



**Occupational Safety  
and Health Administration**

# Topics

- Reporting – fatalities and incidents
- Recording – OSHA 300 and 300A
- More Reporting – Injury tracking
- Questions

# Reporting requirements

Employers **must report** the following to OSHA:

- All work-related **fatalities** within **8 hours**
- All work-related **in-patient hospitalizations** of one or more employees within **24 hours**
- All work-related **amputations** within **24 hours**
- All work-related **losses of an eye** within **24 hours**

# How can employers report to OSHA?

- **By telephone to the nearest OSHA office during normal business hours.  
309.589.7033**
- **By telephone to the 24-hour OSHA hotline  
(1-800-321-OSHA or 1-800-321-6742).**
- **Online: [www.osha.gov/report.html](http://www.osha.gov/report.html)**

# What if the fatality or admission occurs later?

If a fatality occurs within **30 days** of the work-related incident, or if an in-patient hospitalization, amputation, or loss of an eye occurs within **24 hours** of the work-related incident, then you must report the event to OSHA.

# What is an amputation?

An amputation is the traumatic loss of a limb or other external body part.

Amputations include a part, such as a limb or appendage, that has been severed, cut off, amputated (either completely or partially); **fingertip amputations with or without bone loss**; medical amputations resulting from irreparable damage; amputations of body parts that have since been reattached.

# Heart attack - 1904.39(b)(5)

- *Do I have to report a work-related fatality or in-patient hospitalization caused by a heart attack?*
- Yes, your local OSHA Area Office director will decide whether to investigate the event, depending on the circumstances of the heart attack.

# vehicle accident - 1904.39(b)(3)

- Do I have to report the fatality, inpatient hospitalization, amputation, or loss of an eye if it resulted from a motor vehicle accident on a public street or highway?
- Yes, if the motor vehicle accident occurred in a **construction work zone**, you must report the fatality, inpatient hospitalization, amputation, or loss of an eye.
- If the motor vehicle accident occurred on a public street or highway, but not in a construction work zone, you do **not** have to report the fatality, inpatient hospitalization, amputation, or loss of an eye to OSHA.



**Summary of Work-Related Injuries and Illnesses**

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

**Injury and Illness Types**

Total number of . . .  
(M)

(1) Injuries _____	(4) Respiratory conditions _____
(2) Musculoskeletal disorders _____	(5) Poisonings _____
(3) Skin disorders _____	(6) Hearing loss cases _____
	(7) 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 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 current 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-3620D 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., *SIC 3715*) \_\_\_\_\_

**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  
( ) / /  
Phone Date

# 301-First Report of injury or illness

## OSHA's Form 301 (Rev. 04/2004) Injury and Illness Incident Report

**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](#). In addition, the forms are programmed to auto-calculate as appropriate.

**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.



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

Form approved OMB no. 1218-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

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.

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.

If you need additional copies of this form, you may photocopy the printout or insert additional form pages in the PDF, and then use as many as you need.

### Information about the employee

- 1) Full name
- 2) Street   
City  State  ZIP
- 3) Date of birth   
Month Day Year
- 4) Date hired   
Month Day Year
- 5)  Male  Female

### Information about the physician or other health care professional

- 6) Name of physician or other health care professional
- 7) If treatment was given away from the worksite, where was it given?  
Facility   
Street   
City  State  ZIP

- 8) Was employee treated in an emergency room?  
 Yes  
 No
- 9) Was employee hospitalized overnight as an in-patient?  
 Yes  
 No

### Information about the case

- 10) Case number from the Log  (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness   
Month Day Year
- 12) Time employee began work (HH:MM)   AM  PM
- 13) Time of event (HH:MM)   AM  PM  Check if time cannot be determined

\* **Re fields 14 to 17:** Please do not include any personally identifiable information (PII) pertaining to worker(s) involved in the incident (e.g., no names, phone numbers, or Social Security numbers).

- 14)\* **What was the employee doing just before the incident occurred?** 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."

- 15)\* **What Happened? 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."

