

LAWRENCE LIVERMORE NATIONAL LABORATORY

INJURY AND ILLNESS REPORTING WITH QUARTERLY UPDATES PROVISIONS

The following clauses shall apply to any work and other activities performed by the Subcontractor or its lower-tier subcontractors under this Subcontract at any U.S. Government location managed or operated by Lawrence Livermore National Security, LLC (hereinafter “LLNS”), including the Lawrence Livermore National Laboratory (hereinafter “LLNL”) and its Site 300, or at any other location except Subcontractor or lower-tier subcontractor facilities. As used herein, the term “Subcontractor” shall mean “Seller” and the term “Subcontract” shall also mean “Agreement” or “Purchase Order.”

A. The Subcontractor shall immediately notify the cognizant LLNS Technical Representative (TR) and LLNL Emergency Dispatch Center, at 925-422-7595 (or by phone on-site dial 911 or by cell phone on-site dial 925-447-6880) of any work-related injury, illness, or fatality of Subcontractor or lower-tier subcontractor personnel working at any LLNL site.

B. The Subcontractor shall provide the following written reports under this Subcontract:

1. A report of all new recordable fatalities, injuries, and illnesses involving either Subcontractor or lower-tier subcontractor personnel working at LLNL sites. The report shall be submitted on DOE Form F 5484.3, *Individual Accident/Incident Report* (or equivalent), in lieu of OSHA Form 301, *Injury and Illness Incident Report*, within seven calendar days of a recordable work-related fatality, injury, or illness. DOE Form F 5484.3, modified for LLNL Subcontractor Reporting, is located at the following links:

<https://supplychain.llnl.gov> (click on Provisions, Forms, JHA & Resources tab on navigation bar and select Special Provisions)

<https://procurement.llnl.gov> (click on Provisions, Forms, JHA & Resources tab on navigation bar and select Special Provisions)

A recordable work-related injury or illness is one that results in a fatality, days away from work, restricted work or transfer to another job, medical treatment beyond first aid, loss of consciousness, or diagnosis of a significant injury or illness by a physician or other licensed health care professional (29 CFR 1904).

This requirement to report recordable work-related injuries or illnesses includes all the requirements for recordable incidents as described in 29 CFR 1904. Privacy cases should be noted so appropriate steps can be taken to protect the privacy of injured personnel (29 CFR 1904.29).

2. A quarterly report updating the information on all previously reported cases, and reporting on effort hours worked by, and reportable work-related injuries and illnesses of all Subcontractor and lower-tier subcontractor personnel working at LLNL sites during the quarter, using its OSHA Form 300 log as a source of

information. The reports shall be submitted by the fifth day of the month following the end of the quarter. The report shall include the following information:

- a. Effort Hours: Effort hours are the number of personnel hours worked, not including scheduled vacation time, sick leave, holidays, jury duty, military leave, etc.
- b. Actual Days Away From Work: Days away from work are the number of calendar days (consecutive or not), beyond the day of injury or onset of illness personnel were away from work because of work-related injuries or illnesses. When reporting days away from work, reference the specific case(s) and start and end dates to which the days away apply. See 29 CFR 1904.7(b)(3).
- c. Actual Days Restricted or Transferred to Another Job: Days restricted or transferred to another job are the number of calendar days (consecutive or not), beyond the day of injury or onset of illness that personnel worked a partial day, were restricted from performing routine job functions as defined by OSHA (29 CFR 1904.7(b)(4)), or were transferred to another job. When reporting restricted or transferred workdays, reference the specific case(s) and start and end dates to which the restricted or transferred workdays apply.
- d. Medical Treatment Cases: Medical treatment cases are work-related injuries or illnesses that require medical treatment beyond first aid as defined by OSHA (29 CFR 1904.7(b)(5)(i) and (b)(5)(ii)).

C. The reports shall be submitted to the LLNL Injury and Illness [Program](#) Office by E-Mail at: InjuryIllnessProgram@llnl.gov.

D. The Subcontractor shall allow LLNS access to and review of the following:

1. To the extent allowed by law, those entries in the Subcontractor's logs and summaries of all recordable occupational injuries and illnesses (OSHA No. 300 and 300A Forms or State Equivalent) that pertain specifically to Subcontractor employees working under this Subcontract.
2. Subcontractor's injury or illness prevention plans and written Injury and Illness Prevention Program (IIPP) established, or which are required by law to be established.

E. These requirements are in addition to, and do not replace, the Subcontractor's injury and illness reporting or record-keeping obligations under other applicable regulations.

(END OF PROVISIONS)