

Injury Management Procedure	Document No.: RSW-SAF-037-DT	Approval Date: 03/23/2023	Page 1 of 10
	Revision No.: 19	Next Revision Date: 03/23/2024	
	Document Custodian: Environmental, Safety and Security		

1.0 PURPOSE

- 1.1 To establish minimum requirements for proper response, notification and management of work place injuries and illnesses and to ensure that all injured employees and contractors receive prompt, adequate care for work place injuries and illnesses.
- 1.2 To ensure that all injuries and illnesses are properly recorded per MIOSHA Recordkeeping requirements and to standardize proper procedures for reporting of hours worked by employees and contractors.

2.0 SCOPE

- 2.1 This procedure applies to all persons, including all visitors and contractors, working on Marathon Petroleum Company (MPC) Property. It addresses injury management and response, replenishment of first aid supplies and OSHA recordkeeping.
- 2.2 This procedure is in accordance with [MIOSHA Part 554 Bloodborne Infectious Diseases](#), [MIOSHA Part 11 Recording and Reporting of Occupational Injuries and Illnesses](#), [MIOSHA Part 472 Medical Services and First Aid](#).

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4.0 PROCEDURE

4.1 Injury Reporting Requirement

- 4.1.1 The Detroit refinery requires that all incidents and injuries be reported to the injured worker's supervisor and the MPC safety department immediately. All reports must be made the same work day as the injury or incident. Leaving the Detroit refinery by presenting or scanning a LENEL badge at the end of the work day is an acknowledgement that the badge holder has worked safely without injury or that any injury or incident was properly reported prior to leaving the site.

4.2 Notification of Injury

4.2.1 **For EMERGENCIES call:**

- 4.2.1.1 313-297-6911 Security Control Center (SCC) OR Radio – “HESS”. Briefly describe the nature and location of the emergency. Respond to any questions the SCC may have.
 - 4.2.1.1.1 Security will immediately dispatch an EMT to the injured worker and will gather the required information to assist with determining the appropriate level of medical response. If an ambulance is required, they will notify Dearborn Fire Department for the quickest response. See 4.3.3 for more information.
- 4.2.1.2 Notify the safety department of all injuries immediately or HESS Duty Phone 313-843-4377 Option 4.
- 4.2.1.3 Notify operations if in process unit.
- 4.2.1.4 Contractors shall notify their Contractor Coordinator.

4.2.2 For NON-EMERGENCIES:

- 4.2.2.1 Notify immediate supervisor
- 4.2.2.2 Notify operations if in process unit
- 4.2.2.3 Go to on-site medical – call ahead if necessary
 - 4.2.2.3.1 313-297-6004 Office
 - 4.2.2.3.2 313-843-4377 HESS Duty Phone Option 2
- 4.2.2.4 On off-hours and weekends the plant EMT is available
 - 4.2.2.4.1 Call 313-297-6229 Security Control **OR** Radio – “HESS”
- 4.2.2.5 Notify the safety department of all injuries immediately – area safety professional or HESS Duty Phone 313-843-4377 Option 4
- 4.2.2.6 Contractors shall notify their Contractor Coordinator
- 4.2.2.7 MPC employees and contractor employees who report an injury onsite must visit the on-site medical facility at the Toronto gate for evaluation and/or treatment by a medical professional.
- 4.2.2.8 The MPC onsite medical professional will determine if the injury can be treated sufficiently on site or if the injured worker requires additional means of diagnostic attention or medical care above and beyond what is available on site.

4.3 Designated Medical Treatment Facilities

- 4.3.1 Designated local hospitals and clinics will be used for emergency medical treatment or further evaluation of workplace injuries and illnesses as necessary. Employees shall be taken to an approved hospital or clinic under the direction of on-site medical and based on the following criteria.

4.3.2 NON-EMERGENCY

NOTE: In many cases injuries can be treated in the on-site medical facility. In the event that the medical professionals determine that off-site care or diagnostic testing is necessary they will determine the appropriate course of action for off-site care based on the time of day and the extent of the injury.

The MPC Medical Professional will direct care to the appropriate facility based on the nature of the injury.

4.3.3 EMERGENCY

Call the Security Control Center, who will call an ambulance if necessary and will dispatch an EMT to the location of the injured worker.

313-297-6911 Security Control **OR** Radio – “HESS”

Security control may use [RDP-SEC-058-FORM06-DT Medical Call Sheet](#) to obtain the needed information

and to assist with determining if there is an immediate need for an ambulance or further medical assistance.