- 16)\* **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected. *Examples:* "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

- 17)\* **What object or substance directly harmed the employee?** *Examples:* "concrete floor"; "chlorine"; "radial arm saw." *If this question does not apply to the incident, leave it blank.*

- 18) **If the employee died, when did death occur?** Date of death   
Month Day Year

Completed by   
Title   
Phone  Date   
Month Day Year

# OSHA Recordkeeping

- 11, 20, 100
- Part time, temporary, seasonal, off the book workers...
- How many employees do you have in the company/corporation?
- How many at the establishment?

# Size exemption

- If your company had 10 or fewer employees at all times during the last calendar year, you do not need to keep OSHA injury and illness records unless OSHA or the Bureau of Labor Statistics informs you in writing that you must keep records under 1904.41 or 1904.42.

# Partially exempt

- Size
- Establishment is classified in a specific industry group listed in appendix A
- However, all employers must report to OSHA any workplace incident that results in an employee's fatality, in-patient hospitalization, amputation, or loss of an eye (see 1904.39).

# Partially exempt

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.

5172	Wireless Telecommunications Carriers (except Satellite).
5173	Telecommunications Resellers.
5179	Other Telecommunications.
5181	Internet Service Providers and Web Search Portals.
5182	Data Processing, Hosting, and Related Services.
5191	Other Information Services.
5211	Monetary Authorities—Central Bank.
5221	Depository Credit Intermediation.
5222	Nondepository Credit Intermediation.
5223	Activities Related to Credit Intermediation.
5231	Securities and Commodity Contracts Intermediation and Brokerage.
5232	Securities and Commodity Exchanges.
5239	Other Financial Investment Activities.
5241	Insurance Carriers.
5242	Agencies, Brokerages, and Other Insurance Related Activities.
5251	Insurance and Employee Benefit Funds.
5259	Other Investment Pools and Funds.
5312	Offices of Real Estate Agents and Brokers.
5331	Lessors of Nonfinancial Intangible Assets (except Copyrighted Works).
5411	Legal Services.
5412	Accounting, Tax Preparation, Bookkeeping, and Payroll Services.
5413	Architectural, Engineering, and Related Services.
5414	Specialized Design Services.

# Partially exempt

5415	Computer Systems Design and Related Services
5416	Management, Scientific, and Technical Consulting Services.
5417	Scientific Research and Development Services.
5418	Advertising and Related Services.
5511	Management of Companies and Enterprises.
5611	Office Administrative Services.
5614	Business Support Services.
5615	Travel Arrangement and Reservation Services.
5616	Investigation and Security Services.
6111	Elementary and Secondary Schools.
6112	Junior Colleges.
6113	Colleges, Universities, and Professional Schools.
6114	Business Schools and Computer and Management Training.
6115	Technical and Trade Schools.
6116	Other Schools and Instruction.
6117	Educational Support Services.
6211	Offices of Physicians.
6212	Offices of Dentists.
6213	Offices of Other Health Practitioners.
6214	Outpatient Care Centers.
6215	Medical and Diagnostic Laboratories.
6244	Child Day Care Services.

7114	Agents and Managers for Artists, Athletes, Entertainers, and Other Public Figures.
7115	Independent Artists, Writers, and Performers.
7213	Rooming and Boarding Houses.
7221	Full-Service Restaurants.
7222	Limited-Service Eating Places.
7224	Drinking Places (Alcoholic Beverages).
8112	Electronic and Precision Equipment Repair and Maintenance.
8114	Personal and Household Goods Repair and Maintenance.
8121	Personal Care Services.
8122	Death Care Services.
8131	Religious Organizations.
8132	Grantmaking and Giving Services.
8133	Social Advocacy Organizations.
8134	Civic and Social Organizations.
8139	Business, Professional, Labor, Political, and Similar Organizations

- 1904.2(b)(1) If a company has several business establishments engaged in different classes of business activities, some of the company's establishments may be required to keep records, while others may be partially exempt.

