



CCIG

# OSHA Recordkeeping

Everything you never wanted to know

January 23, 2024

# OSHA Recordkeeping

OSHA Recordkeeping Standard

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# OSHA Updates

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# DOL – Independent Contractor

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- On January 10 the DOL issued a final rule defining what constitutes an independent contractor
- The rule takes effect on March 11
- The rule is expected to reduce a businesses' ability to use independent contractors in favor of direct employment

# Penalties (Fines)

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- OSHA increased the maximum penalty for serious and other-than-serious violations from \$15,625 to \$16,131 per violation

# COVID & Vaccines

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- OSHA requires COVID cases be recorded if work related, but not the seasonal flu or RSV, even if work related
- OSHA requires adverse reactions to mandated vaccines be recorded, but not adverse reactions to mandated COVID vaccines

# Recordkeeping

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- In July 2023 OSHA published a final rule that adds greater complexity to its electronic recordkeeping requirements
- Some employers are required to report detailed information from the OSHA 300 and 301 forms
- OSHA intends to make this additional, detailed information available to the public
- I will cover this in detail later in the presentation



# Proposed OSHA Standards

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- Other standards or updates appear to be stalled:
  - COVID in Healthcare Standard
  - HAZCOM update
  - Heat illness prevention standard
  - Infectious diseases standard

# OSHA – LEP's

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- OSHA operates in 10 separate “regions”
- Colorado is in Region VIII
- Local Enforcement Programs are unique to each region

# OSHA – LEP's

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- There are a total of 14 LEP's for Region VIII. The most relevant for most include:
  - Noise exposure (non-construction)
  - Powered industrial trucks (forklifts)
  - Work zone safety (road construction)
  - Falls in construction (long-time LEP)

# Site Specific Targeting (SST)



# Site Specific Targeting (SST)

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- SST revised by OSHA on 02/07/2023
- OSHA will target the following **non-construction** employers:
  - Employers whose injury experience and incident rates exceed that of their peers
  - Employers subject to reporting, but who failed to submit the required information
  - Spot checks of employers who reported very low incident rates

# Site Specific Targeting (SST)

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- Program focuses primarily on DART rate
- OSHA 300A data submitted electronically for calendar years 2019 – 2021 will be used to select employers for inspection
- OSHA area offices and state plan enforcement offices prepare a list of employers for inspection

# Site Specific Targeting (SST)

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- Unlike previous SST programs, OSHA will not publish the list of employers likely to be inspected
- The agency is conducting inspections under this initiative

# OSHA Recordkeeping





# A Separate Standard

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- 29 CFR Part 1904
- Recordkeeping is a standalone standard, much like the Construction (1926) and General Industry (1910) standards
- Subparts A through G contain specific recordkeeping and reporting requirements

# Subpart A – Purpose



# Record Injuries and Illnesses

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- Requires employers to record all new, work-related injuries and illnesses

# Special Notation...

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- OSHA is careful to note:
  - “Recording or reporting a work-related injury, illness, or fatality does not mean that the employer or employee was at fault, that an OSHA rule has been violated, **or that the employee is eligible for workers' compensation or other benefits**”

# Subpart B - Scope



# Employer Size Exemption

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- Employers with less than 10 employees at any time during the year are not required to complete the OSHA 300 log
- The size exemption is for the total number of employees not the number at any one location

# Industry Exemptions

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- Employers in specifically listed, low hazard retail, service, finance, insurance or real estate industries do not need to keep OSHA injury and illness records
- Exempt industries are specifically listed in Appendix A to this subpart

NON-MANDATORY APPENDIX A TO SUBPART B OF PART 1904—PARTIALLY EXEMPT INDUSTRIES

Employers are not required to keep OSHA injury and illness records for any establishment classified in the following North American Industry Classification System (NAICS) codes, unless they are asked in writing to do so by OSHA, the Bureau of Labor Statistics (BLS), or a state agency operating under the authority of OSHA or the BLS. All employers, including those partially exempted by reason of company size or industry classification, must report to OSHA any employee's fatality, in-patient hospitalization, amputation, or loss of an eye (see § 1904.39).

NAICS Code	Industry
4412	Other Motor Vehicle Dealers.
4431	Electronics and Appliance Stores.
4461	Health and Personal Care Stores.
4471	Gasoline Stations.
4481	Clothing Stores.
4482	Shoe Stores.
4483	Jewelry, Luggage, and Leather Goods Stores.
4511	Sporting Goods, Hobby, and Musical Instrument Stores.
4512	Book, Periodical, and Music Stores.
4531	Florists.
4532	Office Supplies, Stationery, and Gift Stores.
4812	Nonscheduled Air Transportation.
4861	Pipeline Transportation of Crude Oil.
4862	Pipeline Transportation of Natural Gas.
4869	Other Pipeline Transportation.
4879	Scenic and Sightseeing Transportation, Other.
4885	Freight Transportation Arrangement.
5111	Newspaper, Periodical, Book, and Directory Publishers.
5112	Software Publishers.
5121	Motion Picture and Video Industries.
5122	Sound Recording Industries.
5151	Radio and Television Broadcasting.



# Industries Exempted

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- Specifically identified low hazard retail, service, finance, insurance and real estate industries are exempt from recordkeeping requirements ONLY
- All other OSHA requirements apply

# Recommendation

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- Keep logs even if exempt
  - Provides ability to benchmark
  - Logs may be required anyway by customers or insurance companies

# Subpart C – Forms and Criteria

OSHA's Form 300

## Log of Work-Related Injuries and Illnesses

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 2001



U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB No. 1218-0116

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries or illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

### Identify the person Describe the case Classify the case

(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock, north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill. (e.g., Second degree burn on right forearm from acetylene torch)	Using these four categories, check ONLY the most serious result for each case:				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness.				
						Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)	On job transfer or restriction (K)	Away from work (L)	Fracture (1)	Loss of consciousness (2)	Respiratory tract illness (3)	Infectious (4)	Other (5)
	Chamraz, George R.	Quality Assurance Mgr.	8/28/2001 <small>month/day</small>	Factory QA	Laceration, R index finger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
003-2 001	Spudwills, _____	Machine Assembler B	1/9/2001 <small>month/day</small>	Machine Shop	Contusion/Strain, Contusion to head, strain to left neck and shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
003-2 001	Spudwills, _____	Machine Assembler B	1/9/2001 <small>month/day</small>	Machine Shop	Contusion/Strain, Contusion to head, strain to left neck and shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
003-2 002	Rutherford, _____	Gum Unwrping Mach Oper	1/9/2001 <small>month/day</small>	Gum Recovery 1	Pain, Bilateral thumbs and hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
004-2 001	Pilipauskas, _____	Box Ovrwrp Mach Oper	01/17/200 <small>month/day</small>	Inspecting/Packing 1	Strain and possible CTS, Right Shoulder, Arm, and Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
004-2 001	Pilipauskas, _____	Box Ovrwrp Mach Oper	01/17/200 <small>month/day</small>	Inspecting/Packing 1	Strain and possible CTS, Right Shoulder, Arm, and Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
006-2 001	Coria, Francisco	Laboratory Technician 6	1/30/2001 <small>month/day</small>	Factory QA	Multiple strains, Rt. shoulder, elbow, wrist.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
006-2 001	Coria, Francisco	Laboratory Technician 6	01/30/200 <small>month/day</small>	Factory QA	Multiple strains, Rt. shoulder, elbow, wrist. Abrasion to lt. leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
007-2 001	Richmond, _____	Sheeting Machine Oper	01/30/200 <small>month/day</small>	Sheeting Sugarkess 1	Fracture, Tuft of left third finger	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
007-2 001	Richmond, _____	Sheeting Machine Oper	01/30/200 <small>month/day</small>	Sheeting Sugarkess 1	Fracture, Tuft of left third finger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page Totals **0 0 4 0 41**

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Page 1 of 1

Injury  
Fracture  
(1)  
Loss of consciousness  
(2)  
Respiratory tract illness  
(3)  
Infectious  
(4)  
Other  
(5)

# Work Relatedness

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- Work related activity in work environment resulting in injury or illness
- Work related activity in work environment resulting in **aggravation of pre-existing condition**

# Work Environment

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- The establishment & other locations where one or more employees are working or are present as a condition of employment
- Includes not only physical locations, but also equipment or materials

# Work Environment Exceptions

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- Table 1904.5(b)(2):
  - Present and injured as general public
  - Voluntary participation in company activities
  - Injured while eating, drinking or cooking
  - Injured performing personal tasks at work
  - Injured while grooming or taking medication
  - Self-inflicted injuries at work

# Work Environment Exceptions

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- Table 1904.5(b)(2):
  - Auto accidents on company property when commuting
  - Illness from the common cold or flu at work
  - Mental illness (unless work related)

# Employer Determines Recordability

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- “The employer must evaluate the employee's work duties and environment 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”



# Travel Related Injuries



# Travel Related Injuries

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- Injuries sustained from non-work-related activities at a hotel are not recordable
- Injuries sustained in motor vehicle accidents while commuting from motel to job are not recordable
- Injuries sustained as a result of personal detour from a reasonably direct route of travel are not recordable

# Work Related Injuries in the Home



# Work Related Injuries in the Home

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- Injuries resulting from hazards associated with the home itself or housekeeping are NOT work related
- Injuries resulting from work related activities at home are recordable such as dropping a heavy box of files on the foot

# Decision Making – What Goes on Form



# “Recordable” Events

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- Death
- Events resulting in lost workdays
- Events resulting in restriction or job transfer
- Events resulting in “medical treatment”
- Loss of consciousness
- Significant injury or illness diagnosed by a physician or LHCP

# Recording Days Lost & Restricted

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- A physician or LHCP determines the number of lost or restricted workdays
- Lost or restricted days begin the next calendar day following the date of injury
- Calendar days, up to a total of 180, are entered on the log
- Calculating “scheduled” workdays is no longer allowed

