TABLE OF CONTENTS

[1.0 PURPOSE 1](#_Toc386457046)

[2.0 SCOPE 1](#_Toc386457047)

[3.0 reference documents 1](#_Toc386457048)

[4.0 Definitions 1](#_Toc386457052)

[5.0 Requirements 1](#_Toc386457053)

[5.1 Incident Classification 1](#_Toc386457054)

[5.2 Incident Notification 2](#_Toc386457055)

[5.3 Occupational Injury or Illness Documentation 2](#_Toc386457056)

[5.4 Single Point Lessons / Incident Lessons Learned (SPL / ILL) 3](#_Toc386457057)

[5.5 Investigation of Facility Incidents (Other Than Occupational Injury or Illness) 3](#_Toc386457058)

[6.0 STANDARD Approval 4](#_Toc386457059)

[7.0 Revision history 4](#_Toc386457060)

[APPENDIX A - Criteria for determining recordability of an injury or illness 5](#_Toc386457061)

# PURPOSE

To establish minimum requirements for notification, investigation, classification, and reporting of ESH incidents including: occupational illnesses, injuries, and fatalities; chemical spills; emissions; odors & fires that occur on Texas Instruments (TI) property.

# SCOPE

The provisions of this standard apply to all TI employees, suppliers, vendors, and visitors at TI sites worldwide.

# reference documents

## TI Standard Policy and Procedure (SP&P) 04-04-01: "Environmental, Health and Safety”

## [Event Classification Matrix](https://sps09.itg.ti.com/sites/wwfcritical/emergencyservices/es_sog/Guidelines/250_001_007_Event_Classification_Matrix_Final.xls)

## OSHA 29 CFR [Part 1904 Recording and Reporting Occupational Injuries and Illnesses](http://www.osha.gov/pls/oshaweb/owastand.display_standard_group?p_toc_level=1&p_part_number=1904)

# Definitions

[TI ESH Standards Glossary of Definitions](https://sps01.itg.ti.com/sites/wwf/esh/standards/Knowledge_Bank/00.01.xlsx)

# Requirements

## Incident Classification

### Sites shall use the TI Worldwide Protective Services Event Classification Matrix (Reference 3.2) to classify incident levels based on their corresponding effects (severity) on employees and/or the environment.

### Sites shall use the Recordability Criteria, located in Appendix A, to determine the recordability classification for an injury or illness.

## Incident Notification

### Occupational Injury or Illness Notifications

#### TI employees, supplemental and turnkey contractors shall be responsible for immediately reporting to their supervisor and for using the site’s designated emergency process for all occupational injuries and illnesses that occur while on a TI site or while performing TI business.

### Facilities Events

#### TI employees, supplemental contactors, and turnkey contractors shall be responsible for immediately reporting incidents other than occupational injury and illness that occur at a TI site including fires, chemical spills or releases and other environmental events to their supervisor and for using the site’s designated emergency process.

### Notification of Regulatory Agencies

#### Sites shall have effective mechanisms in place that ensure regulatory requirements to report ESH incidents are being met.

## Occupational Injury or Illness Documentation

### Occupational injury or illness of TI employees and suppliers who report to a TI supervisor (i.e., supplemental labor).

#### Supervisor of the affected individual, or designee, shall complete an incident report for each potentially work-related illness or injury in the [Safety Incident Tracking System (SITS)](https://myportal.ti.com/portal/dt?provider=TIPassLoginSingleContainer&URI=http%3A%2F%2Fwwfprod.itg.ti.com%3A80%2Fsits%2F), regardless of severity.

##### An initial report shall be completed in SITS as soon as possible after receiving information that such an incident has occurred. **Exception**: If a death occurs, TI legal shall be immediately contacted and the case will be documented through their system.

##### A determination of work-relatedness and recordability shall be made by the ESH manager or designee within 7 calendar days after the information to determine recordability becomes available. (see APPENDIX A - for criteria for determining recordability).

##### ESH shall complete a final review confirming the information contained in the initial report and documenting the completion of corrective actions. The incident investigation, related actions, and approval tabs shall be completed in SITS.

