color, Origen Nacional, Religion Sexo (incluyendo el embarazo, parto, o condiciones medicas similares, orientacion sexual, o identidad de genero), Edad (40+), o discapacidad; **Vivienda** sobre las bases de: Raza, Color, Origen Nacional, Religion, Sexo, Estatus Familiar o Discapacidad; **Alojamientos Publicos** sobre las bases de: Raza, Color, Origen Nacional o Religion.

Comision de Asuntos Humanos de Carolina Del Sur

1026 Sumter Street, Suite 101

Columbia, SC 29201

www.schac.sc.gov

Telefono: (803) 737-7800

Numero Gratuito: 1-800-521-0725



SC Department of Labor, Licensing and Regulation (LLR) Required Work Place Poster



SC Labor Law Abstract

Payment of Wages Act

When an employee is hired, the employer must notify the employee in writing of:

- the wages agreed upon
- the normal hours the employee will work
- the time and place wages will be paid
- the deductions an employer may make from wages, including insurance

Changes to these terms must be in writing at least seven (7) calendar days before they become effective.

Employers must pay employees all wages due each pay period. Employers must also give employees an itemized statement showing gross pay and all deductions made each pay period and maintain records of wages paid for three years.

Employers who violate the Payment of Wages Act are subject to a civil penalty of \$100 for each violation. Employees can recover up to three times the full amount of unpaid wages, costs, and attorney's fees in a civil action.

To report a suspected violation, or for recordkeeping or other questions involving the Payment of Wages Act, or to order a copy of the Payment of Wages Act, please contact the Office of Wages and Child Labor at the address and number listed below.

Child Labor

No employer in this State shall engage in any oppressive child labor practices. Oppressive child labor includes employment of any minor in any occupation declared by the Director of Labor, Licensing and Regulation to be particularly hazardous or detrimental to the health or well being of minors. Oppressive child labor also includes employment of minors who are 14 or 15 years old under the following conditions:

- During school hours
- Before 7 a.m. or after 7 p.m. (9 p.m. during the period of summer break of the school district in which the minor resides)
- More than 18 hours during school weeks
- More than 3 hours on school days
- More than 40 hours in non-school weeks
- More than 8 hours on non-school days

For details involving child labor provisions, please contact the Office of Wages and Child Labor at the address and number listed below.
SC LLR - Office of Wages and Child Labor
P.O. Box 11329
Columbia, South Carolina 29211-1329
(803)-896-4470
www.llronline.com

Right-to-Work

The right to work of a person in South Carolina cannot be denied, interfered with, or abridged because the person belongs – or does not belong – to a labor union. An employer, labor organization, or other person who violates a worker's rights under these provisions is guilty of a misdemeanor, and, upon conviction, must be punished by imprisonment for not less than ten days nor more than thirty days, a fine of not less than one thousand dollars but not more than ten thousand dollars, or both. In addition, the employer, labor organization, or other person is subject to a lawsuit by the aggrieved worker. For more information, call 803-896-4470.

Immigrant Worker

The "South Carolina Illegal Immigration and Reform Act" requires all employers to verify the legal status of new employees and prohibits employment of any worker who is not legally in this country and authorized to work.

After July 1, 2009, all businesses in South Carolina are imputed a South Carolina employment license which permits an employer to hire employees. The imputed employment license remains in effect as long as the business abides by the law.

Effective January 1, 2012, all South Carolina employers are required to enroll in the U.S. Department of Homeland Security's E-Verify program and verify the status of new employees within three business days, using E-Verify. Failure to use E-Verify to verify new hires will result in probation for the employer or suspension/revocation of the employer's business licenses.

Safety and Health Protection on the Job

The State:

Under the South Carolina Occupational Safety and Health Act, the State is responsible for the enforcement of occupational safety and health standards in all workplaces, both public and private, within the state of South Carolina. However, longshoring, shipbuilding, ship repairing and shipbreaking operations covered by the Longshoremen and Harbor Workers' Compensation Act, as amended, remain under federal jurisdiction.

Employers:

Each employer shall furnish to each of his employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or physical harm to his employees, and shall comply with occupational safety and health standards promulgated by the Director of LLR. Employers must report to OSHA all work-related fatalities within 8 hours, and all inpatient hospitalizations, amputations, and losses of an eye within 24 hours. Reporting may be accomplished by telephone at (803)896-7672 or in person at 121 Executive Center Drive, Suite 230, Columbia, SC 29211.

Employees:

Each employee shall comply with occupational safety and health standards and all rules, regulations and orders issued by the director of Labor, Licensing and Regulation which are applicable to his own actions and conduct.

Any employee or his representative may request an inspection of his place or site of employment. Any employee may file a complaint, either verbally or in writing. Complaint forms and filing information may be found on our website or will be provided, upon request, by the South Carolina Department of Labor, Licensing and Regulation.

Employers and employees have the right to participate in inspections by means of bringing to the attention of the inspecting officer possible violations which exist in their area of work and the right to participate in the walk-around inspection. The inspecting officer shall have the right to determine the number of persons participating in the walk-around inspection.

Under state law, when the authorized representative of the employees accompanies the inspecting officer during a walk-around inspection, he shall not suffer any loss of wages or other benefits which would normally accrue to him.

Where there is no authorized representative, the inspecting officer will consult with a reasonable number of employees concerning matters of safety and health in the workplace.