# Days Away from Work

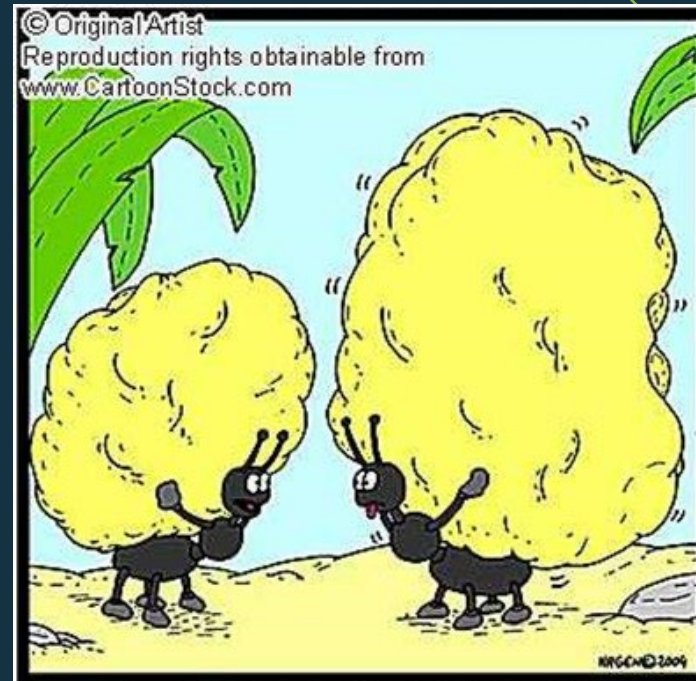


- Mark the **days away from work** box on the 300 Log
- Enter the number of calendar days away from work
- Start counting on the day after the injury/illness occurred
- Count physician-recommended days
- Limit to 180 days



# Restricted Work or Job Transfer

- Mark **job transfer-restriction** box on the 300 Log
- Employee kept from performing routine part of job
- Employee kept from working normal full workday
- Worker transferred to a different job
- Count days of restricted work



**I hurt my back today, so they put me on light duty**

# Medical Treatment

- Mark the **other recordable cases** box on the 300 Log
- Medical treatment is specifically defined
- Person providing treatment does not matter
- Record according to doctor recommendations



# Medical Treatment

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- What it is NOT:
  - Visits to a physician or other licensed health care professional solely for observation or counseling;
  - diagnostic procedures, such as x-rays and blood tests, including the administration of prescription medications used solely for diagnostic purposes;
  - "First aid" as defined on next slide

# First Aid

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- First aid NOT considered medical treatment:
  - Using a non-prescription medication at nonprescription strength;
  - Administering tetanus or other immunizations
  - Cleaning, flushing or soaking wounds on the surface of the skin;
  - Using bandages, Band-Aids™, gauze pads, butterfly bandages or Steri-Strips™ to close wounds

# First Aid – Continued

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- Using hot or cold therapy
- Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc.
- Using temporary immobilization devices while transporting an accident victim
- Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister
- Using eye patches

# First Aid – Continued

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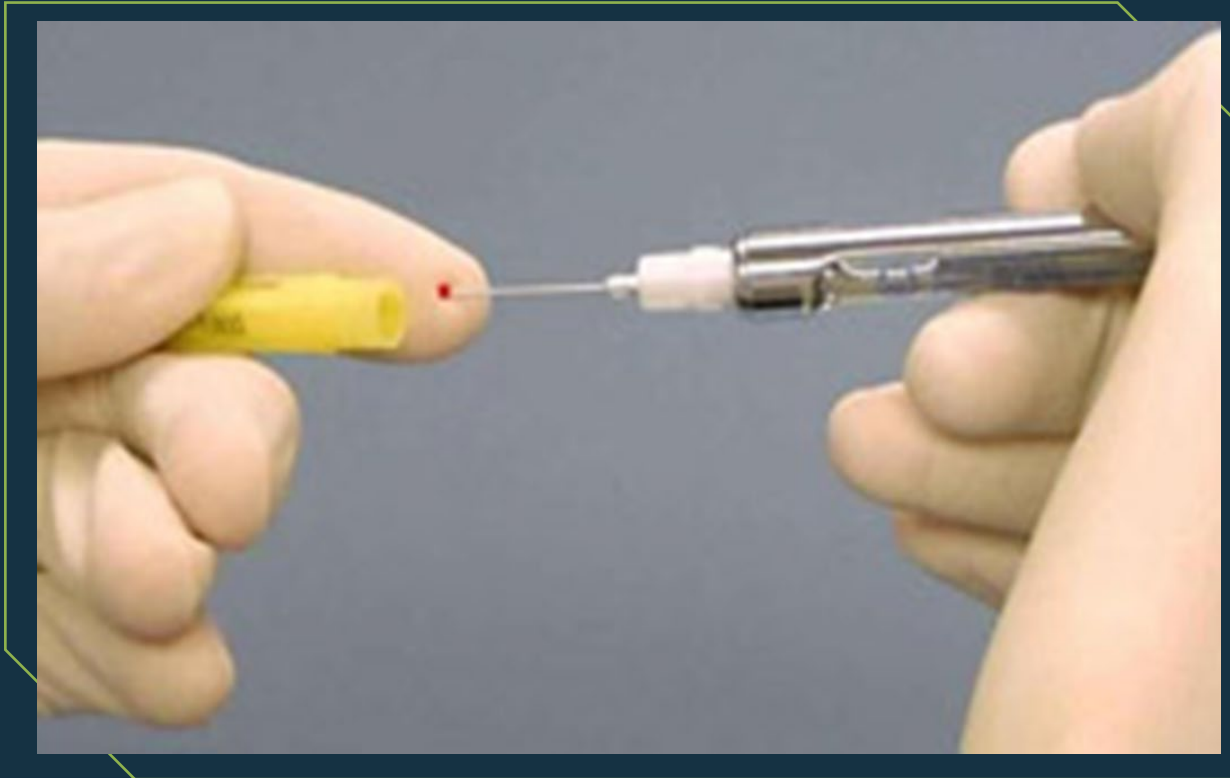
- Removing foreign bodies from the eye using only irrigation or a cotton swab
- Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means
- Using finger guards
- Using massages
- Drinking fluids for relief of heat stress
- This is the all-inclusive list of first aid

# Loss of Consciousness

- Loss of work-related consciousness must be recorded
- Length of unconsciousness does not matter
- Mark **other recordable cases** box on the log



# Needlesticks and Sharps



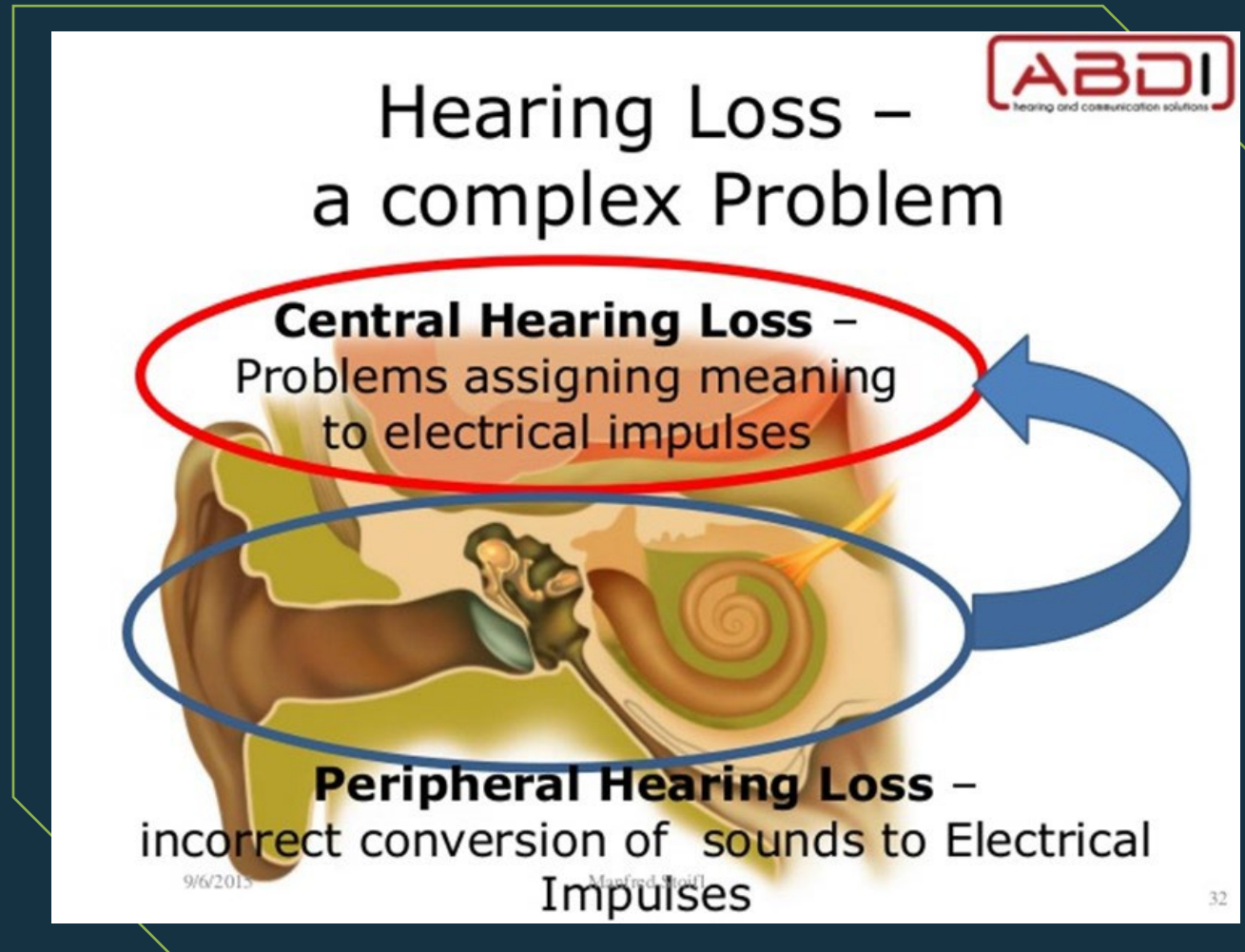


# Needlesticks and Sharps

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- Record all needlestick or sharps injuries that may be contaminated with another persons' blood or other potentially infectious materials
- Other accidental contact with potential bloodborne pathogens (i.e. splashes) are recorded ONLY upon diagnosis of disease

# Recording Hearing Loss



# Recording Hearing Loss

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- Hearing loss must be diagnosed by a physician or LHCP
- Standard threshold shifts (STS) at 25 dB above audiometric zero must be recorded
- Retesting employees is permissible if done within 30 days of the previous test

# Forms

The image displays three overlapping OSHA forms. The top form is OSHA's Form 300 (Log of Work-Related Injuries and Illnesses), which is a large table for recording individual incidents. The middle form is OSHA's Form 300A (Summary of Work-Related Injuries and Illnesses), which provides a summary of the data from Form 300. The bottom form is OSHA's Form 301 (Injury and Illness Incident Report), which provides detailed information about a specific incident.