##### For US sites, the regulatory info tab MUST be completed for all recordable or DART cases.

### Occupational injuries and illnesses of turnkey supplier workers which occur on a TI site

#### TI contract supervisor, or designee, shall complete an incident report for each potentially work-related illness or injury and the information shall be given to the site ESH team. TI ESH will document the incident in [Safety Incident Tracking System (SITS)](https://myportal.ti.com/portal/dt?provider=TIPassLoginSingleContainer&URI=http%3A%2F%2Fwwfprod.itg.ti.com%3A80%2Fsits%2F), regardless of severity.

##### An initial report shall be completed by the contracting company and entered into SITS by TI ESH as soon as possible after receiving information that such an incident has occurred. **Exception**: if a death occurs, TI legal shall be immediately contacted and the case will be documented through their system.

##### A determination of work-relatedness and recordability shall be made by the contracting company and recorded in SITS by the ESH manager or designee.

##### The ESH Manager or designee shall complete a final review confirming the information contained in the initial report and documenting the completion of corrective actions. The incident investigation, related actions , and approval tabs shall be completed in SITS.

### The **Recordkeeping Review Panel (RRP)** shall review all cases entered into SITS for completion, applicability of corrective actions, and to verify the classification of unsatisfactory physical conditions and recordability.

#### If the RRP and site ESH managers disagree on recordability, the RRP and site will meet with TI legal and any other expert needed to assist in making the determination

### Medical Privacy. Each site shall follow their local laws and regulations concerning the sharing of personal medical information.

## Single Point Lessons / Incident Lessons Learned (SPL / ILL)

SPLs shall be completed and sent to spl\_review@list.ti.com for review and uploaded to the SITS report for the following incidents

### All recordable or DART cases (no medical or treatment information shall be included in SPL)

### All Level 3 chemical spills

### Any safety or environmental event requiring notification of regulatory officials

### All first aids, evaluations only, or near misses considered significant by the site ESH Manager or designee

### Fires or explosions

## Investigation of Facility Incidents (Other Than Occupational Injury or Illness)

### Investigation and reporting of incidents (other than occupational injury and illness) including fires, chemical spills or unauthorized releases, explosions, natural disasters, or building evacuations shall be documented in [Event Manager](http://online.corp.ti.com/event/) or other equivalent reporting means for completing an incident investigation. The minimum data to be reported shall be:

#### Date;

#### Time;

#### Site and other appropriate location description;

#### Specific operation where the incident occurred;

#### Complete description of the event;

#### Root cause analysis;

#### Corrective actions; and

#### Contact information for individual(s) at the site who has complete knowledge of the incident and corrective actions

# STANDARD Approval

This standard has been approved by David Thomas, TI Vice President.

# Revision history

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Revision** | **Date** | **Comment** | **Editor** | **Approver** |
| A | 03/31/2006 | Major periodic review; new title | Dale Moore |  |
| B | 11/05/2008 | Appendix A: chart changed to hyperlink | John Willis |  |
| C | 02/23/2010 | App. B: SCC phone number updated | John Willis |  |
| D | 06/18/2012 | Formatting change. Minor document changes and inclusion of SITS database.  | Mike Alton |  |
| E | 9/25/2013 | Merging of recordability standard and incident reporting standard, including SITS process  | Meredith Daigrepont | David Thomas |
| F | 3/26/2020 | Periodic review. Minor document changes. | Sharlie Staab | ELC |

* 1. Criteria for determining recordability of an injury or illness

***Basic requirement.*** An injury or illness is classified as work-related if an event or exposure in the work environment either caused or contributed to the resulting condition or significantly aggravated a pre-existing injury or illness. Work-relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the work environment, unless an exception specifically applies. The work environment is the establishment and other locations where one or more employees are working or are present as a condition of their employment. The environment includes not only the physical locations, but also the equipment or materials used by the employee during the course of his or her work.