Security personnel shall call the ambulance service (if necessary):

Dearborn Fire Department 313-928-7667

- 4.3.4 Notify the Occupational Health Nurse, Safety Department, Owing Department and Department Manager immediately in the event of any injury or medical situation.
- 4.3.5 If an employee is to be sent to the clinic or hospital, their supervisor shall ensure that a MPC representative accompanies the individual to the hospital to authorize payment for evaluation and/or treatment. Ideally this person will be a MPC Medical Professional. In the event that a MPC Medical Professional is unable to be located to accompany the employee, the supervisor shall print and complete [RSW-SAF-037-Form05-DT Authorization for Medical Treatment](#) in order to authorize medical treatment for the employee under Worker's Compensation and send an alternate MPC representative. Alternate representatives could include the employee's supervisor or a member of the safety department.
 - 4.3.5.1 **NOTE:** Every attempt should be made to contact MPC Medical Professionals and the Safety Department as soon as possible to ensure proper management of a workplace injury.
 - 4.3.5.2 Safety Department Notification of Injury – Responsibilities
 - 4.3.5.2.1 Upon initial notification of injury or receipt of injury update (e.g. OI&I received from medical, notification of off-site treatment or diagnostics, etc.), Safety will notify the HESS Manager, Safety Supervisor, 001 Shift Foreman, Injury Management Coordinator, and the safety professional assigned the incident to ensure appropriate personnel are aware of how the incident occurred and current status.

4.4 Transportation

- 4.4.1 Transportation of injured or ill employees from the work place to on-site medical or a designated hospital or clinic shall be as follows:

Transport by Company Representative, Medical or Security Personnel - Any minor injuries not requiring stabilization or any general illness.

Transport by Ambulance - Any injury in which moving the patient may be inadvisable or injuries or illnesses that may be life threatening and those requiring spinal stabilization.

- 4.4.2 AMBULANCE SERVICES

Security personnel will notify the ambulance service per 4.3.3.

4.5 Supervisor Responsibilities

- 4.5.1 MPC Supervisor Responsibilities

- 4.5.1.1 Notify owning department if applicable

- 4.5.1.2 Escort the injured employee to on-site medical

- 4.5.1.2.1 If the employee cannot be moved and an EMT or medical professional is being dispatched to the area the supervisor shall ensure that the phone call to security has been placed. The supervisor shall then assist with ensuring that the responders have a clear path to get to the injured employee and keep the area around the injured employee clear so that medical attention can be given.

- 4.5.1.3 Notify the safety department of all injuries immediately – area safety professional or HESS Duty Phone 313-843-4377 Option 4

- 4.5.1.4 Enter the incident into Intellex within 24 hours if not already entered by the safety department.

- 4.5.2 Contractor Supervisor/Safety Responsibilities

4.5.2.1 Notify owning department if applicable

4.5.2.2 Escort the injured worker to on-site medical

4.5.2.2.1 If the employee cannot be moved and an EMT or medical professional is being dispatched to the area the supervisor shall ensure that the phone call to security has been placed. The supervisor shall then assist with ensuring that the responders have a clear path to get to the injured employee and keep the area around the injured employee clear so that medical attention can be given.

4.5.3 Notify the safety department of all injuries immediately – area safety professional or HESS Duty Phone 313-843-4377 Option 4.

4.5.4 Notify MPC Contractor Coordinator

4.6 **Incident Investigation**

4.6.1 An incident investigation must be conducted on all Cat 1 or greater incidents by the affected employee's immediate supervisor or a member of the safety department, as soon as feasible, following the incident in order to determine the cause, contributing factors and corrective/preventive actions. The MPC safety professional will utilize [RSW-SAF-037-Form04-DT Field Investigation Form](#) to document the results of the investigation. Injury/illness reporting must be performed according to [RSW-SAF-013-DT Incident Investigation and Reporting](#).

4.6.1.1 [RSW-SAF-037-Form04a Field Investigation Form Supplement – Hand Injuries](#) must be completed during investigations of hand injuries.

4.6.1.2 [RSW-SAF-037-Form04b Field Investigation Form Supplement – Slip, Trip or Fall](#) must be completed during investigation of injuries involving a slip, trip or fall.

4.6.2 All workers that are involved in or witnesses of an incident resulting in an injury may be required to complete [RSW-SAF-037-Form02-DT First Hand Account of Incident Form](#) to provide additional detailed information describing the incident. This form should be completed by the injured person unless they are physically unable due to their injury.