**OSHA's Form 300 (Log of Work-Related Injuries and Illnesses)**  
Year 20... U.S. Department of Labor  
**Identify the person**  
**Describe the case**  
**Classify the case**

**OSHA's Form 300A (Summary of Work-Related Injuries and Illnesses)**  
Year 20... U.S. Department of Labor  
**Establishment Information**

**OSHA's Form 301 (Injury and Illness Incident Report)**  
Year 20... U.S. Department of Labor  
**Information about the employee**  
**Information about the case**  
**Information about the physician or other health care professional**

# Forms

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- OSHA 300 Log
- OSHA 300-A Summary
- OSHA 301 or equivalent
  - Most state workers' compensation first report of injury forms are acceptable
  - Illinois Form 45, Wisconsin WKC-12, and Indiana State Form 34401 are acceptable equivalents

# OSHA 300

Identify the person			Describe the case		
(A)	(B)	(C)	(D)	(E)	(F)
Case No.	Employee's Name	Job Title (e.g., Welder)	Date of injury or onset of illness (mo./day)	Where the event occurred (e.g. Loading dock north end)	Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

# OSHA 300

Classify the case											
CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M)	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
		Job transfer or restriction	Other recordable cases			Injury					
(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)

# OSHA 300A

Number of Cases			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
0		0	
(K)		(L)	
Injury and Illness Types			
Total number of... (M)			
(1) Injury	0	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0



# OSHA 300A

Establishment information		
Your establishment name		
Street		
City	State	Zip
Industry description (e.g., Manufacture of motor truck trailers)		
Standard Industrial Classification (SIC), if known (e.g., SIC 3715)		
OR North American Industrial Classification (NAICS), if known (e.g., 336212)		
Employment information		
Annual average number of employees		
Total hours worked by all employees last year		
Sign here		
Knowingly falsifying this document may result in a fine.		
I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.		
Company executive	Title	
Phone	Date	

# OSHA 301

<h2 style="margin: 0;">OSHA's Form 301</h2> <h3 style="margin: 0;">Injuries and Illnesses Incident Report</h3>	<p style="font-size: small; margin: 0;"><b>Attention:</b> This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.</p>	<p style="font-size: small; margin: 0;">U.S. Department of Labor Occupational Safety and Health Administration</p> <p style="font-size: x-small; margin: 0;">Form approved OMB no. 1218-0176</p>
<p style="font-size: x-small; margin: 0;">This <i>Injury and Illness Incident Report</i> is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the <i>Log of Work-Related Injuries and Illnesses</i> and the accompanying <i>Summary</i>, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.</p> <p style="font-size: x-small; margin: 0;">Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.</p> <p style="font-size: x-small; margin: 0;">According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.</p> <p style="font-size: x-small; margin: 0;">If you need additional copies of this form, you may photocopy and use as many as you</p>	<p style="text-align: center; font-weight: bold; font-size: small; margin: 0;">Information about the employee</p> <p>1) Full Name _____</p> <p>2) Street _____</p> <p style="font-size: x-small; margin: 0;">City _____ State _____ Zip _____</p> <p>3) Date of birth _____</p> <p>4) Date hired _____</p> <p>5) <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p style="text-align: center; font-weight: bold; font-size: small; margin: 0;">Information about the physician or other health care professional</p> <p>6) Name of physician or other health care professional _____</p> <p>7) If treatment was given away from the worksite, where was it given?</p> <p style="font-size: x-small; margin: 0;">Facility _____</p> <p style="font-size: x-small; margin: 0;">Street _____</p> <p style="font-size: x-small; margin: 0;">City _____ State _____ Zip _____</p> <p>8) Was employee treated in an emergency room? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9) Was employee hospitalized overnight as an in-patient? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p style="text-align: center; font-weight: bold; font-size: small; margin: 0;">Information about the case</p> <p>10) Case number from the Log _____ <i>(Transfer the case number from the Log after you record the case.)</i></p> <p>11) Date of injury or illness _____</p> <p>12) Time employee began work _____ AM/PM _____</p> <p>13) Time of event _____ AM/PM <input type="checkbox"/> Check if time cannot be determined</p> <p style="font-size: x-small; margin: 0;"><b>*Please do not include any personally identifiable information (PII) pertaining to worker(s) involved in the incident (e.g., no names, phone numbers, or SSNs) in the following fields.</b></p> <p><b>*14) What was the employee doing just before the incident occurred?</b> Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."</p> <p><b>*15) What happened?</b> Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."</p> <p><b>*16) What was the injury or illness?</b> Tell us the part of the body that was affected and how it was affected. Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."</p> <p><b>*17) What object or substance directly harmed the employee?</b> Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.</p> <p>18) <b>If the employee died, when did death occur?</b> Date of death _____</p>
<p>Completed by _____</p> <p>Title _____</p> <p>Phone _____ Date _____</p>		

# Subpart D – Other Requirements



# Multiple Establishments



# Multiple Establishments

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- A log must be kept for every location expected to be in operation for one year
- Number of employee exemption determined by company, not individual location
- Logs and other information can be maintained at one location, but capable of being furnished within prescribed timeframes

# Covered Employees



# Covered Employees

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- Executive
- Hourly
- Salary
- Seasonal
- Part-time
- Migrant
- All directly supervised workers

# Temporary Workers

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# Temporary Employees

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- If you provide temporary, leased, or day laborers' day-to-day direction, **you** must record injuries they suffer at work
- If the service you use provides day-to-day instruction, they record the injury
- One injury cannot be reported on logs maintained by two separate employers

# Annual Summary

OSHA's Form 300A (Rev. 01/2004)

## Summary of Work-Related Injuries and Illnesses

**Note: You can type input into this form and save it.**  
Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the [free Adobe PDF Reader](#).

Year 20



U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

### Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G) _____	(H) _____	(I) _____	(J) _____

### Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
(K) _____	(L) _____

### Injury and Illness Types

Total number of . . . (M)			
(1) Injuries	_____	(4) Poisonings	_____
(2) Skin disorders	_____	(5) Hearing loss	_____
(3) Respiratory conditions	_____	(6) All other illnesses	_____

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

### Establishment Information

Your establishment name \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Industry description (e.g., *Manufacture of motor truck trailers*) \_\_\_\_\_  
 Standard Industrial Classification (SIC), if known (e.g., 3715) \_\_\_\_\_  
 OR  
 North American Industrial Classification (NAICS), if known (e.g., 336212) \_\_\_\_\_

### Employment Information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees \_\_\_\_\_  
 Total hours worked by all employees last year \_\_\_\_\_

### Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive \_\_\_\_\_ Title \_\_\_\_\_  
 Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Save Input

# Annual Summary

---

- Following instructions on the summary form (300-A) enter totals from columns on the 300
- Enter the number of hours worked by all employees (by location if applicable)
- The log must be certified and signed by a company executive

# Company Executive

---

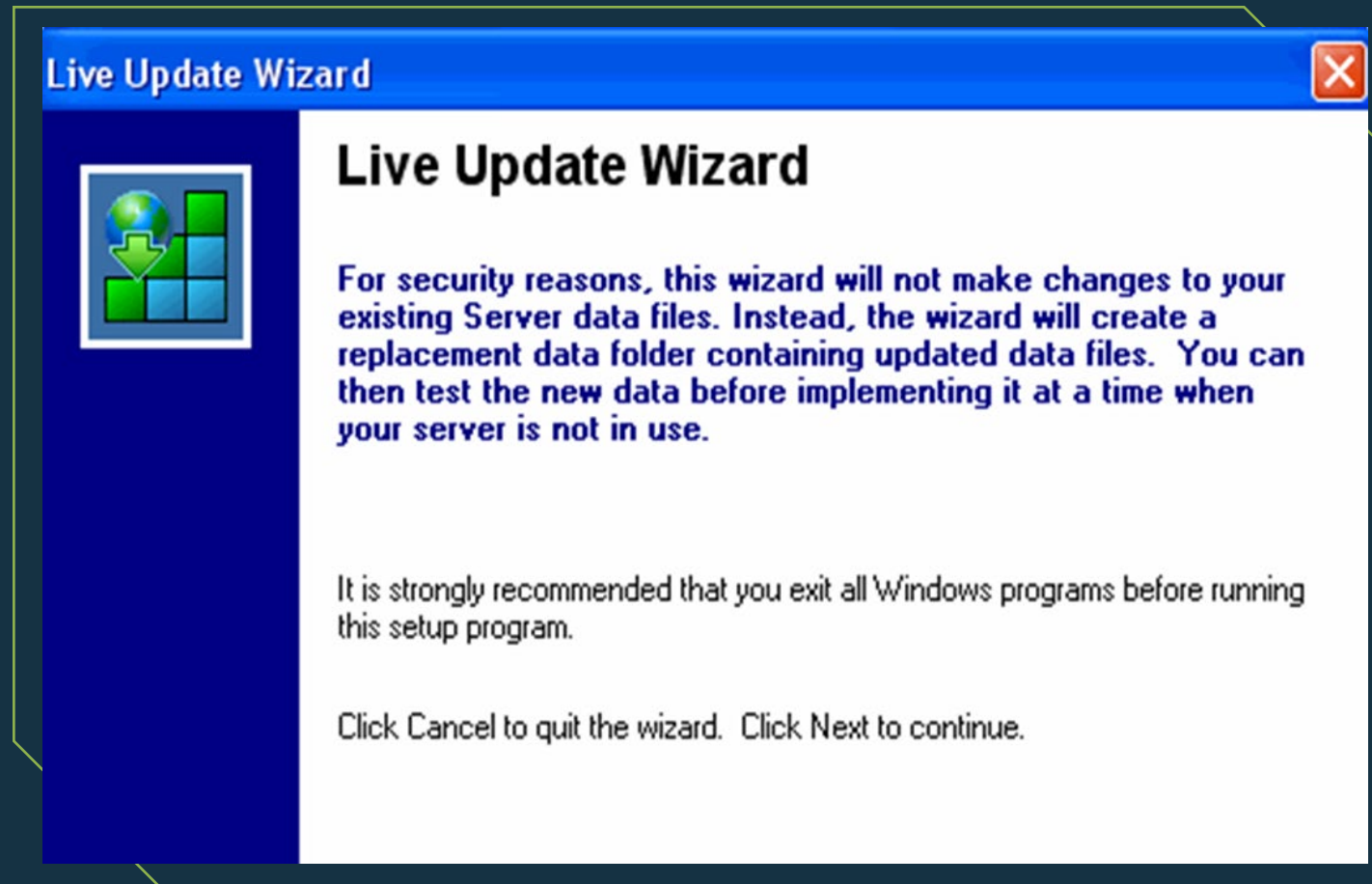
- Owner
- Officer
- Highest ranking official who works at the location
- The immediate supervisor of the highest ranking official who works at the location