Discrimination:

State and federal laws prohibit discrimination against any employee if he files a complaint or causes any proceeding under or related to this Act or is about to testify in any such proceedings or because of the exercise by any employee on behalf of himself or others of any right afforded under state and federal law. The Director of Labor, Licensing and Regulation or the nearest federal OSHA offices must be notified within thirty (30) days after such discriminatory act occurs. State and local government employees should file such complaints with the Director, South Carolina Department of Labor, Licensing and Regulation. A public sector employee believing that he has been discharged or otherwise discriminated against by any person in violation of Section 41-15-510 may proceed with a civil action pursuant to the provisions contained in Chapter 27, Title 8.

Citations:

Citations listing the alleged violations during an inspection will be mailed to the employer with reasonable promptness. State law requires such citations be promptly posted at appropriate places for employee information for three (3) days, or until the violations are corrected, whichever is later, to warn employees of dangers that may exist.

Penalties:

An employer may be assessed a penalty up to seven thousand (\$7,000) dollars for a non-serious violation.

An employer who receives a citation for a serious violation may be assessed a penalty up to seven thousand (\$7,000) dollars for each such violation.

Any employer who willfully violates an occupational safety and health rule or regulation may be assessed a penalty not more than seventy thousand dollars (\$70,000) for each violation.

Any employer who willfully violates an occupational safety and health rule or regulation and the violation causes death to an employee shall be deemed guilty of a misdemeanor and, upon conviction, be punished by fine, imprisonment or both.

Under a plan approved November 30, 1972 by the U.S. Department of Labor, Occupational Safety and Health Administration (OSHA), the State of South Carolina is providing job safety and health protection for workers throughout the State. Federal OSHA will monitor the operation of this plan to assure that continued approval is merited. Any person may make a complaint regarding the State administration of this plan directly to the Regional Office of OSHA, U.S. Department of Labor, 61 Forsyth Street S.W., Room 6T50, Atlanta, Georgia 30303.

For more information, contact:

SC LLR - Office of OSHA Compliance
P.O. Box 11329
Columbia, South Carolina 29211 - 1329
(803) 896-7665
www.scosha.llronline.com

OSHA

Forms for Recording

Work-Related Injuries and Illnesses

Dear Employer:

This booklet includes the forms needed for maintaining occupational injury and illness records. Many but not all employers must complete the OSHA injury and illness recordkeeping forms on an ongoing basis. Employers in State Plan States should check with their State Plan to see if the exemptions below apply.

Employers with 10 or fewer employees throughout the previous calendar year do not need to complete these forms. In addition to the small employer exemption, there is an exemption for establishments classified in certain industries. A complete list of exempt industries can be found on the OSHA web page at <https://www.osha.gov/recordkeeping>.

Establishments normally exempt from keeping the OSHA forms must complete the forms if they are informed in writing to do so by the Bureau of Labor Statistics or OSHA.

All employers, including those partially exempted by reason of company size or industry classification, must report to OSHA any workplace incident that results in a fatality, in-patient hospitalization, amputation, or loss of an eye. You can report to OSHA by calling OSHA's free and confidential number at 1-800-321-OSHA (6742); calling your closest Area Office during normal business hours; or by using the online reporting form at <https://www.osha.gov/pls/ser/serform.html>.

Many employers are required to electronically submit information from their Form 300A Summary to OSHA. To see if your establishment is required to submit the information, visit <https://www.osha.gov/injuryreporting/index.html>.

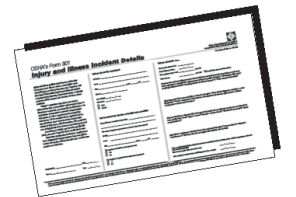
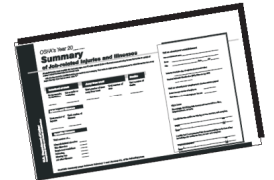
The Occupational Safety and Health Administration shares with you the goal of preventing injuries and illnesses in our nation's workplaces. Accurate injury and illness records will help us achieve that goal.

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

What's Inside...

In this package, you'll find everything you need to complete OSHA's *Log* and the *Summary of Work-Related Injuries and Illnesses* for the next several years. On the following pages, you'll find:

- ▼ **An Overview: Recording Work-Related Injuries and Illnesses** — General instructions for filling out the forms in this package and definitions of terms you should use when you classify your cases as injuries or illnesses.
- ▼ **How to Fill Out the Log** — An example to guide you in filling out the *Log* properly.
- ▼ **Log of Work-Related Injuries and Illnesses** — A copy of the *Log* (but you may make as many copies of the *Log* as you need.) Notice that the *Log* is separate from the *Summary*.
- ▼ **Summary of Work-Related Injuries and Illnesses** — Removable *Summary* pages for easy posting at the end of the year. Note that you post the *Summary* only, not the *Log*.
- ▼ **Worksheet to Help You Fill Out the Summary** — A worksheet for figuring the average number of employees who worked for your establishment and the total number of hours worked.
- ▼ **OSHA's 301: Injury and Illness Incident Report** — A copy of the OSHA 301 to provide details about the incident. You may make as many copies as you need or use an equivalent form.



Take a few minutes to review this package. If you have any questions, visit us online at www.osha.gov or call your local OSHA office. We'll be happy to help you.





An Overview: Recording Work-Related Injuries and Illnesses

The Occupational Safety and Health (OSH) Act of 1970 requires certain employers to prepare and maintain records of work-related injuries and illnesses. Use these definitions when you classify cases on the Log. OSHA's recordkeeping regulation (see 29 CFR Part 1904) provides more information about the definitions below.