* 1. **Work-related injuries or illnesses will be classified as one of the following:**

###### Evaluation Only

###### First Aid

###### Recordable

###### Restricted work or Job Transfer

###### Days away from work

###### Safety Infraction

* 1. **Non-recordable injuries, illnesses, or near misses**
		1. An incident shall be marked **EVALUATION ONLY** when an injury or illness occurred, but no treatment was necessary
		2. An incident shall be marked **NEAR MISS** when no injury or illness occurred, but an event happened that almost injured a person (for example, an object fell and landed near a person)
		3. A **SAFETY INFRACTION** occurs when no injury or illness occurred, but a person was observed not following correct safety protocols. \*\*Note: safety infractions do not send out notifications to the building and are automatically closed\*\*
		4. A **PERSONAL MEDICAL** is denoted when an injury or illness is determined to be not-work related. \*\*Note: personal medicals do not send out notifications to the building and are automatically closed\*\*
	2. **Treatment considered FIRST AID (this is a complete list of all treatments considered first aid)**
		1. Using a non-prescription medication at nonprescription strength (for medications available in both prescription and non-prescription form, a recommendation by a physician or other licensed health care professional to use a non-prescription medication at prescription strength is considered medical treatment for recordkeeping purposes);
		2. Administering tetanus immunizations (other immunizations, such as Hepatitis B vaccine or rabies vaccine, are considered medical treatment);
		3. Cleansing, flushing or soaking wounds on the surface of the skin; using wound coverings such as bandages, Band-Aids, gauze pads, etc.; or using butterfly bandages or Steri-Strips (other wound closing devices such as sutures, staples, etc., are considered medical treatment);
		4. Using hot or cold therapy;
		5. Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc. (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for recordkeeping purposes);
		6. Using temporary immobilization devices while transporting an accident victim (e.g., splints, slings, neck collars, back boards, etc.).
		7. Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister;
		8. Using eye patches;
		9. Removing foreign bodies from the eye using only irrigation or a cotton swab;
		10. Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means;
		11. Using finger guards;
		12. Using massages (physical therapy or chiropractic treatment are considered medical treatment for recordkeeping purposes); or
		13. Drinking fluids for relief of heat stress.
	3. **Recordable Injuries or Illnesses**

An injury or illness is considered recordable if it is work related and results in any of the following:

1. Death (If U.S. event, must be reported to OSHA within eight (8) hours)
2. Days away from work
3. Restricted work or transfer to another job
4. Medical treatment beyond first aid, including receiving a prescription for prescription-strength medication
5. Loss of consciousness (record regardless of the length of time the employee remains unconscious)
6. A significant work-related injury or illness diagnosed by a physician or other licensed health care professional, even it if does not result in death, days away from work, restricted work or job transfer, medical treatment beyond first aid, or loss of consciousness
	1. **SIGNIFICANT AGGRAVATION:** A preexisting injury or illness (an injury or illness that resulted solely from a non-work-related event or exposure that occurred outside the work environment) has been significantly aggravated when an event or exposure in the work environment results in any of the following:
		1. Death, provided that the preexisting injury or illness would likely not have resulted in death but for the occupational event or exposure.
		2. Loss of consciousness provided the preexisting injury or illness would likely not have resulted in loss of consciousness but for the occupational event or exposure.
		3. One or more days away from work, or days of restricted work, or days of job transfer that otherwise would not have occurred but for the occupational event or exposure.
		4. Medical treatment in a case where no medical treatment was needed for the injury or illness before the workplace event or exposure, or a change in medical treatment was necessitated by the workplace event or exposure.
	2. **MEDICAL TREATMENT** “Medical treatment” means the management and care of a patient to combat disease or disorder. Medical treatment does not include:
		1. Visits to a physician or other licensed health care professional solely for observation or counseling;
		2. The conduct of diagnostic procedures, such as x-rays and blood tests, including the administration of prescription medications used solely for diagnostic purposes (e.g., eye drops to dilate pupils);
	3. **Cases not considered work-related.**

An injury or illness occurring in the work environment that falls under one of the following exceptions is not work related, and therefore is not recordable:

1. At the time of the injury or illness, the worker was present in the work environment as a member of the general public rather than as a worker.
2. The injury or illness involves signs or symptoms that surface at work but result solely from a non-work-related event or exposure that occurs outside the work environment.
3. The injury or illness results solely from voluntary participation in a wellness program or in a medical, fitness, or recreational activity such as blood donation, physical examination, flu shot, exercise class, racquetball, or baseball.
4. The injury or illness is solely the result of a worker eating, drinking or preparing food or drink for personal consumption (whether bought on the employer’s premises or brought in). For example, if the worker is injured by choking on a sandwich while in the work environment, the case would not be considered work-related. **NOTE**: if the worker is made ill by ingesting food contaminated by workplace contaminants (such as lead), or gets food poisoning from food supplied by TI or third-party supplier, the case would be considered work-related.
5. The injury or illness is solely the result of a worker doing personal tasks (unrelated to their work) at the establishment outside of the worker’s assigned working hours.
6. The injury or illness is solely the result of personal grooming, self medication for a non-work-related condition, or is intentionally self-inflicted.
7. The injury or illness is caused by a motor vehicle accident and occurs on a company parking lot or company access road while the worker is commuting to or from work.
8. The illness is the common cold or flu (Note: contagious diseases such as tuberculosis, brucellosis, hepatitis A, or plague are considered work-related if the worker is infected at work).
9. The illness is a mental illness. Mental illness will not be considered work-related unless the worker voluntarily provides the employer with an opinion from a physician or other licensed health care professional with appropriate training and experience (psychiatrist, psychologist, psychiatric nurse practitioner, etc.) stating that the worker has a mental illness that is work-related.
	1. **Events that occur away from work.**

In a case that is not obvious whether the precipitating event or exposure occurred in the work environment or occurred away from work, the work duties and environment shall be evaluated to decide whether or not one or more events or exposures in the work environment either caused or contributed to the resulting condition or significantly aggravated a pre-existing condition.

**a. Travel status.**

Injuries or illnesses that occur while a worker is on travel status are work-related if, at the time of the injury or illness, the worker was engaged in work activities “in the interest of the employer.” Examples of such activities include travel to and from customer contacts, conducting job tasks, and entertaining or being entertained to transact, discuss, or promote business (work-related entertainment includes only entertainment activities being engaged in at the direction of the employer).

* + 1. **Exceptions to travel status**
			1. If the worker has checked into a hotel, motel, or into another temporary residence, he or she establishes a “home away from home.”
			2. The incident is not considered work-related if it occurs while the worker is on a personal detour from a reasonably direct route of travel (e.g., has taken a side trip for personal reasons).

 **b. Injury at home.**

An injury or illness that occurs while a worker is working at home, including work in a home or office will be considered work-related if the injury or illness occurs while the worker is performing work for pay or compensation in the home, and the injury or illness is directly related to the performance of work rather than to the general home environment or setting. For example, if a worker drops a box of work documents and injures his or her foot, the cause is considered work-related. If a worker’s fingernail is punctured by a needle from a sewing machine used to perform garment work at home, becomes infected and requires medical treatment, the injury is considered work-related. If a worker is injured because he or she trips on the family dog while rushing to answer a work phone call, the case is not considered work-related. If a worker working at home is electrocuted because of faulty home wiring, the injury is not work-related.

**1.4 Counting days**

1. Begin counting calendar days away on the day after the injury occurred or the illness began.
2. For restricted work or job transfer, if it applies only to the day on which the injury occurred or the illness began, do not record it on the log.
3. Count only up to a total of 180 calendar days.
4. If a worker leaves the company for some reason unrelated to the injury or illness, such as retirement, a plant closing, or to take another job, the days away from work or days of restriction/job transfer count shall stop.
5. If a worker leaves the company because of the injury or illness, estimate the total number of days away or days of restriction/job transfer and enter the day count on the OSHA log.
6. If a case occurs in one year but results in days away during the next calendar year, record the injury or illness only once. Enter the number of calendar days away for the injury or illness on the log for the year in which the injury or illness occurred. If the worker is still away from work because of the injury or illness when preparations for the annual summary begin, estimate the number of calendar days the worker is expected to be away from work, use this number to calculate the total for the annual summary, and then update the initial log entry later when the day count is known of reaches the 180 cap.
7. If a worker comes to work even though their health care provider has recommended they stay home, enter the number of calendar days away recommended by the physician or other licensed health care professional. If a physician or other licensed health care professional recommends days away, encourage the worker to follow that recommendation. However, the days away must be recorded whether the injured or ill worker follows the physician or licensed health care professional’s recommendation or not. If recommendations are received from two or more physicians or other licensed health care professionals, make a decision as to which recommendation is the most authoritative, and record the case based upon that recommendation.
8. If a worker is recommended by his physician or other licensed health care professional to return to work but the worker stays home anyway, end the count of days away from work on the date the physician or other licensed health care professional recommends that the worker return to work.
9. Count the number of calendar days the worker was unable to work as a result of the injury or illness, regardless of whether or not the worker was scheduled to work on those day(s). Weekends, holidays, vacation days or other days off are included in the total number of days recorded if the worker would not have been able to work on those days because of a work related injury or illness.
10. If a worker is injured or becomes ill on a Friday and reports to work on a Monday and was not scheduled to work on the weekend record the case only if information from a physician or other licensed health care professional is received indicating that the worker should not have worked, or should have performed only restricted work, during the weekend. The same applies if the injury or illness occurs on the day before scheduled time off such as a holiday, a planned vacation, or temporary plant closing.