# Posting Period

---

- Posted no later than February 1 and kept in place until April 30
- Acceptable to post the entire year
- May also post the 300 log providing names are removed or hidden on the form posted

# Updating and Retention



# Retention

---

- Current logs must be available
  - Current within 7 business days of notice of a recordable injury or illness
- Five years of completed logs and associated forms must also be available
- Electronic formats are acceptable

# Updating

---

- You are required to update logs from previous years if there are changes in status to the injuries on the log
- Additional lost workday, restricted workdays, and job transfer days are logged in the year the incident was recorded
- The number of lost, restricted, & transfer days is capped at 180 in any one year



# Change in Ownership

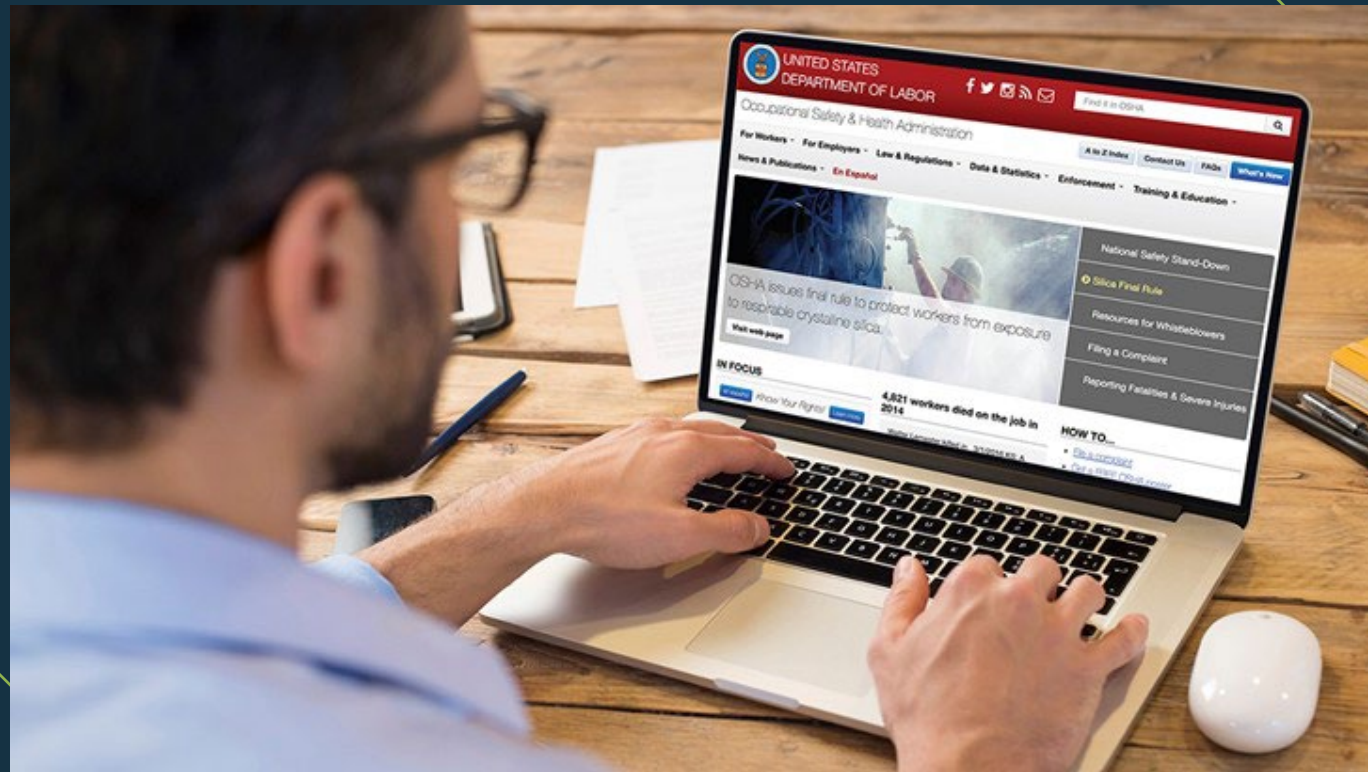


# Change in Ownership

---

- OSHA requires the sellers of a business to transfer OSHA records to the new business owner

# Electronic Recordkeeping



# Electronic Recordkeeping

---

- Electronic recordkeeping required for:
  - Covered establishments with more than 250 employees at any time during the year
  - Covered establishments in designated “high hazard” industries with more than 20, but fewer than 250 employees at any time during a calendar year



Occupational Safety and Health Administration

CONTACT US FAQ A TO Z INDEX ENGLISH ESPAÑOL

- OSHA
- STANDARDS
- ENFORCEMENT
- TOPICS
- HELP AND RESOURCES
- NEWS

SEARCH OSHA

By Standard Number

1904.41 App A - Appendix A to Subpart E of Part 1904-Designated Industries for §1904.41(a)(2) Annual Electronic Submission of OSHA Form 300A Summary of Work-Related Injuries and Illnesses by Establishments With 20 or More Employees but Fewer Than 250 Employees in D

- Part Number: 1904
- Part Number Title: Recording and Reporting Occupational Injuries and Illnesses
- Subpart: 1904 Subpart E
- Subpart Title: Reporting Fatality, Injury and Illness Information to the Government
- Standard Number: 1904.41 App A
- Title: Appendix A to Subpart E of Part 1904-Designated Industries for §1904.41(a)(2) Annual Electronic Submission of OSHA Form 300A Summary of Work-Related Injuries and Illnesses by Establishments With 20 or More Employees but Fewer Than 250 Employees in Designated Industries
- GPO Source: e-CFR

APPENDIX A TO SUBPART E OF PART 1904—DESIGNATED INDUSTRIES FOR §1904.41(A)(2) ANNUAL ELECTRONIC SUBMISSION OF OSHA FORM 300A SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES BY ESTABLISHMENTS WITH 20 OR MORE EMPLOYEES BUT FEWER THAN 250 EMPLOYEES IN DESIGNATED INDUSTRIES

NAICS	Industry
11	Agriculture, forestry, fishing and hunting.
22	Utilities.
23	Construction.
31-33	Manufacturing.
42	Wholesale trade.
4413	Automotive parts, accessories, and tire stores.
4421	Furniture stores.
4422	Home furnishings stores.
4441	Building material and supplies dealers.
4442	Lawn and garden equipment and supplies stores.


# Electronic Recordkeeping


---

- State plan states require employers to electronically report the information on the OSHA website
- Information for all states will be sent to and posted on one site

o sha . gov / injuryreporting /

RingCentral Clothing

 UNITED STATES  
DEPARTMENT OF LABOR



Occupational Safety and Health Administration

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OSHA ▾ STANDARDS ▾ ENFORCEMENT ▾ TOPICS ▾ HELP AND RESOURCES ▾ NEWS ▾

SEARCH OSHA




Recordkeeping / Injury Tracking Application (ITA)

## Injury Tracking Application (ITA)

New login procedures (using Login.gov) became effective October 2022. Watch our How-to Video.



OSHA provides a [secure website](#) that offers three options for injury and illness data submissions. You can manually enter your data, upload a CSV file to add multiple establishments at the same time, or transmit data electronically via an API (application programming interface).

# Requirements by Employer Size

---

- Less than 10 employees:
  - No requirement to maintain OSHA logs
  - Must comply with applicable OSHA standards
  - Must notify OSHA in the event of fatality, amputation, loss of eye, death



# Requirements by Employer Size

---

- 10 to 19 employees:
  - Traditional paper or digital OSHA 300, 300A, and 301 forms required for covered establishments with more than 10, but fewer than 20 employees at any time during the calendar year
  - No requirement to file information electronically with OSHA

# Requirements by Employer Size

---

- More than 20 employees & included in Appendix A:
  - Must submit information by March 2, 2024, from:
    - OSHA 300A form

# Appendix A

---

- NAICS 23
  - ALL construction contractors are included in this major NAICS group
- NAICS 31 – 33
  - ALL employers engaged in manufacturing operations
- NAICS 42
  - All employers engaged in wholesale trade
- Check the list thoroughly to determine if your business is subject to Appendix A

**Appendix A to Subpart E of Part 1904— Designated Industries for § 1904.41(a)(1)(i) Annual Electronic Submission of Information From OSHA Form 300A Summary of Work-Related Injuries and Illnesses by Establishments With 20–249 Employees in Designated Industries**

<b>NAICS</b>	<b>Industry</b>
11	Agriculture, forestry, fishing and hunting.
22	Utilities.
23	Construction.
31-33	Manufacturing.
42	Wholesale Trade.
4413	Automotive Parts, Accessories, and Tire Stores.
4421	Furniture Stores.
4422	Home Furnishings Stores.
4441	Building Material and Supplies Dealers.
4442	Lawn and Garden Equipment and Supplies Stores.
4451	Grocery Stores.
4452	Specialty Food Stores.
4522	Department Stores.
4523	General Merchandise Stores, including Warehouse Clubs and Supercenters.
4533	Used Merchandise Stores.
4542	Vending Machine Operators.
4543	Direct Selling Establishments.
4811	Scheduled Air Transportation.
4841	General Freight Trucking.
4842	Specialized Freight Trucking.
4851	Urban Transit Systems.
4852	Interurban and Rural Bus Transportation.