# Brian's Ag Corporation

-  - retail shop – 19 part time workers
-  - repair shop – 7 employees & 2 temps
-  - grain elevator – 5 employees

# Multiple Establishments

## 1904.30

- *Keep a separate 300 for each establishment that is expected to be in operation for a year*
- *Each employee must be linked with an establishment.*

# Forms - 1904.29

- *Complete 300 & 301 within **7** calendar days*
- *May use equivalent form (IL-45) if it has the same information and is readable.*
- *Can be kept at another location as long as they can be produced when they are needed*

# Annual Summary

## 1904.32

- *Post annual summary 300A from February 1 to April 30*
- *Complete OSHA Form 300A - estimates*
- *Certify summary*

# Company Exec Certification

## 1904.32

- *Company executive*
  - *Owner*
  - *Officer of the Corporation*
  - *Highest ranking management official at facility*
  - *Supervisor of highest ranking official on the site*
- *Examined the log*
- *Based on their knowledge of the recordkeeping process, that the summary is accurate and complete*

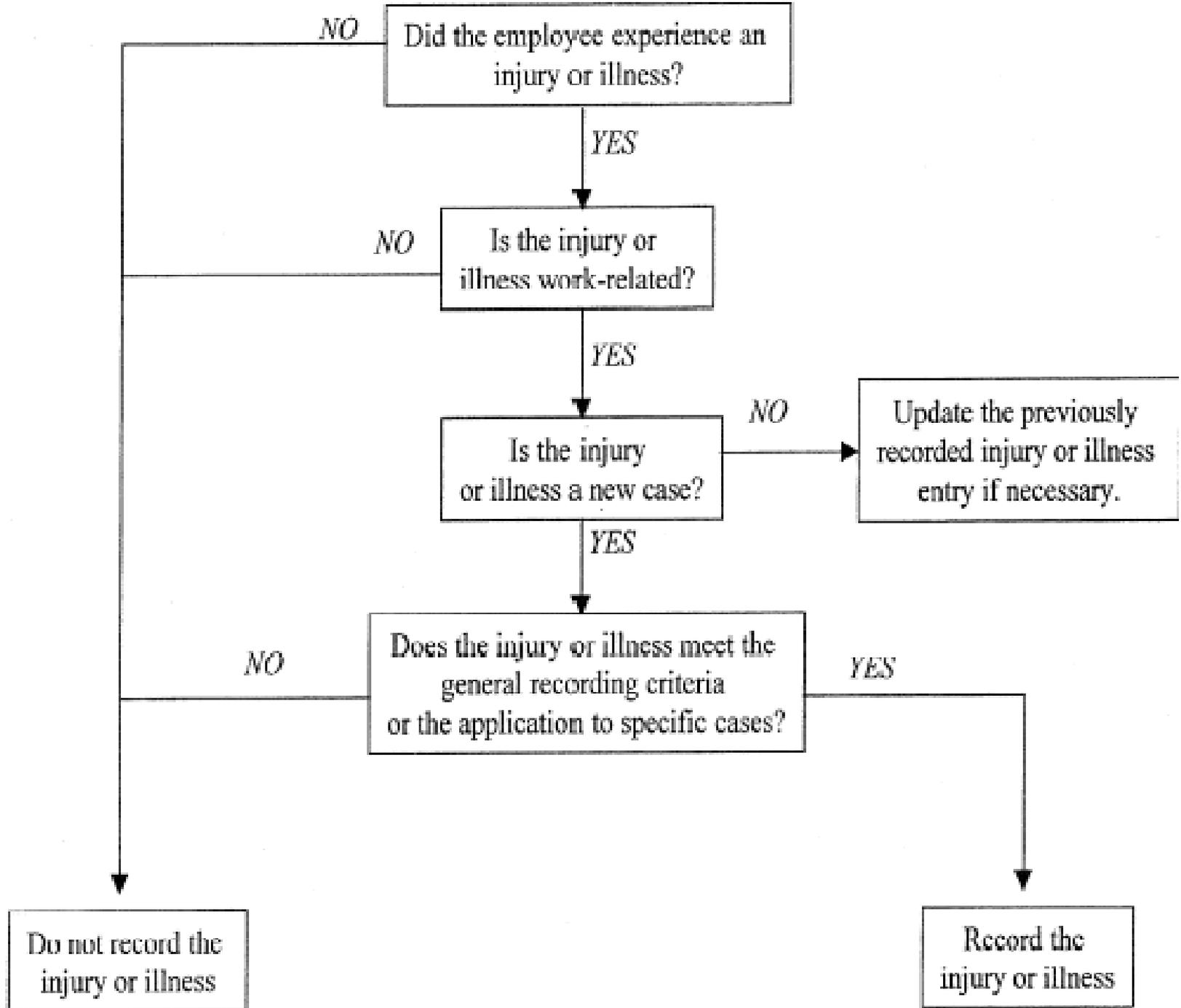
# General Recording Criteria

## 1904.7

- An injury or illness is recordable if it results in one or more of the following:
  - Death
  - Days away from work
  - Restricted work activity
  - Medical treatment beyond first aid
  - Loss of consciousness
  - Significant injury or illness diagnosed by a physician or other LHCP

# Work relationship 1904.5

- Event or *exposure in the work environment* caused or *contributed* to the condition
- *or*
- *Significantly aggravated* a pre-existing injury or illness.



# Nine Exceptions

1. Present as a member of the general public.
2. Symptoms arising in work environment that are solely due to non-work-related event or exposure.
3. Voluntary participation in wellness program, medical, fitness or recreational activity.
4. Eating, drinking or preparing food or drink for personal consumption.

# Nine Exceptions

5. Personal tasks outside assigned working hours.
6. Personal grooming, self medication for non-work-related condition, or intentionally self-inflicted.
7. Motor vehicle accident in parking lot/access road during commute.
8. Common cold or flu.
9. Mental illness unless medical opinion states work related.

**Medical treatment** is the management and care of a patient to combat disease or disorder.

It does not include:

