



Designation: E 1076 – 85 (Reapproved 1999)

Standard Practice for Maintaining Health and Safety Records at Solid Waste Processing Facilities¹

This standard is issued under the fixed designation E 1076; the number immediately following the designation indicates the year of original adoption or, in the case of revision, the year of last revision. A number in parentheses indicates the year of last reapproval. A superscript epsilon (ε) indicates an editorial change since the last revision or reapproval.

1. Scope

1.1 The purpose of this practice is to provide guidance to solid waste processing facility managers responsible for maintaining records of the health and safety experience of their employees. This practice describes general principles for establishing a procedure to collect and document health and safety data within a solid waste processing facility and provides specific information on the forms and procedures to be used in recording illnesses among employees.

1.2 *This standard does not purport to address all of the safety concerns, if any, associated with its use. It is the responsibility of the user of this standard to establish appropriate safety and health practices and determine the applicability of regulatory limitations prior to use.*

2. Referenced Documents

2.1 OSHA Standard:

29 CFR 1910.20 Access to Records²

3. Significance and Use

3.1 This practice is intended for use in resource recovery and other types of solid waste processing facilities. The occupational health risks in such facilities are not well documented and the purpose of this practice is to facilitate recording of information that can be useful in assessing the occupational health significance of working in these facilities.

3.2 The records developed and maintained in accordance with this practice can be used as a basis for spotting trends (if any) in the types or frequency, or both, of injuries and illnesses. This information may, in combination with data on environmental health conditions within a waste processing facility, be useful in identifying possible cause/effect relationships.

3.3 This practice is not intended as a design guide for an occupational health and safety program but rather is intended to build upon existing occupational health programs and to utilize currently available health and environmental records.

4. Records to Be Maintained

4.1 *Personal and Work History Records*—These data are essential to a recordkeeping system because they describe the workers' previous work experience and identify the worker with the work site.

4.1.1 For each employee the following information should be recorded:

- 4.1.1.1 Name,
- 4.1.1.2 Employer identification number,
- 4.1.1.3 Birthdate,
- 4.1.1.4 Social security number,
- 4.1.1.5 Sex,
- 4.1.1.6 Race,
- 4.1.1.7 Date of employment,
- 4.1.1.8 Past employment history, and
- 4.1.1.9 Hobbies or recreational activities.

4.1.2 *Work History Data*—For each assignment at the facility, record the following information:

- 4.1.2.1 Job classification and description,
- 4.1.2.2 Department,
- 4.1.2.3 Work location, and
- 4.1.2.4 Time spent at each work location.

4.2 *Health Records*:

4.2.1 *Physical Examinations*—All employees should receive entry and yearly examinations. The former should include a comprehensive medical history questionnaire indicating the following:

- 4.2.1.1 Pre-existing medical conditions,
- 4.2.1.2 Immunizations,
- 4.2.1.3 Alcohol, drug, and tobacco use habits, and
- 4.2.1.4 Family history data, indicating previous respiratory, allergy, neurological or cardiovascular conditions.

4.2.2 Clinical tests should be conducted yearly, including CBC, audiometry, pulmonary function and others as suggested by the physician. New employees should receive baseline audiograms during their entry examinations. If a threshold shift is observed, in a subsequent audiometric examination, the test should be repeated after the individual has been in a low noise environment for at least 14 h.

4.2.3 Results of these examinations should be kept under the control of the employer's physician or another designated physician.

¹ This practice is under the jurisdiction of ASTM Committee D34 on Waste Management and is the direct responsibility of Subcommittee D34.03.02 on Municipal Recovery and Reuse.

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² Available from Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402.



4.2.4 *Illness Reports*—An employee experiencing an illness (occupational or nonoccupational) should report that illness to the physician referred to in 3.2.1. The report shall include at least the following information:

- 4.2.4.1 The nature of the illness,
- 4.2.4.2 The data of onset and duration,
- 4.2.4.3 The number of days off from work,
- 4.2.4.4 Treatment, and
- 4.2.4.5 Name and address of any physician consulted.