# Requirements by Employer Size

---

- More than 250 employees and required to maintain log:
  - Must submit information by March 2, 2024, from:
    - OSHA 300A form

# Requirements by Employer Size – NEW

---

- More than 100 employees and included in Appendix B:
  - Must submit information by March 2, 2024, from:
    - OSHA 300A form
    - OSHA 300 log
    - OSHA 301 form

**Appendix B to Subpart E of Part 1904— Designated Industries for § 1904.41(a)(2) Annual Electronic Submission of Information From OSHA Form 300 Log of Work-Related Injuries and Illnesses and OSHA Form 301 Injury and Illness Incident Report by Establishments With 100 or More Employees in Designated Industries**

NAICS	Industry
1111	Oilseed and Grain Farming.
1112	Vegetable and Melon Farming.
1113	Fruit and Tree Nut Farming.
1114	Greenhouse, Nursery, and Floriculture Production.
1119	Other Crop Farming.
1121	Cattle Ranching and Farming.
1122	Hog and Pig Farming.
1123	Poultry and Egg Production.
1129	Other Animal Production.
1133	Logging.
1141	Fishing.
1142	Hunting and Trapping.
1151	Support Activities for Crop Production.
1152	Support Activities for Animal Production.
1153	Support Activities for Forestry.
2213	Water, Sewage and Other Systems.
2381	Foundation, Structure, and Building Exterior Contractors.
3111	Animal Food Manufacturing.
3113	Sugar and Confectionery Product Manufacturing.
3114	Fruit and Vegetable Preserving and Specialty Food Manufacturing.
3115	Dairy Product Manufacturing.
3116	Animal Slaughtering and Processing.
3117	Seafood Product Preparation and Packaging.
3118	Bakeries and Tortilla Manufacturing.

# Injury or Illness Case Data

\* All Fields are Required \*

Establishment Name:

---

## Case Information

This help text applies to all questions selected below.

### 1. Case Number from your Log (column A of Form 300) \*

*Case number must be unique within an establishment.*

### 2. Job title (column C of Form 300) \*

*(e.g. Welder)*

### 3. Date of Injury or onset of illness (column D of Form 300) \*

*MM-DD-YYYY or MM/DD/YYYY (e.g. 11-23-2023, 11/23/2023)*

### 4. Where the event occurred (column E of Form 300) \*

*(e.g. Loading dock north end)*



**5. Describe injury or illness; parts of the body affected, and objects/substance that directly injured or made the person ill (column F of Form 300) \***

*Second degree burns on right forearm from acetylene torch.*

**6. SELECT ONLY ONE based on the most serious outcome (column G-J of Form 300) \***

- Death
- Days away from work
- Job transfer or restriction
- Other recordable cases

*The outcomes in descending order are: death, days away from work, job restriction or transfer, other recordable cases. Death is the most serious outcome.*

**7. Enter the number of days the injured or ill worker was (column K and L of Form 300)**

**Away from work (days) \***

*Enter the number of calendar days the employee was away from work as a result of the recordable injury or illness. Do not count the day on which the injury or illness occurred in this number. Begin counting days from the day after the incident occurs.*

**On job transfer or restriction (days) \***

*Enter the number of calendar days the employee was on restricted work activity as a result of the recordable injury or illness. Do not count the day on which the injury or illness occurred in this number. Begin counting days from the day after the incident occurs.*

**8. Select injury OR one illness category (column M1-M6 of Form 300) \***

- Injury
- Poisoning
- Skin Disorder
- Hearing Loss
- Respiratory condition
- All other illness

MM/DD/YYYY or MM/DD/YYYY (e.g. 11-23-2023, 11/23/2023)

**10. Employee's date hired: (Question 4 on Form 301) \***

MM-DD-YYYY or MM/DD/YYYY (e.g. 11-23-2023, 11/23/2023)

**11.**

- Male
- Female

---

Incident Information

**12. Was employee treated in an emergency room: (Question 8 on Form 301) \***

- Yes
- No

**13. Was employee hospitalized overnight as an in-patient? (Question 9 on Form 301) \***

- Yes
- No

**14. Time employee began work: (Question 12 on Form 301)**

HH-MM (e.g. 3:30 pm or 15:30)

**15. Time of event: (Question 13 on Form 301) \***

 ⓘ

*HH-MM (e.g. 3:30 pm or 15:30)*

**OR Check this box if time cannot be determined**

Time cannot be determined

**16. What was the employee doing just before the incident occurred? (Question 14 on Form 301) \***

*Do not include any personally identifiable information (PII) (e.g., no names, phone numbers, or SSNs) in this field.*

**17. What happened? Tell us how the illness or injury occurred. (Question 15 on Form 301) \***

*Do not include any personally identifiable information (PII) (e.g., no names, phone numbers, or SSNs) in this field.*

**18. What was the injury or illness? (Question 16 on Form 301) \***

*Do not include any personally identifiable information (PII) (e.g., no names, phone numbers, or SSNs) in this field.*

**19. What object or substance directly harm the employee? (Question 17 on Form 301) \***

*Do not include any personally identifiable information (PII) (e.g., no names, phone numbers, or SSNs) in this field.*

**20. If the employee died, when did death occur? Date of death: (Question 18 on Form 301) ⓘ**

# Appendix B

---

NAICS 2381 - Foundation, structure, and building exterior contractors

- **238110** - Poured Concrete Foundation and Structure Contractors
- **238120** - Structural Steel and Precast Concrete Contractors
- **238130** - Framing Contractors
- **238140** - Masonry Contractors
- **238150** - Glass and Glazing Contractors
- **238160** - Roofing Contractors
- **238170** - Siding Contractors
- **238190** - Other Foundation, Structure, and Building Exterior Contractors

# Requirements by Employer Size

---

- NOTE:
  - If your business operation is listed in Appendix B but you have less than 100 employees, you must still file the 300A information if you have more than 20 employees
  - The number of employees is determined by the highest employee count at any one time during the year

# Deadlines

---

- Affected employers must submit OSHA 300A information by March 2nd of every year
- The system does not allow employers to enter data after the March 2nd deadline
- Failure to file by the deadline may result in citations and penalties

# 300A Form Posting

---

- All affected employers with more than 10 employees at any point during the year are required to post the 300A form by February 1

# Electronic Information is Public

---

- The information employers provide to OSHA is available to the public
- Employers must understand the recordkeeping requirements to avoid overstating injuries and incident rates
- Here is where your information is located...





- OSHA
- STANDARDS
- ENFORCEMENT
- TOPICS
- HELP AND RESOURCES**
- NEWS

### Help and Resources

- Data
- Establishment Search
- Fatality Reports
- File a Complaint
- Publications
- Safety and Health Topics Pages
- Videos

### Compliance Assistance

- Compliance Assistance Specialists
- Consultation Services
- Cooperative Programs
- Small Business Resources

### Training

- Training Requirements and Resources
- Outreach Training Program (10- and 30-hour Cards)
  - Find a Trainer
  - Replace a Card
  - Avoid Card Fraud
- OSHA Training Institute Education Centers
  - Find a Center
  - Search for Classes
- Susan Harwood Training Grants



[Remembering Lost Workers](#)

[Charles Halliday \(68\)](#)

[Josué Tiquiram Sam \(25\)](#)

[Javier Damian-Banos \(41\)](#)

[Pablo Cruz Parrazal \(19\)](#)

[Ruel](#)



### TAKE ACTION

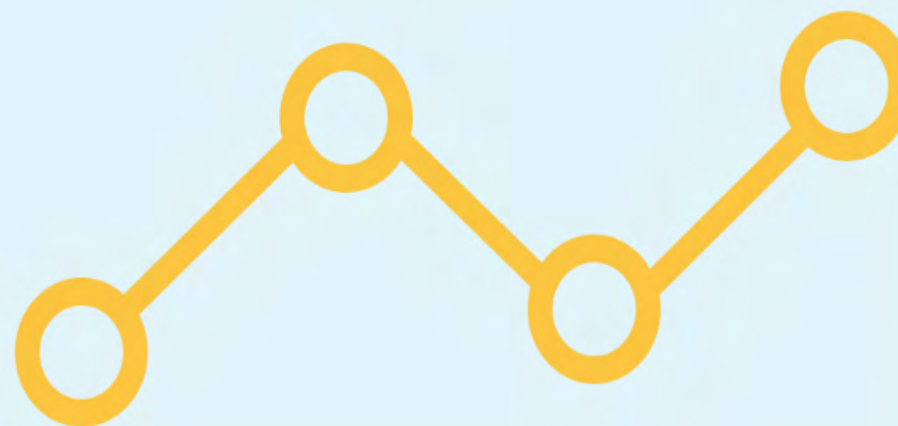
[File a Complaint](#)

[Find Calendar of Events](#)

# Data

Learn more about workplace safety and health from OSHA and other federal agencies, including popular data searches such as:

- [Establishment Search](#)
- [Fatality Inspection Data](#)
- [Injury Tracking Application \(Current Data\)](#)
- [Top 10 Cited Standards](#)



## Inspection Data

Review data on establishments, investigations, frequently cited standards, penalties, and more.

- [OSHA](#) ▾
- [STANDARDS](#) ▾
- [ENFORCEMENT](#) ▾
- [TOPICS](#) ▾
- [HELP AND RESOURCES](#) ▾
- [NEWS](#) ▾


Data > Establishment Specific Injury and Illness Data

# Establishment Specific Injury and Illness Data (Injury Tracking Application)

OSHA collects work-related injury and illness data from employers within specific industry and employment size specifications. Detailed information on this data collection is available on the [Injury Tracking Application webpage](#).

NOTE: Recording or reporting a work-related injury, illness, or fatality does not mean that the employer or employee was at fault, that an OSHA rule has been violated, or that the employee is eligible for workers' compensation or other benefits.

Download Annual 300A data:

-  [CY 2022](#) (data submitted through September 30, 2023)
- [CY 2021](#)
- [CY 2020](#)
- [CY 2019](#)
- [CY 2018](#)
- [CY 2017](#)
- [CY 2016](#)
- [Data Dictionary](#)

## Explanatory Notes

- Scope of the data:** OSHA only collects data from a portion of all private sector establishments in the United States. Therefore, this data is not representative of all businesses and general conclusions pertaining to all U.S. business should not be drawn.
  - OSHA Form 300A Summary of Work-Related Injuries and Illnesses:** Starting in 2016, establishments with 250+ employees not listed in [Exempt Industries](#) list and establishments with 20-

# Establishment Sp Application)

OSHA collects work-related injury and illness data  
[Tracking Application webpage](#).

