



Therma LLC

## **Weekly Safety Meeting** **For The Construction Industry**

Safety Meeting Outlines	1601 Las Plumas Ave., San Jose, CA 95133-1613 (408) 347-3400	Vol. 16	No. 04	Week of 01-28-19
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Company Name Therma Job Name \_\_\_\_\_ Date \_\_\_\_\_

### **RECORDABLE INJURIES/ILLNESSES**

#### **WHAT DOES RECORDABLE MEAN?**

Recordable injuries/illness are work-related injuries/illnesses that meet established criteria, and therefore must be recorded on OSHA injury/illness recordkeeping forms or equivalent forms. Recordable injuries/illnesses must also be reported to OSHA electronically.

#### **WHAT ARE THE RECORDKEEPING FORMS?**

- OSHA 300 Log – Detailed listing of all work-related injuries/illness in a calendar year
- OSHA 300 A Summary – Summary of all work-related injuries/illness from the 300 log
- OSHA 301 Incident Report Form – Description of each individual injury/illness

#### **WHAT CONSTITUTES A RECORDABLE WORK-RELATED INJURY OR ILLNESS?**

- The injury/illness must be work-related.

#### **WHAT CONSTITUTES “WORK RELATED?”**

- Injuries/illness are considered work-related if they occurred in the workplace itself (physical location).
- Injuries/illnesses are considered work-related if they occur in another location where the victim was working, or was present as a condition of employment.
- Injuries/illnesses are considered work-related if they are caused by equipment and/or materials used by the victim during the course of work.

#### **TO BE WORK-RELATED**

- The injury/illness must have resulted in death; or
- The injury/illness must have resulted in days away from work; or
- The injury/illness must have resulted in restricted work; or
- The injury/illness must have resulted in transfer to another job; or
- The injury/illness must have resulted in medical treatment beyond first aid.

### **SAFETY REMINDER**

***Report all injuries, regardless of severity, to your supervisor immediately so procedural problems don't occur later down the road.***

## **Safety Award For Excellence (SAFE) Nomination**

Name: \_\_\_\_\_

Reason for nomination: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_

# Therma Safety Training

Site \_\_\_\_\_

Topic \_\_\_\_\_

Instructor \_\_\_\_\_

Date \_\_\_\_\_

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**SIGN NAME**

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