4.6.3 Incidents involving blood or other PIM exposure to employees require an extensive investigation to determine and document potential routes of exposure. The details must be documented on the PIM Exposure Form (Appendix J of [RSW-SAF-042-DT Bloodborne Pathogen Exposure Control Plan](#)). This form must be attached to the [RSW-SAF-037-Form01-DT OI&I Form](#) completed for the incident.

4.6.4 Employees who may have been exposed to blood or other PIM must see the Occupational Health Nurse to determine if a post-exposure evaluation is necessary. If required, the post-exposure evaluation and follow-up shall be conducted as specified in [RSW-SAF-042-DT Bloodborne Pathogens Exposure Control Plan](#).

4.7 **Designated First Aid Responders**

4.7.1 In the event of an injury, the injured worker should be transported to the on-site medical whenever possible. In the event that the plant medical staff are unavailable, designated first aid responders (per Training & Development training matrix) are available on all shifts in addition to EMT support on nights and weekends.

4.7.2 All first-aid responders shall be trained in standard basic first-aid, CPR, automatic external defibrillator (AED) bloodborne pathogen exposure control and in the use of first-aid supplies and PPE contained in the first-aid bags.

4.7.3 Red medical bags are maintained throughout the refinery.

4.7.4 All other personnel shall be instructed on conducting a primary survey of the injury/illness scene and who and where to contact a designated first-aid responder.

4.8 **Basic First-Aid Response**

- 4.8.1 First-Aid responders shall respond to all medical emergencies in their area, or outside their area if necessary, when notified.
- 4.8.2 First-Aid responders shall keep others from being harmed by controlling the incident site.
- 4.8.3 First-Aid responders shall keep the injured or ill employee safe from further harm and as comfortable as possible while administering standard first aid until medical help arrives.
- 4.8.4 First aid responders shall take all precautions to avoid harm or contact with blood or other body fluids. This includes using the personal protective equipment (PPE) provided in the first aid bags.
- 4.8.5 All other employees who provide first aid do so as a good samaritan only and are not covered by the bloodborne pathogen standard.
- 4.8.6 Please reference Table 1 in [RSW-SAF-042-DT Bloodborne Pathogen Exposure Control Plan](#) for recommended PPE for responding to various first aid and health care tasks.

4.9 **Medical, First Aid Supplies, and PPE**

- 4.9.1 All medical supplies and PPE shall be stored, maintained and replenished as necessary in all red medical bags at each response location (listed previously).
- 4.9.2 Supply check cards are included in the medical bags to report used materials. These cards must be given to the Occupational health Nurse immediately following an incident so materials can be replenished promptly.
- 4.9.3 Red medical bags and first aid kits are inspected monthly by the Owning Department.

4.10 **Clean-Up and Decontamination**

- 4.10.1 All materials contaminated with blood or other PIM shall be placed in red Biohazard bags prior to leaving the incident scene for disposal or decontamination In accordance with [RSW-SAF-042-DT Bloodborne Pathogen Exposure Control Plan](#)

IMPORTANT NOTE: Only trained personnel are permitted to clean up potentially infectious materials. Therefore, first aid responders must clean and decontaminate immediately or as soon as feasible following an incident.

4.11 **Eye Wash and Safety Shower Facilities**

- 4.11.1 Eye flushing facilities are provided at locations where employees may be exposed to injurious corrosive materials.
- 4.11.2 Safety showers are provided in work areas where the potential for dermal exposure to injurious corrosive materials exists, and immediate drenching of the whole body is prescribed as a basic first aid procedure.
- 4.11.3 Eye flushing facilities and safety showers are inspected weekly.

4.12 **OSHA Recordkeeping**

4.12.1 MPC Injuries

- 4.12.1.1 The Detroit Refinery Safety Supervisor will decide if an injury is recordable under the MIOSHA Recordkeeping Standard [MIOSHA-STD-1501](#) within 7 calendar days after the information is received.

4.12.2 Contractor Injuries

- 4.12.2.1 The Contractor Company will decide if an injury is recordable under the MIOSHA Recordkeeping Standard [MIOSHA-STD-1501](#) within 7 calendar days after the information is received.