NOTE: Recording or reporting a work-related injury  
workers' compensation or other benefits.

Download Annual 300A data:

- [CY 2022](#) (data submitted through September 30, 2022)
- [CY 2021](#)
- [CY 2020](#)
- [CY 2019](#)
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## Explanatory Notes

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a. **OSHA Form 300A Summary of Work-Related Injuries and Illnesses:** Starting in 2016, establishments with 250+ employees not listed in [Exempt Industries](#) list and establishments with 20-

The screenshot shows a Windows File Explorer window titled 'Extract' with the path 'C:\Users\gary.glader\Downloads\ITA-data-cy2022 (6).zip'. The address bar shows 'This PC > Downloads > ITA-data-cy2022 (6).zip'. The file list contains one item:

Name	Type	Compressed size	Password ...	Size	Ratio
ITA data CY 2022 submitted thru 9-...	Microsoft Excel Comma S...	19,160 KB	No	70,938 KB	73%

A red arrow points to the file name in the list. The left sidebar shows the navigation pane with 'Downloads' selected.

	B	G	I	J	K	L	O	P	Q
1	Company Name	state	NAICS Code	Industry Description	Annual Average Employees	Total Hours Worked	Lost Time Cases	Restricted Duty Cases	Other Cases
55172	Hajoca Corporation	CO	423720	Plumbing Supplies Merchant Wholesalers	23	50041	1	0	0
55173	Hajoca Corporation	CO	423720	Plumbing Supplies Merchant Wholesalers	23	50041	1	0	0
55174	Hale Pet Door National LLC	CO	332999	Tinfoil not made in rolling mills	27	41765	4	2	1
55175	Halliburton Energy Services	CO	213112	Servicing oil and gas wells on a contract ba	424	1702028	1	4	3
55176	Hall-Irwin Corporation	CO	236220	Addition, alteration and renovation gener	33	67600	1	0	0
55177	Hallmark Nursing Center	CO	623110	Nursing homes	107	256512	0	1	5
55178	Halmoni Logistics	CO	484110	Bulk mail truck transportation, contract, lo	35	6524	0	0	0
55179	Halsa Holdings	CO	453998	Flower shops, artificial or dried	30	37337	0	0	1
55180	Halsa Holdings	CO	453998	Flower shops, artificial or dried	25	40445	0	0	0
55181	Halsa Holdings	CO	453998	Flower shops, artificial or dried	35	34976	0	0	0
55182	Hammers Construction Inc	CO	236210	Industrial building (except warehouses) co	90	117585	1	0	3
55183	Hammond's Candies Since 1920, I	CO	311340	Cake ornaments, confectionery, manufact	120	256797	3	14	3
55184	Hansen Construction Inc	CO	236115	Custom builders (except for-sale), single-fa	57	120000	0	0	1
55185	Har Mart Corp	CO	445110	Supermarkets	170	323000	1	0	0
55186	Harbor Freight Tools	CO	444130	Hardware Store	18	20331	0	0	0
55187	Harbor Freight Tools	CO	444130	Hardware Store	24	33084	0	0	0
55188	Harbor Freight Tools	CO	444130	Hardware Store	13	20611	0	1	0
55189	Harbor Freight Tools	CO	444130	Hardware Store	14	19785	0	0	0
55190	Harbor Freight Tools	CO	444130	Hardware Store	18	24536	0	0	0
55191	Harbor Freight Tools	CO	444130	Hardware Store	15	23404	0	0	0
55192	Harbor Freight Tools	CO	444130	Hardware Store	17	23608	0	2	0
55193	Harbor Freight Tools	CO	444130	Hardware Store	19	24182	2	1	0
55194	Harbor Freight Tools	CO	444130	Hardware Store	15	21449	0	0	0
55195	Harbor Freight Tools	CO	444130	Hardware Store	17	23161	0	0	1
55196	Harbor Freight Tools	CO	444130	Hardware Store	14	21432	0	0	1
55197	Harbor Freight Tools	CO	444130	Hardware Store	18	20352	1	0	0

# Excel Spreadsheet

---

- There are 345,086 rows of US employer locations on the spreadsheet
- CCIG sorted and abbreviated the spreadsheet to make it easier to locate the most important data
- The spreadsheet does not provide incident rate or benchmark data but we'll learn how to calculate using the data available

# Employee Involvement

---

- 1904.35 –
  - Inform how to report a work-related injury
  - Provide employees with information
    - They have the right to report injuries and
    - Employers are prohibited from firing or discriminating for reporting work-related injuries
  - Best practice – develop a written procedure and communicate or provide to all employees

# Prohibition Against Discrimination

---

- 1904.36 –
  - This is where most of OSHA's most controversial positions are located
  - Specifics are not in the standard, but referenced in the preamble
  - OSHA claims certain activities discourage employees from reporting their injuries



# Prohibition Against Discrimination

---

- Prohibited activities:
  - Blanket post-injury drug testing
  - Discipline for late reporting some injuries
  - Discipline for safety violations primarily after an injury occurs
  - Safety incentive programs where not having an injury is part of the program

# Prohibition Against Discrimination

---

- OSHA has not enforced the blanket post-injury drug testing and safety incentive program prohibitions as indicated in a memo dated October 11, 2018
- The current administration indicated it may change course and enforce these aspects but has not done so... yet

# Subpart E – Fatality/Catastrophe Reporting (FATCAT)



# Reporting Fatalities & Injuries



# Reporting Fatalities & Injuries

---

- Reporting :
  - Employers are required to notify OSHA within 24 hours when one or more employee is in-patient hospitalized
  - Employers are required to notify OSHA within 24 hours after an employee suffers an amputation injury or loss of an eye

# Reporting Fatalities & Injuries

---

- Fatalities:
  - Employers are required to notify OSHA within 8 hours following the death of an employee
  - If the employee survives the incident, but dies later, you must notify OSHA if the death occurs within 30 days following the incident

# Reporting Fatalities & Injuries

---

- Hospitalization:
  - Employers are required to notify OSHA within 24 hours when one or more employee is hospitalized (in-patient) from a work-related incident
  - You do NOT need to notify OSHA if the hospitalization occurs more than 24 hours following the work-related incident, but the incident would be recorded on the log

# Reporting Fatalities & Injuries

---

- Amputation:
  - Employers are required to notify OSHA within 24 hours following a work-related amputation
  - This includes fingertip amputations with no bone loss
  - You do NOT need to notify OSHA if the amputation occurs more than 24 hours following the work-related incident



# Reporting Fatalities & Injuries

---

- Loss of Eye:
  - Employers are required to notify OSHA within 24 hours following a work-related loss of eye
  - “Loss of eye” means actual loss of the eye NOT loss of vision!
  - You do NOT need to notify OSHA if the loss of eye occurs more than 24 hours following the work-related incident

# Reporting Fatalities & Injuries

---

- **CAUTION!**

- Failing to notify when required will result in significant violations and penalties
- It is VERY common for hospitals, fire departments, and police to call OSHA following a work-related incident
- OSHA will make “statements” by citing employers who fail to notify when required
- This applies to all employers irrespective of size or NAICS code

# Reporting Fatalities & Injuries

---

- These reporting requirements are keeping the agency and compliance staff busy
- Amputations and hospitalizations lead the list of events triggering notification
- OSHA also requires work-related COVID hospitalization and death to be reported

# Making Notification

---

- Call the local OSHA area office
- Call the national number 1-800-321-6742
- Complete the online notification form on OSHA's website
  - <https://www.osha.gov/pls/ser/serform.html>

# Recommendation

---

- In the event of a “reportable” event, you need time to:
  - Control the scene
  - Assure treatment of injured worker
  - Notify family
  - Conduct preliminary investigation

# Recommendation

---

- Take the time to assure proper evaluation, treatment, and investigation of the injury
- Completing the online notification may provide additional time before OSHA makes contact

# Bureau of Labor Statistics (BLS)

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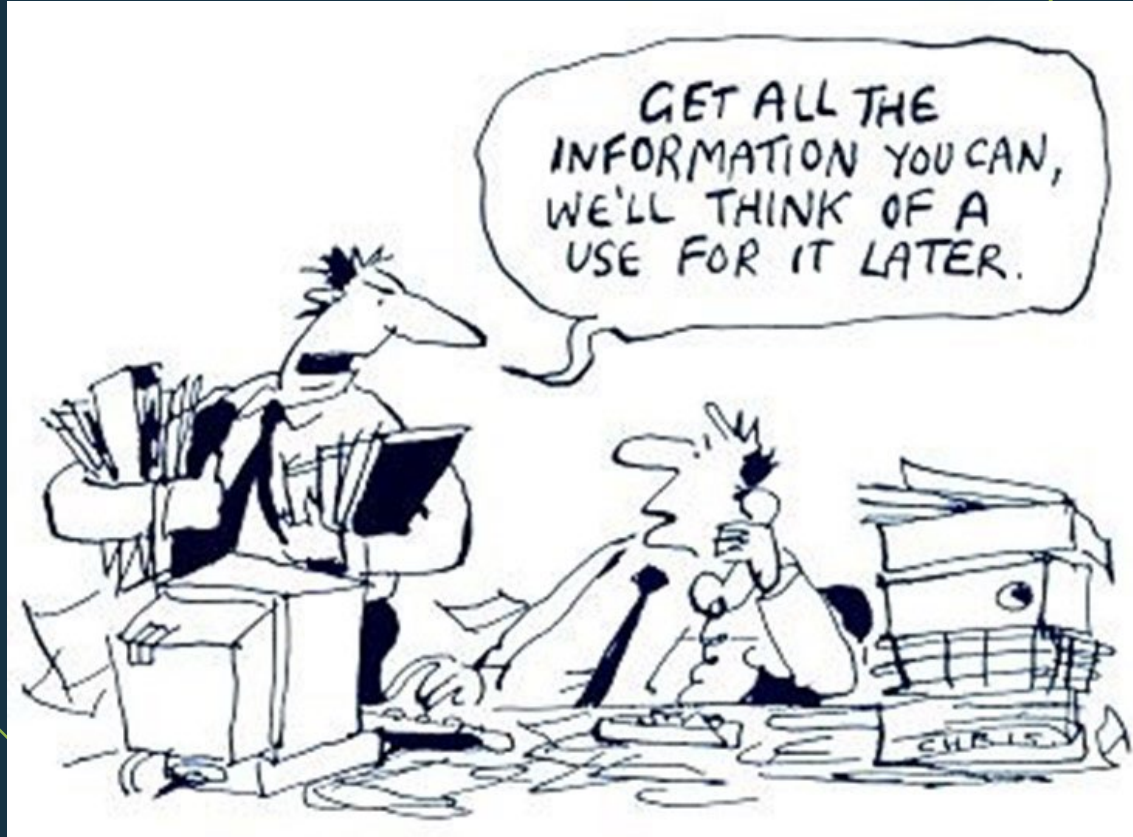
# Bureau of Labor Statistics (BLS)