The *Log of Work-Related Injuries and Illnesses* (Form 300) is used to classify work-related injuries and illnesses and to note the extent and severity of each case. When an incident occurs, use the *Log* to record specific details about what happened and how it happened. The *Summary* — a separate form (Form 300A) — shows the totals for the year in each category. At the end of the year, post the *Summary* in a visible location so that your employees are aware of the injuries and illnesses occurring in their workplace.

Employers must keep a *Log* for each establishment or site. If you have more than one establishment, you must keep a separate *Log* and *Summary* for each physical location that is expected to be in operation for one year or longer.

Note that your employees have the right to review your injury and illness records. For more information, see 29 Code of Federal Regulations Part 1904.35, *Employee Involvement*.

Cases listed on the *Log of Work-Related Injuries and Illnesses* are not necessarily eligible for workers' compensation or other insurance benefits. Listing a case on the *Log* does not mean that the employer or worker was at fault or that an OSHA standard was violated.

When is an injury or illness considered work-related?

An injury or illness is considered work-related if an event or exposure in the work environment caused or contributed to the condition or significantly aggravated a preexisting condition. Work-relatedness is

presumed for injuries and illnesses resulting from events or exposures occurring in the workplace, unless an exception specifically applies. See 29 CFR Part 1904.5(b)(2) for the exceptions. The work environment includes the establishment and other locations where one or more employees are working or are present as a condition of their employment. See 29 CFR Part 1904.5(b)(1).

Which work-related injuries and illnesses should you record?

Record those work-related injuries and illnesses that result in:

- ▼ death,
- ▼ loss of consciousness,
- ▼ days away from work,
- ▼ restricted work activity or job transfer, or
- ▼ medical treatment beyond first aid. You must also record work-related injuries and illnesses that are significant (as defined below) or meet any of the additional criteria listed below.

You must record any significant work-related injury or illness that is diagnosed by a physician or other licensed health care professional. You must record any work-related case involving cancer, chronic irreversible disease, a fractured or cracked bone, or a punctured eardrum. See 29 CFR 1904.7.

What are the additional criteria?

You must record the following conditions when they are work-related:

- ▼ any needlestick injury or cut from a sharp object that is contaminated with another person's blood or other potentially infectious material;
- ▼ any case requiring an employee to be medically removed under the requirements of an OSHA health standard;
- ▼ tuberculosis infection as evidenced by a positive skin test or diagnosis by a physician or other licensed health care professional after exposure to a known case of active tuberculosis;
- ▼ an employee's hearing test (audiogram) reveals 1) that the employee has experienced a Standard Threshold Shift (STS) in hearing in one or both ears (averaged at 2000, 3000, and 4000 Hz) and 2) the employee's total hearing level is 25 decibels (dB) or more above audiometric zero (also averaged at 2000, 3000, and 4000 Hz) in the same ear(s) as the STS.

What is medical treatment?

Medical treatment includes managing and caring for a patient for the purpose of combating disease or disorder. The following are not considered medical treatments and are NOT recordable:

- ▼ visits to a doctor or health care professional solely for observation or counseling;

What do you need to do?

1. Within 7 calendar days after you receive information about a case, decide if the case is recordable under the OSHA recordkeeping requirements.
2. Determine whether the incident is a new case or a recurrence of an existing one.
3. Establish whether the case was work-related.
4. If the case is recordable, decide which form you will fill out as the injury and illness incident report.
You may use OSHA's 301: *Injury and Illness Incident Report* or an equivalent form. Some state workers compensation, insurance, or other reports may be acceptable substitutes, as long as they provide the same information as the OSHA 301.

How to work with the Log

1. Identify the employee involved unless it is a privacy concern case as described below.
2. Identify when and where the case occurred. Also describe the case, as specifically as you can.
3. Classify the seriousness of the case by recording the **most serious outcome** associated with the case, with column G (Death) being the most serious and column J (Other recordable cases) being the least serious.
4. Enter the number of days the injured or ill worker was away from work or was on job transfer or restricted work activity.
5. Identify whether the case is an injury or illness. If the case is an injury, check the injury category. If the case is an illness, check the appropriate illness category.



- ▼ diagnostic procedures, including administering prescription medications that are used solely for diagnostic purposes; and
- ▼ any procedure that can be labeled first aid. (*See below for more information about first aid.*)

What is first aid?

If the incident required only the following types of treatment, consider it first aid. Do NOT record the case if it involves only:

- ▼ using non-prescription medications at non-prescription strength;
- ▼ administering tetanus immunizations;
- ▼ cleaning, flushing, or soaking wounds on the skin surface;
- ▼ using wound coverings, such as bandages, BandAids™, gauze pads, etc., or using SteriStrips™ or butterfly bandages;
- ▼ using hot or cold therapy;
- ▼ using any totally non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc.;
- ▼ using temporary immobilization devices while transporting an accident victim (splints, slings, neck collars, or back boards);
- ▼ drilling a fingernail or toenail to relieve pressure, or draining fluids from blisters;
- ▼ using eye patches;
- ▼ using simple irrigation or a cotton swab to remove foreign bodies not embedded in or adhered to the eye;
- ▼ using irrigation, tweezers, cotton swab or other simple means to remove splinters or foreign material from areas other than the eye;

- ▼ using finger guards;
- ▼ using massages;
- ▼ drinking fluids to relieve heat stress.

How do you decide if the case involved restricted work?

Restricted work activity occurs when, as the result of a work-related injury or illness, an employer or health care professional keeps, or recommends keeping, an employee from doing the routine functions of his or her job or from working the full workday that the employee would have been scheduled to work before the injury or illness occurred.

How do you count the number of days of restricted work activity or the number of days away from work?