- Visits to licensed health care professional solely for observation
- Diagnostic procedures
- First Aid

# First Aid

- Using nonprescription medication at nonprescription strength
- Tetanus immunizations
- Cleaning, flushing, or soaking surface wounds
- Wound coverings, butterfly bandages, Steri-Strips;
- Hot or cold therapy
- Non-rigid means of support
- Temporary immobilization device used to transport accident victims

# First Aid

- Eye patches
- Removing foreign bodies from eye using irrigation or cotton swab
- Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means
- Drilling of fingernail or toenail, draining fluid from blister
- Finger guards
- Massages
- Drinking fluids for relief of heat stress

# Day counts

- Day zero = day of injury or diagnosis
- Any day off work, restricted or transferred is a day.
- Day of release does not count.

# Restricted Work / Job Transfer

## 1904.7(b)(4)

- Employee is kept from performing one or more of the routine functions (at least once a week) that he or she would otherwise have been scheduled to work.
- **or**
- An employee is kept from working a full workday

# Privacy Concern Cases are:

- An injury or illness to an **intimate body part** or reproductive system
- An injury or illness resulting from sexual assault
- Mental illness
- HIV infection, hepatitis, tuberculosis, COVID
- Needlestick and sharps injuries that are contaminated with **another person's blood** or other potentially infectious material

**CONFIDENTIAL**

# Privacy Concern Cases

- Write “Privacy concern” in the name column.
- Keep a separate confidential list of the case numbers and employee names.
- Employer may use discretion in describing the privacy concern case if he or she believes the worker may be identified

# Injury Tracking Application

- Form 300A submitted by March 2 every year.
- If more than 250 employees at establishment  
or
- 20 employees at a covered site

# Electronic Submittal of Injury/Illness Data

1904.41(a)(2) covered industries:

- Agriculture, forestry and fishing (NAICS 11)
- Utilities (NAICS 22)
- Construction (NAICS 23)
- Manufacturing (NAICS 31-33)
- Wholesale Trade (NAICS 42)
- Industry groups (4-digit NAICS) with a three year average DART rate of 2.0 or greater in the Retail, Transportation, Information, Finance, Real Estate and Service sectors.

