May 3, 1988

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Cleveland OTM-3

At your request, I visited the Louisville plant to review medical records and OSHA logs to gain an impression of the level of compliance with recording requirements. My review went back through 1985 and included approximately 80% of the medical records.

It was clear that the records had been previously reviewed and a large number of cases added to the logs for 1985 through 1987. My review revealed a number of other cases in which recordability appears to be worth further consideration.

I found four cases in which antiseptics were applied to injuries and second or later visits. These included:

Robert D. Bruce 317-28-8267
1/18/87-1/21/87
also debridement

Mack W. Thompson 401-60-5927
3/5/85
Laceration finger

William G. Seally 401-42-8310
3/27/85

Don H. McCool 314-38-7900
4/8/88-4/12/88, 4/13/88

Other cases in which recording in the OSHA log might be appropriate are:

Norman J. Reilly 306-36-6433
6/18/86-7/16/86
Injury to head initial first aid only
Spontaneous ejection of foreign body - still first aid
Local anesthesia and exploration to remove second foreign body - medical treatment and recordable?

Wendell H. Shultz 405-38-1373
10/28/87-1/29/88
Strain right shoulder in case of pre-existing arthritis
Treated with prescription medication

Stephen Northam 317-46-8706
2/14/86
Laceration treated with butterfly adhesives

Randal B. Paul 400-66-6651
11/9/86-12/23/86
Sacroiliac strain on job with lost time and medical treatment

Carl E. Denner, Jr. 450-72-5479
1/25/88-2/1/88
Extravasation of blood from venipuncture done in plant dispensary for blood lead determination (OSHA-required examination). Personal physician called it phlebitis (disease) and recommended lost time. Dr. Creech quoted as saying lost time was not appropriate. Time was apparently lost. Recordable?

There were a number of cases in which the medical record was not clear as I thought it might be for determining whether or not a recordable case existed. These included the following.

Charles Banks 403-54-3057
5/27/86-6/2/86
Recorded as not work related but several episodes began with work activities suggesting at least work aggravation. Record does not establish clear basis for not recording.

Chris Beckley 401-70-3324
8/21/85
Knee problem with no diagnosis entered. Marked occupational injury but not recorded. Could be an illness. Could be aggravation of old problem.

Edgar Bennett 403-40-0383
Incident beginning 12/3/87.
Diagnosis of questionable accuracy. Appears to have developed neuropathy (illness) secondary to trauma.

Ronnie L. Bennett 389-30-5048
3/6/87
Dermatitis face "improves when not at work." No follow-up. Persistent over at least two months. Occupational illness?

George T. Brown 407-60-1523
3/7/88, 3/9/88
Back pain after lifting 50 lb. boxes on new job. Marked non-occupational illness which is highly questionable on basis of record. Could be no illness, no injury but muscular soreness due to lack of conditioning, but appears to be occupational.

Roy Titus 401-76-9155
9/10/85-10/16/85
Arthritis, tendonitis hands. Orthopedic consultant called it occupational illness. Dr. Creech is quoted as saying it is not occupational. (Dr. Creech apparently does not make entries in these records.) Sent for third opinion. No report of third opinion identified which offers classification of occupational vs. non-occupational.

George W. Young, Jr. 401-68-4437
5/6/86 - Sprained ankle.
5/7/86 - Off work because of pain. Went to neighborhood clinic and received X-ray (no report). Payment denied by BFG because visit not pre-authorized.
5/8/86 - Returned to normal job
Is this a lost time injury?

Ferric Vegh 158-30-2015
6/17/87
Entry describes symptoms consistent with heat exhaustion (occupational illness).
Several days later Dr. Creech is quoted as saying it could have been heat exhaustion. Reason for not recording?

Terry D. Vincent 402-64-3781
8/7/87-8/15/87
Entry marked occupational injury
Diagnosis orchitis (disease)
Not recorded

A trivial problem noted was a difference between names on the medical record and on the OSHA log; for example, William D. became David and James K. became Kevin.

Your further review may determine that some of these cases should be on the OSHA log or you may find other information, not clear in the medical records, which provides a reason for not recording.

I do not see any pattern suggestive of an attempt to systematically fail to record any particular type of case. It appears that at present an honest effort is being made to comply with BLS guidelines. In going back to compare old logs, it is quite possible to overlook cases which might account for some I have listed. In other cases there may be differences in interpretation.

I hope you find the information provided of some use.

Harold W. Dietz

jp 80503-5

cc: R. A. Guyton
Ron Martin