Count the number of calendar days the employee was on restricted work activity or was away from work as a result of the recordable injury or illness. Do not count the day on which the injury or illness occurred in this number. Begin counting days from the day **after** the incident occurs. If a single injury or illness involved both days away from work and days of restricted work activity, enter the total number of days for each. You may stop counting days of restricted work activity or days away from work once the total of either or the combination of both reaches 180 days.

Under what circumstances should you NOT enter the employee's name on the OSHA Form 300?

You must consider the following types of injuries or illnesses to be privacy concern cases:

- ▼ an injury or illness to an intimate body part or to the reproductive system,
- ▼ an injury or illness resulting from a sexual assault,
- ▼ a mental illness,
- ▼ a case of HIV infection, hepatitis, or tuberculosis,
- ▼ a needlestick injury or cut from a sharp object that is contaminated with blood or other potentially infectious material (see 29 CFR Part 1904.8 for definition), and
- ▼ other illnesses, if the employee independently and voluntarily requests that his or her name not be entered on the log.

You must not enter the employee's name on the OSHA 300 Log for these cases. Instead, enter "privacy case" in the space normally used for the employee's name. You must keep a separate, confidential list of the case numbers and employee names for the establishment's privacy concern cases so that you can update the cases and provide information to the government if asked to do so.

If you have a reasonable basis to believe that information describing the privacy concern case may be personally identifiable even though the employee's name has been omitted, you may use discretion in describing the injury or illness on both the OSHA 300 and 301 forms. You must enter enough information to identify the cause of the incident and the general severity of the

injury or illness, but you do not need to include details of an intimate or private nature.

What if the outcome changes after you record the case?

If the outcome or extent of an injury or illness changes after you have recorded the case, simply draw a line through the original entry or, if you wish, delete or white-out the original entry. Then write the new entry where it belongs. Remember, you need to record the most serious outcome for each case.

Classifying injuries

An injury is any wound or damage to the body resulting from an event in the work environment.

Examples: Cut, puncture, laceration, abrasion, fracture, bruise, contusion, chipped tooth, amputation, insect bite, electrocution, or a thermal, chemical, electrical, or radiation burn. Sprain and strain injuries to muscles, joints, and connective tissues are classified as injuries when they result from a slip, trip, fall or other similar accidents.



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; inflammation of the skin.

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 pneumoconioses.

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, arsenic, or other metals; poisoning by carbon monoxide, hydrogen sulfide, or other gases; poisoning by benzene, benzol, carbon tetrachloride, or other organic solvents; poisoning by insecticide sprays, such as parathion or lead arsenate; 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; bloodborne pathogenic diseases, such as AIDS, HIV, hepatitis B or hepatitis C; brucellosis; malignant or benign tumors; histoplasmosis; coccidioidomycosis.

When must you post the Summary?

You must post the *Summary* only — not the *Log* — by February 1 of the year following the year covered by the form and keep it posted until April 30 of that year.

How long must you keep the Log and Summary on file?

You must keep the *Log* and *Summary* for 5 years following the year to which they pertain.

Do you have to send these forms to OSHA at the end of the year?

Many employers are required to electronically submit information from their Form 300A Summary to OSHA. To see if your establishment is required to submit the information, visit <https://www.osha.gov/injuryreporting/index.html>.

How can we help you?

If you have a question about how to fill out the *Log*,

- ▼ visit us online at www.osha.gov or
- ▼ call your local OSHA office.

Calculating Injury and Illness Incidence Rates

Note: You can type input into this form and save it.
Because the forms in this recordkeeping package are “fillable/writable” PDF documents, you can type into the input form fields and then save your inputs using the [free Adobe PDF Reader](#). In addition, the forms are programmed to auto-calculate as appropriate.

What is an incidence rate?

An incidence rate is the number of recordable injuries and illnesses occurring among a given number of full-time workers (usually 100 full-time workers) over a given period of time (usually one year). To evaluate your firm’s injury and illness experience over time or to compare your firm’s experience with that of your industry as a whole, you need to compute your incidence rate. Because a specific number of workers and a specific period of time are involved, these rates can help you identify problems in your workplace and/or progress you may have made in preventing work-related injuries and illnesses.

How do you calculate an incidence rate?

You can compute an occupational injury and illness incidence rate for all recordable cases or for cases that involved days away from work for your firm quickly and easily. The formula requires that you follow instructions in paragraph (a) below for the total recordable cases or those in paragraph (b) for cases that involved days away from work, *and* for both rates the instructions in paragraph (c).

(a) *To find out the total number of recordable injuries and illnesses that occurred during the year*, count the number of line entries on your OSHA Form 300, or refer to the OSHA Form 300A and sum the entries for columns (H), (I), and (J).

(b) *To find out the number of injuries and illnesses that involved days away from work*, count the number of line entries on your OSHA Form 300 that received a check mark in column (H), or refer to the entry for column (H) on the OSHA Form 300A.

(c) *The number of hours all employees actually worked during the year*. Refer to OSHA Form 300A and optional worksheet to calculate this number.

You can compute the incidence rate for all recordable cases of injuries and illnesses using the following formula:

$$\frac{\text{Total number of injuries and illnesses} \times 200,000}{\text{Number of hours worked by all employees}} = \text{Total recordable case rate}$$

(The 200,000 figure in the formula represents the number of hours 100 employees working 40 hours per week, 50 weeks per year would work, and provides the standard base for calculating incidence rates.)