## North American Industry Classification System

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	5321	Automotive equipment rental and leasing
4421	Furniture stores	5322	Consumer goods rental
4422	Home furnishings stores	5323	General rental centers
4441	Building material and supplies dealers	5617	Services to buildings and dwellings
4442	Lawn and garden equipment and supplies stores	5621	Waste collection
4451	Grocery stores	5622	Waste treatment and disposal
4452	Specialty food stores	5629	Remediation and other waste management services
4521	Department stores	6219	Other ambulatory health care services
4529	Other general merchandise stores	6221	General medical and surgical hospitals
4533	Used merchandise stores	6222	Psychiatric and substance abuse hospitals
4542	Vending machine operators	6223	Specialty (except psychiatric and substance abuse) hospitals
4543	Direct selling establishments	6231	Nursing care facilities
4811	Scheduled air transportation	6232	Residential mental retardation, mental health and substance abuse facilities
4841	General freight trucking	6233	Community care facilities for the elderly
4842	Specialized freight trucking	6239	Other residential care facilities
4851	Urban transit systems	6242	Community food and housing, and emergency and other relief services
4852	Interurban and rural bus transportation	6243	Vocational rehabilitation services
4853	Taxi and limousine service	7111	Performing arts companies
4854	School and employee bus transportation	7112	Spectator sports
4855	Charter bus industry	7121	Museums, historical sites, and similar institutions
4859	Other transit and ground passenger transportation	7131	Amusement parks and arcades
4871	Scenic and sightseeing transportation, land	7132	Gambling industries
4881	Support activities for air transportation	7211	Traveler accommodation
4882	Support activities for rail transportation	7212	RV (recreational vehicle) parks and recreational camps
4883	Support activities for water transportation	7213	Rooming and boarding houses
4884	Support activities for road transportation	7223	Special food services
4889	Other support activities for transportation	8113	Commercial and industrial machinery and equipment (except automotive and maintenance)
4911	Postal service		
4921	Couriers and express delivery services		
4922	Local messengers and local delivery	8123	Dry-cleaning and laundry services
4931	Warehousing and storage		
5152	Cable and other subscription programming		
5311	Lessors of real estate		

# Electronic 300A submission

- **Beginning in 2019 and every year thereafter, your 300A must be submitted by March 2.**
- The electronic reporting requirements are based on the **size of the establishment, not the firm.**
- Each individual employed in the establishment at any time during the calendar year counts as **one employee**, including full-time, **part-time**, seasonal, and temporary workers.

# Changes for 2024

- All employers with 100 or more employees in high-hazard industries to electronically submit their Forms 300 and 301 case-specific data.
- Must include legal company name in submission

# Appendix B – 300, 300A & 301 agriculture

- 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

# Appendix B – 300, 300A & 301 construction

- 2213 Water, Sewage and Other Systems
- 2381 Foundation, Structure, and Building Exterior Contractors

# Appendix B – 300, 300A & 301 manufacturing

- 3111 Animal Food Manufacturing
- 3113 Sugar and Confectionery Product mfg
- 3114 Fruit/Veg Preserving & Specialty Food mfg
- 3115 Dairy Product Manufacturing
- 3116 Animal Slaughtering and Processing
- 3117 Seafood Product Preparation and Packaging
- 3118 Bakeries and Tortilla Manufacturing
- 3119 Other Food Manufacturing
- 3121 Beverage Manufacturing
- 3161 Leather and Hide Tanning and Finishing
- 3162 Footwear Manufacturing
- 3211 Sawmills and Wood Preservation
- 3212 Veneer, Plywood, and Engineered Wood mfg
- 3219 Other Wood Product Manufacturing
- 3261 Plastics Product Manufacturing
- 3262 Rubber Product Manufacturing
- 3271 Clay Product and Refractory Manufacturing
- 3272 Glass and Glass Product Manufacturing
- 3273 Cement and Concrete Product mfg
- 3279 Other Nonmetallic Mineral Product mfg
- 3312 Steel Product Mfg from Purchased Steel
- 3314 Nonferrous Metal (except Aluminum) Production and Processing