---

- Division of Department of Labor tasked with collection of labor related statistics
- Employers surveyed, regardless of size or industry type, **must** respond to BLS surveys
- Data collected is used to assemble injury and illness incident rate benchmark data



# Information You Can Use



# Benchmarking

---

- Use recordkeeping information to benchmark **your** safety performance
- Calculate your incident rates and compare to your peer group using data from BLS
- Share information with CEO and management team
- Use to establish safety program goals and objectives

# OSHA Incident Rates

---

- Recordable Incident Rate:
  - This rate includes ALL injuries and illnesses on the log
- DART Rate:
  - This rate includes only those injuries/illnesses that result in days away from work and/or restrictions in work activity
- DAFWII Rate:
  - This rate includes only those injuries/illnesses that result in days away from work

# Calculating Incident Rates

---

- Incident Rate of Recordables:
  - $\# \text{ of recordables} \times 200,000 / \text{total hours worked}$
- DART Rate:
  - $\# \text{ of DART} \times 200,000 / \text{total hours worked}$
- DAFWII Rate:
  - $\# \text{ of DAFWII} \times 200,000 / \text{total hours worked}$

# Benchmarking Data

---

- Peer data is located on the BLS website
- The most current data is from 2019 and located in the following link
  - [https://www.bls.gov/web/osh/summ1\\_00.htm](https://www.bls.gov/web/osh/summ1_00.htm)

# Finding Benchmark Data

**TABLE 1. Incidence rates<sup>(1)</sup> of nonfatal occupational injuries and illnesses by industry and case types, 2017**

Industry <sup>(2)</sup>	NAICS code <sup>(3)</sup>	Total recordable cases	Cases with days away from work, job restriction, or transfer			Other recordable cases
			Total	Cases with days away from work <sup>(4)</sup>	Cases with days of job transfer or restriction	
All industries including private, state and local government <sup>(5)</sup>		3.1	1.6	1.0	0.7	1.4
Private industry <sup>(5)</sup>		2.8	1.5	0.9	0.7	1.3
Goods-producing <sup>(5)</sup>		3.4	2.0	1.1	0.9	1.4
Natural resources and mining <sup>(5)(6)</sup>		3.6	2.2	1.3	0.9	1.4
Agriculture, forestry, fishing and hunting <sup>(5)</sup>	11	5.0	3.0	1.7	1.3	2.0
Crop production <sup>(5)</sup>	111	5.2	3.1	1.6	1.5	2.1
Oilseed and grain farming <sup>(5)</sup>	1111	2.9	1.7	1.1	-	1.2
Vegetable and melon farming <sup>(5)</sup>	1112	4.6	2.6	1.4	1.2	2.0
Fruit and tree nut farming <sup>(5)</sup>	1113	6.4	3.7	1.9	1.8	2.7
Greenhouse, nursery, and floriculture production <sup>(5)</sup>	1114	5.1	3.1	1.6	1.4	2.0
Other crop farming <sup>(5)</sup>	1119	3.7	2.4	1.5	0.9	1.3
Animal production and aquaculture <sup>(5)</sup>	112	6.1	3.8	2.6	1.1	2.3
Cattle ranching and farming <sup>(5)</sup>	1121	5.8	3.4	2.9	0.6	2.3
Beef cattle ranching and farming, including feedlots <sup>(5)</sup>	11211	6.8	3.9	3.2	0.8	2.8
Dairy cattle and milk production <sup>(5)</sup>	11212	5.5	3.3	2.8	0.5	2.2
Hog and pig farming <sup>(5)</sup>	1122	7.7	4.4	2.1	2.3	3.4
Poultry and egg production <sup>(5)</sup>	1123	6.1	4.5	2.4	2.1	1.6
Aquaculture <sup>(5)</sup>	1125	3.9	2.5	1.3	1.2	1.5
Forestry and logging	113	3.1	1.6	1.3	0.3	1.5
Logging	1133	2.8	1.3	1.1	0.2	1.6
Fishing, hunting and trapping	114	-	-	-	-	-
Hunting and trapping	1142	(7) -	(7) -	(7) -	(7) -	(7) -

**Green:** Incident Rate Recordables

**Blue:** DART Rate

**Red:** DAFWII Rate

# Compare Results to Peer Group

---

- Compare incident rates to your peer group
- If below the peer rate, inform the CEO and ask for a raise
- If above peer rate, tell the CEO you need a raise and support to improve results

# Using the Data

---

- All kidding aside, calculate the incident rates and present the rates along with the OSHA 300A form to the executive
- Explain success, or need for improvement, to the executive
- Rates identical to your peer group mean you are “average”... are you happy being average?



# Finding the Data

---

- At every OSHA website refresh, the agency has made it increasingly difficult to find injury benchmark data
- The following series of slides illustrates how to find the data you need to compare your own injury incident rates

- OSHA
- STANDARDS
- ENFORCEMENT
- TOPICS
- HELP AND RESOURCES**
- NEWS

### Help and Resources

- Data
- Establishment Search
- Fatality Reports
- File a Complaint
- Publications
- Safety and Health Topics Pages
- Videos

### Compliance Assistance

- Compliance Assistance Specialists
- Consultation Services
- Cooperative Programs
- Small Business Resources

### Training

- Training Requirements and Resources
- Outreach Training Program (10- and 30-hour Cards)
  - Find a Trainer
  - Replace a Card
  - Avoid Card Fraud
- OSHA Training Institute Education Centers
  - Find a Center
  - Search for Classes
- Susan Harwood Training Grants

[Remembering Lost Workers](#)

[Charles Halliday \(68\)](#)

[Josué Tiquiram Sam \(25\)](#)

[Javier Damian-Banos \(41\)](#)

[Pablo Cruz Parrazal \(19\)](#)

[Ruel](#)



### TAKE ACTION

[File a Complaint](#)

[Find Calendar of Events](#)

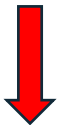
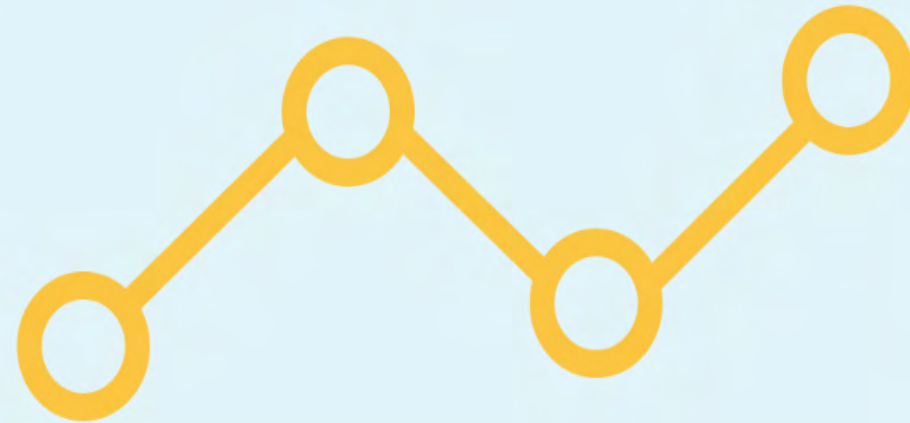
- [OSHA](#) ▾
- [STANDARDS](#) ▾
- [ENFORCEMENT](#) ▾
- [TOPICS](#) ▾
- [HELP AND RESOURCES](#) ▾
- [NEWS](#) ▾

[Home](#) > [Data](#)

# Data

Learn more about workplace safety and health from OSHA and other federal agencies, including popular data searches such as:

- [Establishment Search](#)
- [Fatality Inspection Data](#)
- [Injury Tracking Application \(Current Data\)](#)
- [Top 10 Cited Standards](#)



## Inspection Data

Review data on establishments, investigations, frequently cited standards, penalties, and more.



## Other Data

Learn about North American Industry Classification System (NAICS) Codes and Bureau of Labor Statistics and other Department of Labor data.



[Scroll to Top](#) 

[OSHA](#)

[Standards](#)

[Enforcement](#)

[Topics](#)

[Media Center](#)

[Contact Us](#)



**U.S. DEPARTMENT OF LABOR**

Occupational Safety and Health Administration

### FEDERAL GOVERNMENT

[White House](#)

[Benefits.gov](#)

[Coronavirus Resources](#)

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### OCCUPATIONAL SAFETY & HEALTH

[Frequently Asked Questions](#)

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## Other Data



### [Bureau of Labor Statistics \(BLS\) Injuries, and Illnesses and Fatalities](#)

Produces a wide range of information about workplace injuries and illnesses. Data are collected and reported annually through the Survey of Occupational Injuries and Illnesses (SOII) and the Census of Fatal Occupational Injuries (CFOI).

### [Commonly Used Statistics](#)

Includes common statistics related to budget, staff, and number of injuries, illnesses, and fatalities.

### COVID-19 Data

Find historical COVID-19 data (2020 – early 2023).

- [Complaint Data](#)

Provides historical enforcement and whistleblower complaint data.

- [Safety and Health Data](#)

## Other Data

Learn about North American  
Labor Statistics and other De

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U.S. DEPARTMENT OF LABOR

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## Injuries, Illnesses, and Fatalities

Search Injuries, Illnesses

IIF Home

IIF Publications ▾

IIF Data ▾

IIF Methods ▾

About IIF ▾

Contact IIF

The **Injuries, Illnesses, and Fatalities (IIF)** program produces a wide range of information about workplace injuries and illnesses. These data are collected and reported annually through the Survey of Occupational Injuries and Illnesses (SOII) and the Census of Fatal Occupational Injuries (CFOI).