You can compute the incidence rate for recordable cases involving days away from work, days of restricted work activity or job transfer (DART) using the following formula:

$$\frac{(\text{Number of entries in column H} + \text{Number of entries in column I}) \times 200,000}{\text{Number of hours worked by all employees}} = \text{DART incidence rate}$$

You can use the same formula to calculate incidence rates for other variables such as cases involving restricted work activity (column (I) on Form 300A), cases involving skin disorders (column (M-2) on Form 300A), etc. Just substitute the appropriate total for these cases, from Form 300A, into the formula in place of the total number of injuries and illnesses.

What can I compare my incidence rate to?

The Bureau of Labor Statistics (BLS) conducts a survey of occupational injuries and illnesses each year and publishes incidence rate data by

various classifications (e.g., by industry, by employer size, etc.). You can obtain these published data at www.bls.gov/iif or by calling a BLS Regional Office.

Worksheet

Total number of injuries and illnesses	X 200,000	÷	Number of hours worked by all employees	=	Total recordable case rate
<input type="text"/>			<input type="text"/>		<input type="text"/>
Number of entries in Column H + Column I	X 200,000	÷	Number of hours worked by all employees	=	DART incidence rate
<input type="text"/>			<input type="text"/>		<input type="text"/>
<input type="button" value="Reset"/>					

How to Fill Out the Log

Note: Because the forms in this recordkeeping package are “fillable/writable” PDF documents, you can type into the input form fields and then save your inputs using the [free Adobe PDF Reader](#). In addition, the forms are programmed to auto-calculate as appropriate.

The *Log of Work-Related Injuries and Illnesses* is used to classify work-related injuries and illnesses and to note the extent and severity of each case. When an incident occurs, use the *Log* to record specific details about what happened and how it happened.

If your company has more than one establishment or site, you must keep separate records for each physical location that is expected to remain in operation for one year or longer.

If you need additional copies of the *Log*, you may photocopy the printout or insert additional form pages in the PDF, and then use as many as you need.

The *Summary* — a separate form — shows the work-related injury and illness totals for the year in each category. At the end of the year, count the number of incidents in each category and transfer the totals from the *Log* to the *Summary*. Then post the *Summary* in a visible location so that your employees are aware of injuries and illnesses occurring in their workplace.

You don’t post the Log. You post only the Summary at the end of the year.

OSHA’s Form 300 Log of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are “fillable/writable” PDF documents, you can type into the input form fields and then save your inputs using the [free Adobe PDF Reader](#). In addition, the forms are programmed to auto-calculate as appropriate.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20
U.S. Department of Labor
Occupational Safety and Health Administration



Form approved OMB no. 1218-0176

Please 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.
- Significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional.
- Work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.12.

Reminders:

- 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.
- Feel free to use two lines for a single case if you need to.
- Complete the 5 steps for each case.

Establishment name XYZ company

City Anywhere

State MA

Step 1. Identify the person

(A) Case no. (B) Employee’s name (C) Job title (e.g., Welder)

Step 2. Describe the case

(D) Date of injury or onset of illness (e.g., 2/10) (E) Where the event occurred (e.g., Loading dock north end) (F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)

Step 3. Classify the case

SELECT ONLY ONE circle based on the most serious outcome:

Remained at Work

Death (G) Days away from work (H) Job transfer or restriction (I) Other recordable cases (J)

Away from work (K) On job transfer or restriction (L)

Enter the number of days the injured or ill worker was:

12 days 15 days

7 days 30 days

3 days

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Step 4.

Enter the number of days the injured or ill worker was:

12 days 15 days

7 days 30 days

3 days

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Step 5.

Select one column:

(M) Injury

Skin disorder

Respiratory condition

Poisoning

Hearing loss

All other illnesses

(1) (2) (3) (4) (5) (6)

(1) (2) (3) (4) (5) (6)

(1) (2) (3) (4) (5) (6)

(1) (2) (3) (4) (5) (6)

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Be as specific as possible. You can use two lines if you need more room.

Revise the log if the injury or illness progresses and the outcome is more serious than you originally recorded for the case. Cross out, erase, or white-out the original entry if hard copy. (If using the PDF’s fillable form feature, simply change your selections. You can also clear the entire case entry from the log using the Reset button.)

Choose ONLY ONE of these categories. Classify the case by recording the most serious outcome of the case, with column G (Death) being the most serious and column J (Other recordable cases) being the least serious.

Note whether the case involves an injury or an illness.



OSHA’s Form 300 (Rev. 04/2004)

Log of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are “fillable/writable” PDF documents, you can type into the input form fields and then save your inputs using the [free Adobe PDF Reader](#). In addition, the forms are programmed to auto-calculate as appropriate.

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.

Form approved OMB no. 1218-0176

Please 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.
- Significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional.
- Work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12.

Reminders:

- 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.
- Feel free to use two lines for a single case if you need to.
- Complete the 5 steps for each case.

Establishment name

City State

Step 1. Identify the person

Step 2. Describe the case

(A) Case no.	(B) Employee’s name	(C) Job title <i>(e.g., Welder)</i>	(D) Date of injury or onset of illness <i>(e.g., 2/10)</i>	(E) Where the event occurred <i>(e.g., Loading dock north end)</i>	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill <i>(e.g., Second degree burns on right forearm from acetylene torch)</i>
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Step 3. Classify the case

SELECT ONLY ONE circle based on the most serious outcome:

Death (G)	Remained at Work		
	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)
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Step 4.

Enter the number of days the injured or ill worker was:

Away from work (K)	On job transfer or restriction (L)
<div>_____ days</div>	<div>_____ days</div>
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<div>_____ days</div>	<div>_____ days</div>

Step 5.