# Appendix B – 300, 300A & 301 manufacturing

- 3315 Foundries
- 3321 Forging and Stamping
- 3323 Architectural and Structural Metals mfg
- 3324 Boiler, Tank, and Shipping Container mfg
- 3325 Hardware Manufacturing
- 3326 Spring and Wire Product mfg
- 3327 Machine Shops; Turned Product; Screw, Nut, and Bolt Manufacturing
- 3328 Coating, Engraving, Heat Treating, and Allied Activities
- 3331 Agriculture, Construction, and Mining Machinery Manufacturing
- 3335 Metalworking Machinery Manufacturing
- 3361 Motor Vehicle Manufacturing
- 3362 Motor Vehicle Body and Trailer Manufacturing
- 3363 Motor Vehicle Parts Manufacturing
- 3366 Ship and Boat Building
- 3371 Household and Institutional Furniture and Kitchen Cabinet Manufacturing
- 3372 Office Furniture & Fixtures Manufacturing
- 3379 Other Furniture Related Product mfg

# Appendix B – 300, 300A & 301 wholesalers and stores

- 4231 Motor Vehicle and Motor Vehicle Parts and Supplies Merchant Wholesalers
- 4233 Lumber and Construction Materials Wholesalers
- 4235 Metal and Mineral (except Petroleum) Merchant Wholesalers
- 4239 Miscellaneous Durable Goods Wholesalers
- 4244 Grocery and Related Product Wholesalers
- 4248 Beer, Wine, & Alcoholic Beverage Wholesalers
- 4413 Automotive Parts, Accessories & Tire Stores
- 4422 Home Furnishings Stores
- 4441 Building Material and Supplies Dealers
- 4442 Lawn & Garden Equipment & Supplies Stores
- 4451 Grocery Stores
- 4522 Department Stores.
- 4523 General Merchandise Stores, including Warehouse Clubs and Supercenters
- 4533 Used Merchandise Stores
- 4543 Direct Selling Establishments

# Appendix B – 300, 300A & 301 transportation & waste

- 4811 Scheduled Air Transportation
- 4841 General Freight Trucking
- 4842 Specialized Freight Trucking
- 4851 Urban Transit Systems
- 4852 Interurban and Rural Bus Transportation
- 4853 Taxi and Limousine Service
- 4854 School and Employee Bus Transportation
- 4859 Other Transit and Ground Passenger Transportation
- 4871 Scenic and Sightseeing Transportation, Land
- 4881 Support Activities for Air Transportation
- 4883 Support Activities for Water Transportation
- 4889 Other Support Activities for Transportation
- 4911 Postal Service
- 4921 Couriers and Express Delivery Services
- 4931 Warehousing and Storage
- 5322 Consumer Goods Rental
- 5621 Waste Collection
- 5622 Waste Treatment and Disposal

# Appendix B – 300, 300A & 301 healthcare & other

- 6219 Other Ambulatory Health Care Services
- 6221 General Medical and Surgical Hospitals
- 6222 Psychiatric and Substance Abuse Hospitals
- 6223 Specialty (except Psychiatric and Substance Abuse) Hospitals
- 6231 Nursing Care Facilities
- 6232 Residential Intellectual and Developmental Disability, Mental Health, and Substance Abuse Facilities
- 6233 Continuing Care Retirement Communities and Assisted Living Facilities for the Elderly
- 6239 Other Residential Care Facilities
- 6243 Vocational Rehabilitation Services
- 7111 Performing Arts Companies
- 7112 Spectator Sports
- 7131 Amusement Parks and Arcades
- 7211 Traveler Accommodation
- 7212 Recreational Vehicle Parks and Recreational Camps.
- 7223 Special Food Services.