 **1.5 Recording restricted work or job transfer.**

When an injury or illness results in restricted work or job transfer, but does not involve death or days away from work, the injury or illness shall be recorded. Restricted work occurs when, as a result of a work-related injury or illness, the work-related injury or illness:

1. Keeps the worker from performing one or more of the routine functions of his or her job, or from working the full workday that he or she would otherwise have been scheduled to work; or
2. A physician or other licensed health care professional recommends that the worker not perform one or more of the routine functions of his or her job, or not work the full workday that he or she would otherwise have been scheduled to work.
3. For recordkeeping purposes, a worker’s routine functions are those work activities the worker regularly performs at least once per week.
4. If the restricted work or job transfer only applies to the day on which the injury or illness began, do not record that one day on the log.
5. If the injured or ill worker produces fewer goods or services than he or she would have produced prior to the injury or illness, but otherwise performs all of the routine functions of his or her work, the case is not considered restricted work.
6. If the restrictions from the physician or other licensed health care professional is vague, such as for the worker to engage in “light duty” or “take it easy for a week”, you may ask that person whether the worker can do all of his or her routine job functions and work all of his or her normally assigned work shift. If the answer to both of these questions is “Yes”, then the case does not involve a work restriction and does not have to be recorded as such. If the answer to one or both of these questions is “No”, the case involves restricted work and must be recorded as a restricted work case. If unable to obtain this additional information from the physician or other licensed health care professional who recommended the restriction, record the injury or illness as a case involving restricted work.
7. If the injured or ill worker is permanently transferred to another job that eliminates the routine functions the worker was restricted from performing, stop the day count when the modification or change is made permanent. Count at least one day of restricted work or job transfer for such cases.

 **1.6 Recording criteria for cases involving occupational hearing loss.**

* 1. **Basic requirement**. If a worker’s hearing test (audiogram) reveals that the worker has experienced a work-related Standard Threshold Shift (STS) in hearing in one or both ears, and the worker’s total hearing level is 25 decibels (dB) or more above audiometric zero (averaged at 2000, 3000, and 4000 Hz) in the same (ear)s) as the STS, record the case on the log.
	2. **STANDARD THRESHOLD SHIFT (STS):** Defined as a change in hearing threshold, relative to the baseline audiogram for that employee, of an average or 10 decibels (dB) or more at 2000, 3000, and 4000 hertz (Hz) in one or both ears
	3. **Evaluating STS and 25-dB hearing level**
1. **STS -** If the worker has never previously experienced a recordable hearing loss, compare the worker’s current audiogram with that worker’s baseline audiogram. If the worker has previously experienced a recordable hearing loss, compare the worker’s current audiogram with the worker’s revised baseline audiogram (the audiogram reflecting the worker’s previous recordable hearing loss case).
2. **25-dB loss** - Audiometric test results reflect the worker’s overall hearing ability in comparison to audiometric zero. Average hearing level at 2000, 3000, and 4000 Hz determines whether or not the worker’s total hearing level is 25 dB or more.
3. Adjust the current audiogram to reflect the effects of aging on hearing by using Tables F-1 or F-2, as appropriate ([Age Correction Tables](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9741), http://www.osha.gov/pls/oshaweb/owadisp.show\_document?p\_table=STANDARDS&p\_id=9741). Do not use an age adjustment when determining whether the worker’s total hearing level is 25 dB or more above audiometric zero.
4. Do not record the hearing loss if the intention is to retest the worker’s hearing within 30 days of the first test, and the retest does not confirm the recordable STS. If the retest confirms the recordable STS, record the hearing loss case on the log. If subsequent audiometric testing performed indicates that an STS is not persistent, you may erase or line-out the recorded entry.