Select one column:

(M) Injury (1)	Illness					All other illnesses (6)
	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)		
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Add a Form Page

Summary of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it.
Because the forms in this recordkeeping package are “fillable/writable” PDF documents, you can type into the input form fields and then save your inputs using the [free Adobe PDF Reader](#).

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

Establishment information

Your establishment name

Street

CityStateZip

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

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

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees

Total hours worked by all employees last year

Sign here

Knowingly falsifying this document may result in a fine.

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

Company executive

Phone

Title

Date

Optional

Worksheet to Help You Fill Out the Summary

Note: You can type input into this form and save it.
Because the forms in this recordkeeping package are “fillable/ writable” PDF documents, you can type into the input form fields and then save your inputs using the [free Adobe PDF Reader](#). In addition, the forms are programmed to auto-calculate as appropriate.

At the end of the year, OSHA requires you to enter the average number of employees and the total hours your employees worked on the Summary. If you don’t have these figures, you can use the information on this page to estimate the numbers you will need to enter on the Summary page.

If you pay about the same number of employees every pay period throughout the year (e.g., about 100), then you can use that number as your annual average employment. If the number of employees fluctuates from pay period to pay period (e.g., your business is seasonal or your establishment grew or shrunk during the year), then you should use the formula below to calculate employment average.

How to figure the average number of employees who worked for your establishment during the year:

- 1

Add up and then enter the number of employees your establishment paid **IN EACH PAY PERIOD** during the year. Be sure to include all employees: full-time, part-time, temporary, seasonal, salaried, and hourly.

The total number of employees paid in all pay periods throughout the year = 1
- 2

Count and then enter the number of pay periods your establishment had during the year. Be sure to include any pay periods when you had no employees. For example, enter 26 if you have biweekly pay periods or 52 if you have weekly pay periods.

The number of pay periods during the year = 2
- 3

Divide the number of employees by the number of pay periods. (See auto-calc.)

1

2

=

3
- 4

Round the answer to the next highest whole number (See auto-calc.). Write the rounded number in the blank on the Summary page marked *Annual average number of employees*.

The number rounded = 4

For example, Acme Construction figured its average employment this way:
In this pay period . . . Acme paid this many employees . . .

1	10		
2	0	Number of employees paid = 830	1
3	15		
4	30	Number of pay periods = 26	2
5	40	<u>830</u> = 31.92	3
▼	▼	26	
24	20		
25	15	31.92 rounds to 32	4
26	+10		
	830	32 is the annual average number of employees	

Note: Review your annual average number of employees to ensure it makes sense. Is it about the same as the number of employees working at your establishment on any given day? Is it bigger than your smallest number of employees in a pay period? Is it smaller than your biggest number of employees in a pay period? If the answer to any of these questions is “no,” then the calculation may be incorrect.

Note: You **CANNOT** divide the total number of W2s by the number of pay periods to calculate average employment. You must add up the number of employees paid **IN EACH PAY PERIOD** and then divide by the number of pay periods.

How to figure the total hours all employees worked:

Include hours worked by salaried, hourly, part-time, and seasonal workers, as well as hours worked by other workers subject to day-to-day supervision by your establishment (e.g., temporary help service workers).

Do not include vacation, sick leave, holidays, or any other non-work time, even if employees were paid for it. If your establishment keeps records of only the hours paid, or if you have employees who are not paid by the hour, please estimate the hours that the employees actually worked.

If this number isn’t available, you can use this optional worksheet to estimate it.

Optional Worksheet

- Find the number of full-time employees in your establishment for the year.
- X

Multiply by the number of work hours for a full-time employee in a year.
- This is the number of full-time hours worked.
- +

Add the number of any overtime hours as well as the hours worked by other employees (part-time, temporary, seasonal).
- Round the answer to the next highest whole number. Write the rounded number in the blank on the Summary page marked *Total hours worked by all employees last year*.

Reset

OSHA’s Form 301 (Rev. 04/2004)

Injury and Illness Incident Report

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are “fillable/writable” PDF documents, you can type into the input form fields and then save your inputs using the [free Adobe PDF Reader](#). In addition, the forms are programmed to auto-calculate as appropriate.

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.



Form approved OMB no. 1218-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers’ compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA’s recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy the printout or insert additional form pages in the PDF, and then use as many as you need.

Information about the employee

1) Full name

2) Street

City State ZIP

3) Date of birth

Month Day Year

4) Date hired

Month Day Year

5) ☐ Male ☐ Female

Information about the physician or other health care professional

6) Name of physician or other health care professional

7) If treatment was given away from the worksite, where was it given?

Facility

Street

City State ZIP

8) Was employee treated in an emergency room?

☐ Yes

☐ No

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

☐ Yes

☐ No

Information about the case

10) Case number from the Log (Transfer the case number from the Log after you record the case.)

11) Date of injury or illness

Month Day Year

12) Time employee began work (HH:MM) ☐ AM ☐ PM

13) Time of event (HH:MM) ☐ AM ☐ PM ☐ Check if time cannot be determined

*** Re fields 14 to 17:** Please do not include any personally identifiable information (PII) pertaining to worker(s) involved in the incident (e.g., no names, phone numbers, or Social Security numbers).

14)* **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. *Examples:* “climbing a ladder while carrying roofing materials”; “spraying chlorine from hand sprayer”; “daily computer key-entry.”

15)* **What Happened? Tell us how the injury occurred.** *Examples:* “When ladder slipped on wet floor, worker fell 20 feet”; “Worker was sprayed with chlorine when gasket broke during replacement”; “Worker developed soreness in wrist over time.”