# What do I report?

- **300 log** — all information *except* the employee name (column B)
- **Form 301 Incident Report**
  - Employee name (field 1),
  - Employee address (field 2),
  - name of physician or other health care professional (field 6),
  - facility name and address if treatment was given away from the worksite (field 7)

## 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).



[Launch the Application](#)



[FAQs](#)



[Job Aids \(How-To\)](#)



# Frequently Asked Questions



Launch the Application

ITA

Injury Tracking Application

Reporting Requirements

Account Access

Login.gov

How do I create an ITA account?

Help Request Form

Does OSHA notify employers that they need to report their Form 300A data? And if not, where do I get my Username and Password to login and provide my data?

I want multiple staff members to access the information in my account. How do I give them access?

I am assigning my establishment to another ITA account holder. What is the difference between the "ITA Establishment User" and "ITA Establishment Admin" user roles?

The person who submitted the data for us has left the company. How do I change his or her account information to my own?

I am submitting the required data for multiple clients. Can I create more than one account in the ITA?

What are the requirements for creating a password?

# Job Aids

## Create an ITA Account

Complete the following steps to create an OSHA Injury Tracking Application (ITA) account.

1. Select the “Create an Account with ITA” button on the “[Injury Tracking Application Login](#)” screen.
2. For Create Account “Step 1 of 3: Account Details,” enter information into the required fields (noted in red and with an asterisk [\*]), select the “I’m not a robot” checkbox and complete the CAPTCHA test, and then select the “Continue” button.
3. For Create Account “Step 2 of 3: Terms and Conditions,” select the checkbox next to “I acknowledge that I have read and accept the Terms of Use Agreement” and select the “Continue” button.
4. ITA automatically emails you a notification that contains a hyperlink to set a password. Select the hyperlink in the emailed notification to log in and set a password. **Note:** This is a one-time use hyperlink that will expire after 24 hours. If the link expires, repeat steps 1-3.
5. A new browser window will open with instructions on how to create a password for your ITA account. Select the “Login” button to continue.

# 1904.35(b)(1)(i)

- Requires employer to have a **reasonable** procedure for reporting work-related injuries and illnesses
- **Reasonable** means it would not discourage an injured employee from reporting the incident

# 1904.35(b)(1)(ii)

- Employers must inform employees of the procedure for reporting work-related injuries and illnesses
- To issue a citation, OSHA must identify an employee who was not informed of the procedure

# 1904.35(b)(1)(iii)

- Employers must inform employees of their right to report work-related injuries and illnesses free from retaliation
- May be met by posting the OSHA “It’s The Law” worker rights poster v. April 2015 or later



# Job Safety and Health IT'S THE LAW!

### All workers have the right to:

- A safe workplace.
- Raise a safety or health concern with your employer or OSHA, or report a work-related injury or illness, without being retaliated against.
- Receive information and training on job hazards, including all hazardous substances in your workplace.
- Request an OSHA inspection of your workplace if you believe there are unsafe or unhealthy conditions. OSHA will keep your name confidential. You have the right to have a representative contact OSHA on your behalf.
- Participate (or have your representative participate) in an OSHA inspection and speak in private to the inspector.
- File a complaint with OSHA within 30 days (by phone, online or by mail) if you have been retaliated against for using your rights.
- See any OSHA citations issued to your employer.
- Request copies of your medical records, tests that measure hazards in the workplace, and the workplace injury and illness log.

This poster is available free from OSHA.

Contact OSHA. We can help.

### Employers must:

- Provide employees a workplace free from recognized hazards. It is illegal to retaliate against an employee for using any of their rights under the law, including raising a health and safety concern with you or with OSHA, or reporting a work-related injury or illness.
- Comply with all applicable OSHA standards.
- Report to OSHA all work-related fatalities within 8 hours, and all inpatient hospitalizations, amputations and losses of an eye within 24 hours.
- Provide required training to all workers in a language and vocabulary they can understand.
- Prominently display this poster in the workplace.
- Post OSHA citations at or near the place of the alleged violations.

FREE ASSISTANCE to identify and correct hazards is available to small and medium-sized employers, without citation or penalty, through OSHA-supported consultation programs in every state.