4.12.3 All Work-Related Injuries

- 4.12.3.1 Fill out [RSW-SAF-037-Form01-DT OI&I Form](#) for MPC employees, directly supervised contractors, contract employees and visitors.
 - 4.12.3.1.1 Section 1 should be completed by the injured worker when possible. At a minimum, the injured person must indicate on the “Check to Locate Injury” picture the exact location of the pain or injury being reported. The injured worker must sign the OI&I form to confirm that all information is true and accurate to the best of their knowledge.
 - 4.12.3.1.2 Section 2 must be completed by the medical professional on-site detailing the care they provided. Section 2 must also include the necessary information for the off-site care provider. This can be done by the contractor’s supervision, the on-site medical staff, or the MPC OCIP Coordinator.
 - 4.12.3.1.3 Sections 3 and 4 must be completed as described in the header box for each section.
 - 4.12.3.1.4 Section 5 must be completed by the MPC safety department.
- 4.12.3.2 The supervisor/safety representative, nurse and/or supervisor are to complete all of the necessary sections of the form as directed. The form must then be forwarded to the safety department within 24 hours of the incident.
- 4.12.3.3 The safety department will use [RSW-SAF-037-Form03-DT Incident Documentation Form](#) to assist with ensuring that all documentation requirements are completed for each injury.
- 4.12.3.4 Within 24 hours, the incident shall be entered into Intalex. See [RSW-SAF-013-DT Incident Investigation and Reporting](#) for more information in reporting and investigating incidents.

4.12.4 MIOSHA Reporting

- 4.12.4.1 All Work-related fatalities must be reported to MIOSHA by calling 800-858-0397 within 8 hours by the employer (MPC or contractor company).
- 4.12.4.2 The following severe injuries must be reported to MIOSHA by calling 844-464-6742 or by electronic submission using the reporting application located on MIOSHA’s website at www.michigan.gov/recordkeeping by the employer (MPC or contract company):
 - 4.12.4.2.1 Work-related inpatient hospitalizations of one or more employees – within 24 hours
 - 4.12.4.2.2 Work-related amputations – within 24 hours
 - 4.12.4.2.3 Work-related losses of an eye – within 24 hours
 - 4.12.4.2.4 NOTE: These events do not have to be reported if they resulted from a motor vehicle accident on a public street or highway or on public transportation systems. They are also excluded from the reporting requirement if they occurred more than 30 days after the work related incident in the case of a fatality of more than 24 hours after the work-related incident in the case of an inpatient hospitalization, amputation or loss of an eye. Employers do not have to report an inpatient hospitalization if it was for diagnostic testing or observation only. Employers do have to report an inpatient hospitalization due to a heart attack, if the heart attack resulted from a work-related incident.
- 4.12.4.3 The following information must be included when reporting severe injuries or fatalities to MIOSHA:
 - 4.12.4.3.1 Establishment name
 - 4.12.4.3.2 Location of the work-related incident
 - 4.12.4.3.3 Time of the work-related incident
 - 4.12.4.3.4 Type of reportable event (i.e., fatality, inpatient hospitalization, amputation or loss of an eye)
 - 4.12.4.3.5 Number of employees who suffered the event
 - 4.12.4.3.6 Names of the employees who suffered the event
 - 4.12.4.3.7 Contact person and his or her phone number

4.12.4.3.8 Brief description of the work-related incident

- 4.12.4.4 Known or suspected cases of occupational diseases or workplace aggravated health conditions must be reported to the Michigan Department of Licensing and Regulatory Affairs within 10 days after discovery of the disease or condition using the [MIOSHA-MTSD-50 Known or Suspected Occupational Disease Report Form](#). ([Click here](#) for the background and instructions for completing this form.)

4.12.5 Exposure Hours

- 4.12.5.1 Exposure hours are used to generate incident rates for Days Away/Restricted/Transfer (DART) Rate, First Aid Incident Rate (FAIR) and OSHA Recordable Incident Rate (ORIR).

4.12.5.1.1 MPC Hours

- 4.12.5.1.1.1 At the end of each month the following information is collected by the OSHA Recordkeeper:

4.12.5.1.1.1.1 The total number of refinery employees (from corporate Human Resources)

4.12.5.1.1.2 Employees

4.12.5.1.1.2.1 The number of employees is multiplied by 173.33 to calculate employee hours unless the refinery is in a turnaround. See 4.12.5.1.4 for counting of employee hours in a turnaround.

4.12.5.1.2 Directly Supervised Contractor Hours

- 4.12.5.1.2.1 Detroit Training & Development provides the number of directly supervised contractors for the Detroit Refinery to the OSHA Recordkeeper on a monthly basis. The hours for directly supervised contractors are calculated by multiplying the number of directly supervised contractors by 173.33. The numbers are then added to the refinery employee hours.