16)* **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected. *Examples:* “strained back”; “chemical burn, hand”; “carpal tunnel syndrome.”

17)* **What object or substance directly harmed the employee?** *Examples:* “concrete floor”; “chlorine”; “radial arm saw.” *If this question does not apply to the incident, leave it blank.*

18) **If the employee died, when did death occur?** **Date of death**

Month Day Year

Add a Form Page

Reset

If You Need Help...

If you need help deciding whether a case is recordable, or if you have questions about the information in this package, feel free to contact us. We'll gladly answer any questions you have.

▼ Visit us online at www.osha.gov

▼ Call your OSHA Regional office and ask for the recordkeeping coordinator

or

▼ Call your State Plan office

www.osha.gov/stateplans

Federal Jurisdiction

Region 1 - 617 / 565-9860
Connecticut; Massachusetts; Maine; New Hampshire; Rhode Island

Region 2 - 212 / 337-2378
New York; New Jersey

Region 3 - 215 / 861-4900
DC; Delaware; Pennsylvania; West Virginia

Region 4 - 678 / 237-0400
Alabama; Florida; Georgia; Mississippi

Region 5 - 312 / 353-2220
Illinois; Ohio; Wisconsin

Region 6 - 972 / 850-4145
Arkansas; Louisiana; Oklahoma; Texas

Region 7 - 816 / 283-8745
Kansas; Missouri; Nebraska

Region 8 - 720 / 264-6550
Colorado; Montana; North Dakota; South Dakota

Region 9 - 415 / 625-2547

Region 10 - 206 / 553-5930
Idaho

State Plan States

Alaska	Oregon
Arizona	Puerto Rico
California	South Carolina
*Connecticut	Tennessee
Hawaii	Utah
*Illinois	Vermont
Indiana	Virginia
Iowa	*Virgin Islands
Kentucky	Washington
*Maine	Wyoming
Maryland	
Michigan	*Public Sector only
Minnesota	
Nevada	
*New Jersey	
New Mexico	
*New York	
North Carolina	



Have questions?

If you need help in filling out the *Log* or *Summary*, or if you have questions about whether a case is recordable, contact us. We'll be happy to help you. You can:

- ▼ Visit us online at: www.osha.gov
- ▼ Call your regional or state plan office. You'll find the phone number listed on the previous page.

Notice to Employees: Availability of Unemployment Compensation

Employees in this establishment are covered under the South Dakota Reemployment Assistance (RA) law. Benefits are available to workers who become unemployed or whose working hours are reduced to less than full-time, if they are:

- Able to work,
- Available for full-time work, and
- Meet certain eligibility requirements.

Employees who voluntarily quit without good cause, are discharged or suspended for misconduct, or refuse to accept suitable work may be denied benefits.

You may file an RA claim in the first week employment ends or hours are reduced.

If you have questions about the status of your RA claim, you can call the Customer Service Center at 605.626.2452, email DLRRAClaims@state.sd.us or log in to your account.

PLEASE POST THIS NOTICE IN A VISIBLE PLACE.



SOUTH DAKOTA
DEPT. OF **LABOR**
& **REGULATION**

Reemployment Assistance Division
420 S Roosevelt St | PO Box 4730
Aberdeen, SD 57402-4730

REV 02/2024

Notice to Employees: Availability of Unemployment Compensation

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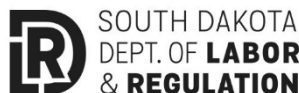
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SOUTH DAKOTA
DEPT. OF **LABOR**
& **REGULATION**

Reemployment Assistance Division
420 S Roosevelt St | PO Box 4730
Aberdeen, SD 57402-4730

REV 02/2024

To file a claim online, visit sd.gov/rabenefits 24 hours a day, seven days a week.

To file a claim by phone, call the Claims Call Center at 605.626.3179, Monday through Friday, 8 a.m. to 4:20 p.m. (Central Time). Applicants with speech or hearing impairments can call 711 or 800.877.1113.

You will need to provide the following information for DLR to process your claim:

- Full legal name
- Social Security Number
- Driver's license number or State ID number
- Employment history for the last 18 months
- Authorization to work (if you are not a U.S. citizen or resident)

To file a claim online, visit sd.gov/rabenefits 24 hours a day, seven days a week.

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- Authorization to work (if you are not a U.S. citizen or resident)



SC Labor Law Abstract

Payment of Wages Act

When an employee is hired, the employer must notify the employee in writing of:

- the wages agreed upon
- the normal hours the employee will work
- the time and place wages will be paid
- the deductions an employer may make from wages, including insurance

Changes to these terms must be in writing at least seven (7) calendar days before they become effective.

Employers must pay employees all wages due each pay period. Employers must also give employees an itemized statement showing gross pay and all deductions made each pay period and maintain records of wages paid for three years.

Employers who violate the Payment of Wages Act are subject to a civil penalty of \$100 for each violation. Employees can recover up to three times the full amount of unpaid wages, costs, and attorney's fees in a civil action.

To report a suspected violation, or for recordkeeping or other questions involving the Payment of Wages Act, or to order a copy of the Payment of Wages Act, please contact the Office of Wages and Child Labor at the address and number listed below.