1-800-321-OSHA (6742) • TTY 1-877-889-5627 • www.osha.gov

English - 12.75" x 17.75"\*

English - 8.5" x 14"



# Seguridad y Salud en el Trabajo ¡ES LA LEY!

Todos los trabajadores tienen el derecho a:

- Un lugar de trabajo seguro.

Los empleadores deben:

- Proveer a los trabajadores un lugar de trabajo

# OSHA's FREE WORKPLACE POSTER

## Job Safety and Health: It's the Law

### ◆ What is the OSHA poster and why do I need it?

The **OSHA Job Safety and Health: It's the Law** poster, available for free from OSHA, is required by the Occupational Safety and Health Act. All covered employers are required to display the poster in a language and vocabulary that workers can see it. **Employers must display the poster and not need to replace previous versions of the poster.**

If you are in a state with an [OSHA-approved state plan](#), there may be a state version of the poster. State agencies must use the [Federal Agency Poster](#).

### ◆ How do I get a copy?

You can get a copy of the OSHA poster in several ways:

- **Order a print copy online from the [OSHA Publications Web page](#).** The English version is publication number 3167. The Spanish version is publication number 3167.
- **Order a print copy by phone.** Call OSHA's toll-free number at 1-800-321-6742 (or 202-693-1888).
- **Download a copy from the OSHA Web site.** Note: OSHA requires that reproductions be 8.5" x 14" inches with 10 point type. Please see the instructions below for downloading.

### Downloading Instructions:

1. Right-click on the hyperlinks below to download the PDF version of the poster. Choose the language you prefer, and then open the Adobe Acrobat Reader program to load the file. You can also print the poster directly from your Web browser.
  - English: [PDF](#) [300 KB]
  - Spanish: [PDF](#) [300 KB]
2. For local PC printing, it is recommended that you use a high-resolution laser printer for best reproductions, and that the printer have at least 1 MB of memory. For black and white printing, it is also advisable to use a laser printer which is capable of producing at least 300 dots per inch.
3. When preparing to print from a personal computer, check to ensure that the printer is properly installed and that the printer driver is up to date.

# 1904.35(b)(1)(iv)

- An employer may not retaliate against employees for reporting work-related injuries or illnesses

# For directions and training on How to keep the log, visit

[www.osha.gov/recordkeeping/tutorial](http://www.osha.gov/recordkeeping/tutorial)

## OSHA Form 300: Recording a Case with Medical Treatment beyond First Aid

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

## OSHA Form 300: Recording a Fatality

OSHA's Form 300 (Rev. 01/2004) Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of Year

## Brief Tutorial on Completing the OSHA Recordkeeping Forms



Because this presentation includes voiceover narration, it is best experienced using audio speakers or headphones.

If links or attachments from this presentation fail to launch, add the presentation url to the allowed web addresses in your pop-up blocker settings.

# OSHA Form 300: Recording a Case with Medical Treatment beyond First Aid

<b>OSHA's Form 300 (Rev. 01/2004)</b>						<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.		Year									
<b>Log of Work-Related Injuries and Illnesses</b>								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								Form approved OMB no. 1218-0176									
						Establishment name											
						City		State									
Identify the person		Describe the case			Classify the case												
(A)	(B)	(C)	(D)	(E)	(F)	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:					
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)	Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M)					
								Job transfer / restriction	Other recordable cases			Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses:
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
1	Mark Bagin	Welder	5/25	basement	fell from ladder	✓						✓					
2	Shana Alexander	Foundry man	7/2	pouring dock	poisoning from lead fumes		✓			12					✓		
3	Sam Sander	Electrician	8/5	2nd floor storeroom	sprained left foot, fell over box			✓			10						
4	Ralph Boccella	Laborer	9/17	packaging department	back strain lifting a box		✓			5	14						
5	Jarrold Daniels	Machine operator	10/23	production floor	dust in eye				✓			✓					

(For a list of specific treatments considered to be first aid, see section [1904.7\(b\)\(5\)](#) [PDF].)

**Brian Bothast**

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