4.12.5.1.3 Contractor Hours

- 4.12.5.1.3.1 The Detroit Refinery is required to estimate the hours for their contractors and forward the information to the HES Services Group per the Corporate Guideline for Estimating Contractor Exposure Hours. The contractor exposure hours are calculated by running a report of all billed time. The hours are transferred to the injury calculation report. The directly supervised contractor hours are subtracted from the total amount.

4.12.5.1.4 Turnaround Hours

- 4.12.5.1.4.1 Turnaround hours are calculated using the same method that is used during normal operations for directly supervised contractors and contractors.

4.12.5.1.4.2 Turnaround Hour Calculation for MPC Salary Employees

4.12.5.1.4.2.1.1 Estimated MPC salary employee turnaround hours are calculated by the MPC human resources department based on the turnaround bonus program and are supplied to the OSHA Recordkeeper.

4.12.5.1.4.2.1.2 Turnaround hours for MPC hourly employees are calculated by obtaining actual payroll hours from Detroit Human Resources and subtracting the number hourly employee multiplied by 173.33 from the total hourly employee payroll hours.

4.12.5.1.5 Visitor Hours

- 4.12.5.1.5.1 Hours for people visiting the plant are not counted.

4.12.5.2 Calculating Incident Rates

4.12.5.2.1 To evaluate the injury and illness experience of the Detroit Refinery and compare the experience with that of other MPC refineries and the industry as a whole, the OSHA Recordkeeper computes the incidence rates. Because a specific number of workers and a specific period of time are involved, these rates help to identify problems in the workplace and progress the refinery may have made in preventing work-related injuries and illnesses.

4.12.5.2.2 Incidence rates for all cases of injuries and illnesses can be calculated using the following formulas:

DART	$(\# \text{ of Days Away, Restricted Duty and Job Transfer Cases} \times 1) \times 200,000 / \text{Total Exposure Hours}$
FAIR	$(\# \text{ of First Aid Cases} \times 1) \times 200,000 / \text{Total Exposure Hours}$
ORIR	$(\# \text{ of Recordable Cases} \times 1) \times 200,000 / \text{Total Exposure Hours}$

Note: 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.

4.12.6 Occupational Illness and Injury reports received from corporate on a monthly basis are compared to the division's records to ensure all hours are correct.

4.12.7 [MIOSHA's Log of Work-Related Injuries and Illnesses \(Form 300\)](#) and [MIOSHA's Summary Of Work-Related Injuries and Illnesses \(Form 300A\)](#) are completed for all recordable injuries on an annual basis by the OSHA Recordkeeper per MIOSHA Recordkeeping Standard [MIOSHA-STD-1501](#).

4.12.8 Record Retention

4.12.8.1 [MIOSHA's Log of Work-Related Injuries and Illnesses \(Form 300\)](#) – 5 years following the year to which it pertains.

4.12.8.2 [MIOSHA's Summary Of Work-Related Injuries and Illnesses \(Form 300A\)](#) – 5 years following the year to which it pertains.

4.12.8.3 [RSW-SAF-037-Form01-DT OI&I Form](#) and other information relating to the incident – 5 years following the year to which the incident occurred.

4.12.8.4 Copies of the current completed and signed MIOSHA Summary of Work-Related Injuries and Illnesses (300A) form must be posted by February 1 and remain posted until April 30 at the following locations:

4.12.8.4.1 New Administration Building – main lobby

4.12.8.4.2 East Plant – outside Toronto Service Building

4.12.8.4.3 West Plant – across from maintenance shop

4.12.8.4.4 North Plant – by flag pole

4.12.8.4.5 11B maintenance building

4.12.8.4.6 Laboratory

4.12.8.4.7 Training Center

4.13 OCIP Program

- 4.13.1 Contractors enrolled in an Owner Controlled Insurance Program are required to comply with this procedure in addition to the requirements set forth in [RSW-SAF-072-DT OCIP Procedure](#).