4.2.5 See Fig. 1 for an example of an illness report used by the U.S. Air Force.

4.3 *Accident Records*—Employers should maintain records of industrial injuries resulting in lost time on the job. These reports should be filed according to employee classification and include copies of the following information, where applicable:

4.3.1 *Supervisors Accident Investigation Report*, describing the following:

4.3.1.1 Who was involved,

4.3.1.2 Time,

4.3.1.3 Place,

4.3.1.4 Nature and circumstances of the incident,

4.3.1.5 Bodily injury involved, and

4.3.1.6 Other information required by locally applicable Workman's Compensation Laws.

4.3.2 *Employee's Report of the Accident to the Workman's Compensation Board*.

4.3.3 *Report/Findings of the Workman's Compensation Board*.

4.3.4 Any other illness and injury-related records, especially recommended work restrictions and records of any hospitalizations, lost time, compensation claims and payments.

4.4 *Work Environmental Records*—Records should be maintained for all industrial hygiene surveys. These data may provide insight into the relationship between exposure to

TOXICOLOGICAL EXPOSURE INCIDENT/OCCUPATIONAL ILLNESS REPORT			
(THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974 (See Blanket P.A.S. - DD Form 2005))			
I. PATIENT IDENTIFICATION			
1. NAME	2. SSAN	3. GRADE	
4. SEX	5. AGE	6. ORGANIZATION AND SYMBOL	7. INSTALLATION
8. WORK LOCATION		9. OCCUPATION (Job Title, AFSC)	
10. DUTY PHONE	11. SUPERVISOR	12. SUPERVISOR'S DUTY PHONE	
II. INCIDENT/ILLNESS DATA			
13. DATE AND TIME OF INCIDENT/ONSET OF ILLNESS			
14. STATUS AT TIME SPECIFIED ABOVE ☐ ON DUTY ☐ LEAVE ☐ OTHER (Explain)			
☐ OFF DUTY ☐ TDY			
15. DESCRIPTION OF INCIDENT OR ILLNESS ONSET SYMPTOMS (Specify any hazardous material/agent)			
16. WITNESS (If exposure incident)		17. PHONE	
III. MEDICAL DATA			
18. DIAGNOSIS AND RELEVANT MEDICAL DATA (Indicate affected body parts)		19. CLASSIFICATION 2	
		OCCUPATIONAL SKIN DISEASE 21	
		DUST DISEASE OF LUNGS 22	
		RESPIRATORY CONDITION DUE TO TOXIC AGENT 23	
		SYSTEMATIC EFFECT OF TOXIC MATERIAL (Poisoning) 24	
		DISORDER DUE TO PHYSICAL AGENT (Other than toxic material) 25	
		DISORDER DUE TO REPEATED TRAUMA (Exclude hearing loss) 26	
FATALITY ☐		RESULTED IN UNCONSCIOUSNESS ☐	
20. DATE/TIME OF INITIAL TREATMENT/DIAGNOSIS		21. MEDICAL FACILITY	
22. TREATMENT ADMINISTERED (Check One) ☐ FIRST AID ☐ DEFINITIVE CARE (Specify in Remarks)			
23. DISPOSITION OF PATIENTS			
YES	NO	NO. OF DAYS	
	RETURN TO NORMAL DUTY		ADMITTED TO HOSPITAL 2
	REFER TO PRIVATE PHYSICIAN		PLACED ON QUARTERS 2
	OTHER (Specify in Remarks)		RETURN TO LIMITED DUTY 2
24. NAME OF MEDICAL OFFICER			
25. REMARKS			
IV. ENVIRONMENTAL DATA			
26. DESCRIBE JOB TASKS THAT RESULTED IN EXPOSURE TO HAZARDOUS MATERIAL/AGENTS (Specify the material/agent)			
27. DURATION OF EXPOSURE DESCRIBED ABOVE			
1. One-time treatment of minor scratches, cuts, burns, and splinters which do not require professional medical care.			
2. See AFR 127-12.			

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NOTE 1—This is a standard governmental form used by the U.S. Air Force.

FIG. 1 An Example of an Illness Report Form



Documents

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