Child Labor

No employer in this State shall engage in any oppressive child labor practices. Oppressive child labor includes employment of any minor in any occupation declared by the Director of Labor, Licensing and Regulation to be particularly hazardous or detrimental to the health or well being of minors. Oppressive child labor also includes employment of minors who are 14 or 15 years old under the following conditions:

- During school hours
- Before 7 a.m. or after 7 p.m. (9 p.m. during the period of summer break of the school district in which the minor resides)
- More than 18 hours during school weeks
- More than 3 hours on school days
- More than 40 hours in non-school weeks
- More than 8 hours on non-school days

For details involving child labor provisions, please contact the Office of Wages and Child Labor at the address and number listed below.
SC LLR - Office of Wages and Child Labor
P.O. Box 11329
Columbia, South Carolina 29211-1329
(803)-896-4470
www.llronline.com

Right-to-Work

The right to work of a person in South Carolina cannot be denied, interfered with, or abridged because the person belongs – or does not belong – to a labor union. An employer, labor organization, or other person who violates a worker's rights under these provisions is guilty of a misdemeanor, and, upon conviction, must be punished by imprisonment for not less than ten days nor more than thirty days, a fine of not less than one thousand dollars but not more than ten thousand dollars, or both. In addition, the employer, labor organization, or other person is subject to a lawsuit by the aggrieved worker. For more information, call 803-896-4470.

Immigrant Worker

The "South Carolina Illegal Immigration and Reform Act" requires all employers to verify the legal status of new employees and prohibits employment of any worker who is not legally in this country and authorized to work.

After July 1, 2009, all businesses in South Carolina are imputed a South Carolina employment license which permits an employer to hire employees. The imputed employment license remains in effect as long as the business abides by the law.

Effective January 1, 2012, all South Carolina employers are required to enroll in the U.S. Department of Homeland Security's E-Verify program and verify the status of new employees within three business days, using E-Verify. Failure to use E-Verify to verify new hires will result in probation for the employer or suspension/revocation of the employer's business licenses.

Safety and Health Protection on the Job

The State:

Under the South Carolina Occupational Safety and Health Act, the State is responsible for the enforcement of occupational safety and health standards in all workplaces, both public and private, within the state of South Carolina. However, longshoring, shipbuilding, ship repairing and shipbreaking operations covered by the Longshoremen and Harbor Workers' Compensation Act, as amended, remain under federal jurisdiction.

Employers:

Each employer shall furnish to each of his employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or physical harm to his employees, and shall comply with occupational safety and health standards promulgated by the Director of LLR. Employers must report to OSHA all work-related fatalities within 8 hours, and all inpatient hospitalizations, amputations, and losses of an eye within 24 hours. Reporting may be accomplished by telephone at (803)896-7672 or in person at 121 Executive Center Drive, Suite 230, Columbia, SC 29211.

Employees:

Each employee shall comply with occupational safety and health standards and all rules, regulations and orders issued by the director of Labor, Licensing and Regulation which are applicable to his own actions and conduct.

Any employee or his representative may request an inspection of his place or site of employment. Any employee may file a complaint, either verbally or in writing. Complaint forms and filing information may be found on our website or will be provided, upon request, by the South Carolina Department of Labor, Licensing and Regulation.

Employers and employees have the right to participate in inspections by means of bringing to the attention of the inspecting officer possible violations which exist in their area of work and the right to participate in the walk-around inspection. The inspecting officer shall have the right to determine the number of persons participating in the walk-around inspection.

Under state law, when the authorized representative of the employees accompanies the inspecting officer during a walk-around inspection, he shall not suffer any loss of wages or other benefits which would normally accrue to him.

Where there is no authorized representative, the inspecting officer will consult with a reasonable number of employees concerning matters of safety and health in the workplace.

Discrimination:

State and federal laws prohibit discrimination against any employee if he files a complaint or causes any proceeding under or related to this Act or is about to testify in any such proceedings or because of the exercise by any employee on behalf of himself or others of any right afforded under state and federal law. The Director of Labor, Licensing and Regulation or the nearest federal OSHA offices must be notified within thirty (30) days after such discriminatory act occurs. State and local government employees should file such complaints with the Director, South Carolina Department of Labor, Licensing and Regulation. A public sector employee believing that he has been discharged or otherwise discriminated against by any person in violation of Section 41-15-510 may proceed with a civil action pursuant to the provisions contained in Chapter 27, Title 8.

Citations:

Citations listing the alleged violations during an inspection will be mailed to the employer with reasonable promptness. State law requires such citations be promptly posted at appropriate places for employee information for three (3) days, or until the violations are corrected, whichever is later, to warn employees of dangers that may exist.

Penalties:

An employer may be assessed a penalty up to seven thousand (\$7,000) dollars for a non-serious violation.

An employer who receives a citation for a serious violation may be assessed a penalty up to seven thousand (\$7,000) dollars for each such violation.

Any employer who willfully violates an occupational safety and health rule or regulation may be assessed a penalty not more than seventy thousand dollars (\$70,000) for each violation.

Any employer who willfully violates an occupational safety and health rule or regulation and the violation causes death to an employee shall be deemed guilty of a misdemeanor and, upon conviction, be punished by fine, imprisonment or both.

Under a plan approved November 30, 1972 by the U.S. Department of Labor, Occupational Safety and Health Administration (OSHA), the State of South Carolina is providing job safety and health protection for workers throughout the State. Federal OSHA will monitor the operation of this plan to assure that continued approval is merited. Any person may make a complaint regarding the State administration of this plan directly to the Regional Office of OSHA, U.S. Department of Labor, 61 Forsyth Street S.W., Room 6T50, Atlanta, Georgia 30303.

For more information, contact:

SC LLR - Office of OSHA Compliance
P.O. Box 11329
Columbia, South Carolina 29211 - 1329
(803) 896-7665
www.scosha.llronline.com