5.0 DEFINITIONS

- 5.1 Amputation - An amputation is defined as the traumatic loss of a limb or other external body part. Amputations include a part, such as a limb or appendage, that has been severed, cut off, amputated (either completely or partially); fingertip amputations with or without bone loss; medical amputations resulting from irreparable damage; and amputations of body parts that have since been reattached.
- 5.2 DART - Incidence rate for recordable cases involving days away from work, days of restricted work activity or job transfer
- 5.3 Designated First Aid Provider - An individual who has received training and who is required as a condition of his or her employment to provide first aid in a medical situation. This function may be a duty incidental to other duties. Designated First Responders will be covered under the Bloodborne Pathogen Exposure Control Plan or its equivalent.
- 5.4 Directly Supervised Contractors – A contractor that MRD, in addition to specifying the output, product or result to be accomplished by the person's work, supervises the details, means, methods and processes by which the work is to be accomplished.
- 5.5 First Aid - Immediate treatment administered to an injured or ill person when professional medical care is not readily available or not necessary.
- 5.6 First Aid Case - For purposes of this procedure, a first aid case is an exposure or event that results in an injury or illness that does not reach the definition of MIOSHA recordability.
- 5.7 Illness – Any occupational illness.
- 5.8 Incident Rate – The number of a specific type of injuries and illnesses occurring among a given number of workers over a given period of time.
- 5.9 Injury - Any cut, fracture, sprain, repetitive trauma/motion or other trauma to the body, that results from a work-related incident or from an exposure involving a single incident in the work environment.
- 5.10 Injury Calculation Report – Spreadsheet maintained by the OSHA Recordkeeper that tracks exposure hours, injury information and injury rates.
- 5.11 Inpatient Hospitalization – a formal admission to the inpatient service of a hospital or clinic for care or treatment.
- 5.12 Investigation - The process of using inquiry and examination to gather facts and information in order to determine the cause(s) of an Incident.
- 5.13 Lenel – Security system that coordinates issuing of identification cards, facility access and parking passes and maintains records and databases of monthly reports, modifications to the security system. etc.
- 5.14 Medical Emergency - An illness or injury that threatens a person's loss of life or limb and where medical treatment by a trained health care professional is needed immediately.
- 5.15 Medical Supplies - Any item used for clinical purposes that carries an expirations date, such as IV fluids, etc.
- 5.16 Medical Treatment - Treatment of a work-related injury or illness that is beyond first aid (see First Aid Treatment).
- 5.17 OCIP – Owner Controlled Insurance Program
- 5.18 Restricted Duty - A work-related incident resulting in an injury or illness that causes an employee or contractor to be unable to perform all or any part of his/her normal work assignment during all or any part of the workday or shift.

6.0 REFERENCES

- 6.1 [MIOSHA Part 554 Bloodborne Infectious Diseases](#)
- 6.2 [MIOSHA Part 472 Medical Services and First Aid](#)
- 6.3 [MIOSHA Part 11 Recording and Reporting of Occupational Injuries and Illnesses](#)
- 6.4 [MIOSHA's Log of Work-Related Injuries and Illnesses \(Form 300\)](#)
- 6.5 [MIOSHA's Summary Of Work-Related Injuries and Illnesses \(Form 300A\)](#)
- 6.6 [RSW-SAF-013-DT Incident Investigation and Reporting](#)
- 6.7 [RSW-SAF-042-DT Bloodborne Pathogens Exposure Control Plan](#)
- 6.8 [RSW-SAF-072-DT OCIP Procedure](#)

7.0 ATTACHMENTS

- 7.1 [RSW-SAF-037-Form01-DT OI&I Form](#)
- 7.2 [RSW-SAF-037-Form02-DT First Hand Account of Incident Form](#)
- 7.3 [RSW-SAF-037-Form03-DT Incident Documentation Form](#)
- 7.4 [RSW-SAF-037-Form04-DT Field Investigation Form](#)
 - 7.4.1 [RSW-SAF-037-Form04a-DT Field Investigation Supplement – Hand Injuries](#)
 - 7.4.2 [RSW-SAF-037-Form04b-DT Field Investigation Supplement – Slip, Trip or Fall](#)
- 7.5 [RSW-SAF-037-Form05-DT Authorization for Medical Treatment](#)
- 7.6 [RDP-SEC-058-FORM06-DT Medical Call Sheet](#)

8.0 REVISION HISTORY

Revision number	Description of change	Written by	Checked by	Effective date
15	Changed radio channel from Zone 3 Main CX1 to "HESS"	B. Dibert	A. Morales	11/16/20
16	Annual review, Updated hours calculation	B. Dibert	A. Morales	03/23/21
17	Annual Review	B. Dibert	A. Morales	03/23/22
18	Updated Emergency Call Form Link. Removed reference to Melvindale Fire Dept.	B. Hunter	A. Morales	6/12/2022
19	Annual Review, no changes	B. Dibert	A. Morales	03/22/2023