For information on nonfatal workplace injury and illness, see the most recently published [industry data](#). See the latest [industry incidence rates](#) (recordable case rates), or calculate a firm's incidence rate by using BLS's [incidence rate calculator](#). [More information on calculating incidence rates](#).

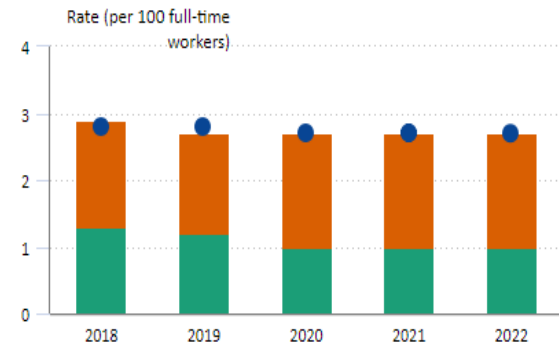
### NOTICES

- » Biennial estimates [Read More »](#)
- » Website Redesign [Read More »](#)
- » COVID-19 [Read More »](#)

### CHARTS

#### Total nonfatal work injury and illness rates, private industry

- Total recordable cases
- Cases involving days away from work, job restriction, or transfer
- Other recordable cases



### NEWS RELEASES

#### Total of 5,486 fatal work injuries in 2022, up 5.7% from 2021

12/19/2023

#### Employers report 2.8 million injury and illness cases in 2022, up 7.5% from 2021

11/08/2023

[read more »](#)

### NEXT RELEASE

The Census of Fatal Occupational Injuries data for 2022 are scheduled to be released on Tuesday, December 19, 2023 at 10:00 A.M. Eastern Time.

## Injuries, Illnesses, and Fatalities

Search Injuries, Illnesses

<a href="#">IIF Home</a>	<a href="#">IIF Publications ▾</a>	<a href="#">IIF Data ▾</a>	<a href="#">IIF Methods ▾</a>	<a href="#">About IIF ▾</a>	<a href="#">Contact IIF</a>
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**TABLE 1. Incidence rates<sup>(1)</sup> of nonfatal occupational injuries and illnesses by industry and case types, 2022**

Industry <sup>(2)</sup>	NAICS code <sup>(3)</sup>	Total recordable cases	Cases with days away from work, job restriction, or transfer			Other recordable cases
			Total	Cases with days away from work <sup>(4)</sup>	Cases with days of job transfer or restriction	
All industries including private, state and local government <sup>(5)</sup>		3.0	1.8	1.3	0.6	1.2
Private industry <sup>(5)</sup>		2.7	1.7	1.2	0.6	1.0
Goods-producing <sup>(5)</sup>		2.9	1.8	1.1	0.8	1.1
Natural resources and mining <sup>(5)(6)</sup>		3.1	2.0	1.2	0.8	1.1
Agriculture, forestry, fishing and hunting <sup>(5)</sup>	11	4.1	2.7	1.6	1.1	1.5
Crop production <sup>(5)</sup>	111	4.1	2.8	1.5	1.2	1.3
Oilseed and grain farming <sup>(5)</sup>	1111	2.7	1.6	1.3	0.3	1.2
Vegetable and melon farming <sup>(5)</sup>	1112	3.2	2.3	1.1	1.2	0.9
Fruit and tree nut farming <sup>(5)</sup>	1113	5.0	3.4	1.9	1.5	1.6
Greenhouse, nursery, and floriculture production <sup>(5)</sup>	1114	3.7	2.4	1.4	1.0	1.3
Other crop farming <sup>(5)</sup>	1119	5.0	3.4	1.7	1.7	1.6
Animal production and aquaculture <sup>(5)</sup>	112	4.9	2.9	2.0	0.9	2.1
Cattle ranching and farming <sup>(5)</sup>	1121	4.0	2.5	1.9	0.6	1.6
Beef cattle ranching and farming, including feedlots <sup>(5)</sup>	11211	3.9	2.7	1.8	0.9	1.2

# Common Mistakes





# Not Keeping Forms or Not Current

---

**NO**  
**I am not**  
**current**  
CLICK HERE  
TO RENEW

# Incorrect Completion of Form

## OSHA's Form 300 (Rev. 01/2004) Log of Work-Related Injuries and Illnesses

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 2011  
U.S. Department of Labor  
Occupational Safety and Health Administration

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Form approved OMB no. 1218-0176

Establishment name Network Safety Consultants, Inc.  
City \_\_\_\_\_ State \_\_\_\_\_

Identify the person		Describe the case				Classify the case											
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
						Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)						
						(G)	(H)	Job transfer or restriction	Other recordable cases	(K)	(L)	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
						(I)	(J)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
1	Glader, Gary	Safety Guy	1/1/2011	On job	Hurt back		X	X		198	150	X					
2	Glader, Gary	Safety Guy	2/1/2011	Office	Common cold				X					X			
3	Glader, Gary	Safety Guy	3/1/2011	Jobsite	Shoulder		X					X					
4	Glader, Gary	Safety Guy	4/1/2011	Unknown	Entire body												
5	Glader, Gary	Safety Guy	5/1/2011	Jobsite	Claims knee injury occurred October, 2010		x			50		x					
<b>Page totals</b>						<b>0</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>248</b>	<b>150</b>	<b>3</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Injury  
Skin Disorder  
Respiratory Condition  
Poisoning  
Hearing Loss  
All other illnesses  
(1) (2) (3) (4) (5) (6)

# Column F

---

- Provide a full description
- Must describe:
  - The injury or illness
  - Parts of the body affected
  - Object or substance that caused the injury or made the person ill
- Common violation when all three descriptors are not on form

# “Classify the Case”

---

- Another common source of violations
- Mark just one of these columns:
  - Death (column G)
  - Days away from work (column H)
  - Job transfer or restriction (column I)
  - Other recordable cases (column J)
- Mark only the most serious outcome

# Column K & L

---

- Enter the number of days away from work and/or restricted work days
- Never enter more than 180 days in one column or total of days in both columns combined for any one injury
- Periodically update the data in K & L
- Never carry data over into future years

# When Person Signs Form

OSHA's Form 300A (Rev. 01/2004)

## Summary of Work-Related Injuries and Illnesses

Year 20\_\_\_\_  
**U.S. Department of Labor**  
 Occupational Safety and Health Administration  
 Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

### Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
_____	_____	_____	_____
(G)	(H)	(I)	(J)

### Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
_____	_____
(K)	(L)

### Injury and Illness Types

Total number of . . .	
(M)	
(1) Injuries _____	(4) Poisonings _____
(2) Skin disorders _____	(5) Hearing loss _____
(3) Respiratory conditions _____	(6) All other illnesses _____

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

### Establishment Information

Your establishment name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Industry description (e.g., *Manufacture of motor truck trailers*) \_\_\_\_\_

Standard Industrial Classification (SIC), if known (e.g., 3715) \_\_\_\_\_

OR

North American Industrial Classification (NAICS), if known (e.g., 336212) \_\_\_\_\_

**Employment information** (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees \_\_\_\_\_

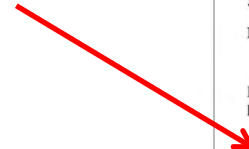
Total hours worked by all employees last year \_\_\_\_\_

### Sign here

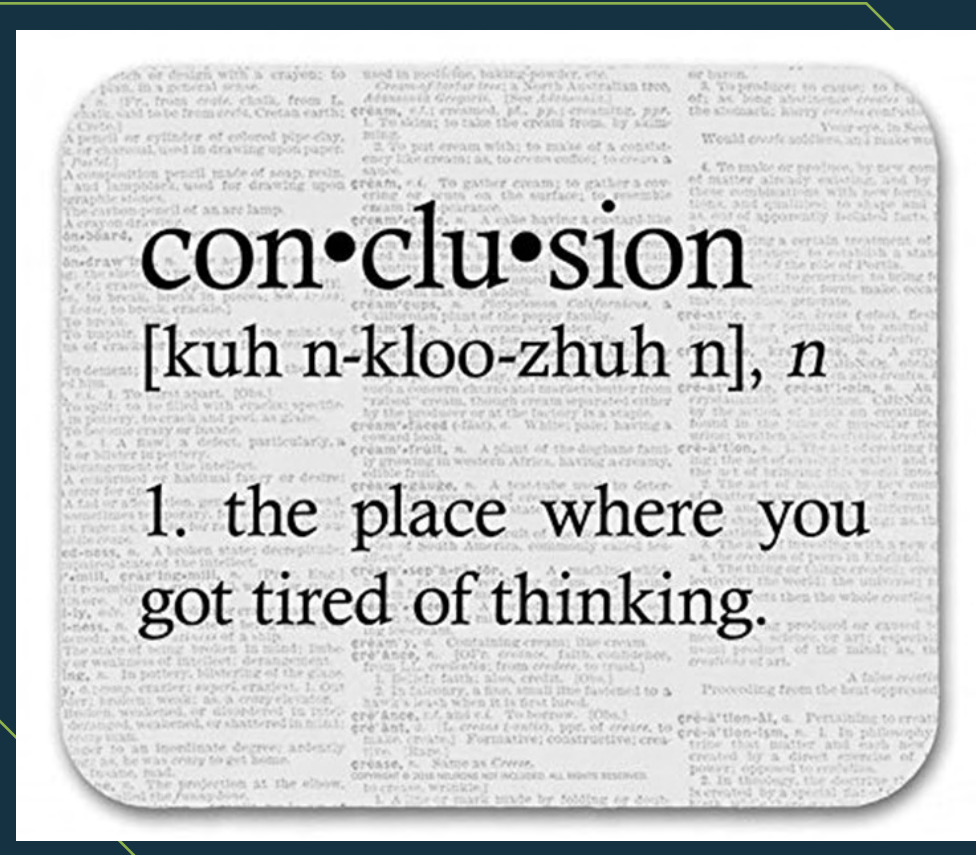
Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

\_\_\_\_\_  
 Company executive Title  
 ( ) / /  
 Place Date



# In Conclusion...



# Summary

---

- Accurate recordkeeping will be vital in avoiding compliance liabilities and the increased risk of inspections
- Record only those injuries that must be recorded and submit annual data prior to the March 2 deadline
- If required, file your OSHA log information electronically by the March 2 deadline



# In Conclusion...

