OSHA Recordkeeping & Reporting

January 2023



AGENDA

Severe event reporting

Recordkeeping - criteria

Recordkeeping - example

Electronic reporting



Severe event reporting





Everyone must report

Injury reporting requirements

Report the following to OSHA:

Within 8 hours

Fatality

Within 24 hours

Hospitalization
Amputation
Loss of an eye





Recordkeeping criteria





Companies with > 10 employees, except...

Partially exempt industries

Starting on January 1, 2015, the following NAICS will be partially exempt from OSHA recordkeeping requirements:

Non-Mandatory Appendix A to Subpart B -- 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), 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 workplace incident that results in a fatality, in-patient hospitalization, amputation, or loss of an eye (see §1904.39).

NAICS Code	Industry Description	NAICS Code	Industry Description
4412	Other Motor Vehicle Dealers	5411	Legal Services
4431	Electronics and Appliance Stores	5412	Accounting, Tax Preparation, Bookkeeping, and Payroll Services
4461	Health and Personal Care Stores	5413	Architectural, Engineering, and Related Services
4471	Gasoline Stations	5414	Specialized Design Services
4481	Clothing Stores	5415	Computer Systems Design and Related Services
4482	Shoe Stores	5416	Management, Scientific, and Technical Consulting Services
4483	Jewelry, Luggage, and Leather Goods Stores	5417	Scientific Research and Development Services
4511	Sporting Goods, Hobby, and Musical Instrument Stores	5418	Advertising and Related Services
4512	Book, Periodical, and Music Stores	5511	Management of Companies and Enterprises
4531	Florists	5611	Office Administrative Services
4532	Office Supplies, Stationery, and Gift Stores	5614	Business Support Services
4812	Nonscheduled Air Transportation	5615	Travel Arrangement and Reservation Services



What to record





What to record

Work-related injuries or illnesses resulting in...

- ✓ Death
- ✓ Loss of consciousness
- ✓ Days away from work
- ✓ Restricted work activity or job transfer
- ✓ Medical treatment beyond first aid
- ✓ Significant illness or injury



Work-related

...an event or exposure in the workplace that caused or contributed to the condition or significantly aggravated a preexisting condition



Medical treatment



Medical visits for observation

Diagnostic procedures

First aid

- Non-prescription medication
- Tetanus immunizations
- Wound coverings
- Cleaning, washing, soaking skin surface wounds
- Hot/cold therapy
- Non-rigid means of support
- Temporary immobilization devices
- Eye patches
- Removing foreign bodies from eye with irrigation or cotton swab
- Removing foreign bodies from other areas by irrigation, tweezers, cotton swabs
- Finger guards
- Massages
- Drinking fluids for heat stress

Significant illness or injury

- 1. Cancer
- 2. Chronic irreversible disease
- 3. Fractured or cracked bone
- 4. Punctured eardrum
- 5. Needlestick/cut from object contaminated with potentially infectious material
- 6. Employee removed under OSHA health standard requirements
- 7. Tuberculosis infection after exposure to a known case
- 8. Hearing loss

Recordkeeping example



The forms: OSHA Form 301

Information about the employee

OSHA's Form 301

Injury and Illness Incident Report

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.



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 and use as many as you need.

Completed	by	
Title		
		Date /

2) Street		
City	State	ZIP
3) Date of birth/_		
4) Date hired/	_/	
5) Male		
☐ Female		
Information abou	it the physician or o	ther health car
proreasional		
	er health care professional	
6) Name of physician or oth	er health care professional	
6) Name of physician or oth		
Name of physician or oth Tilde treatment was given away	ay from the worksite, where wa	s it given?
Name of physician or oth Tilde treatment was given away		s it given?
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Name of physician or oth The physician or oth physician or other physician or ot	ay from the worksite, where wa	s it given?
5) Name of physician or oth 7) If treatment was given awa Facility Street City Was employee treated in a	ay from the worksite, where wa	s it given?

	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//	
12)	Time employee began work	AM / PM
13)	Time of event	AM / PM
14)	tools, equipment, or material the employee v	the incident occurred? Describe the activity, as well as the was using. Be specific. Examples: "climbing a ladder while rine from hand sprayer"; "daily computer key-entry."
15)		arred. Examples: "When ladder slipped on wet floor, worker rine when gasket broke during replacement"; "Worker
16)		part of the body that was affected and how it was affected; be Examples: "strained back"; "chemical burn, hand"; "carpal
17)	What object or substance directly harmed "radial arm saw." If this question does not app	the employee? Examples: "concrete floor"; "chlorine"; bly to the incident, leave it blank.
18)	If the employee died, when did death occu	#7 Date of death//

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing in the collection of information unless it displays a current vail dOMB control number. If you have any comments about this estimate or any other aspects of this data collection, including suggestions for reducing this burden, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, D.C 2021. Do not send the completed forms to this office.

The forms: OSHA Form 300

	IA's Form 30 g of Worl		ed Inj	uries and	l Ilinesses	protects in possible	e health the confi while the	and must l	be used in of employed on is being		at		Year . I.S. De	part			
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denti	fy the person		Describe t	he case			Class	ify the ca	se	277							
A) Case	(B) Employee's name	(C) Job title	(D) Date of injury	(E) Where the event occurred	(F) Describe injury or illness, parts of body	affected,		ONLY ONE on the most use:			days th	ne number of e injured or er was:				y" colu	
ю.		(e.g., Welder)	or onset of illness	(e.g., Loading dock north end)	and object/substance that directly injure or made person ill (e.g., Second degree bur- right forearm from acetylene torch)		245 64	Days away	Remaine Job transfer	od at Work Other record-	Away	On job transfer or	(M)	n disorder	paraton	souring	and the same
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astruci	ions, search and gather the data n	needed, and complete and re	eview the collection of	er response, including time to review information. Persons are not require	Be s		ese totals to	o the Summary	page (Form 30	(0A) before you pos	it it.	_	Injury	disorder	spiritory condition	Discoing	and for
these	to the collection of information ur estimates or any other aspects of	this data collection, contact:	US Department of La								age of		(1)	Skin	Z.	(4) (5)	ž.

The forms: OSHA Form 300A

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

Washington, DC 20210. Do not send the completed forms to this office.



Form approved OMB no. 1218-0176

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.

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)	(1)	(J)	
Number of D	ays			
Total number of da from work		tal number of days of job insfer or restriction		
(K)	_	(L)		
Injury and II	iness Types			
Total number of	*			
Injuries		(4) Poisonings		
		(5) Hearing loss		
Skin disorders		(6) All other illnesses		
Respiratory condit	ions			
Post this Summar	y page from February	y 1 to April 30 of the year f	ollowing the year co	vered by the form.
Public reporting burden for	this collection of information is e		nse, including time to review th	instructions, search and gather the data needed, and

Establishment information Industry description (e.g., Manufacture of motor truck trailers) Standard Industrial Classification (SIC), if known (e.g., 3715) 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.



Let's look at an example...

OSHA's Form 301

Injury and Illness Incident Report

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.

Information about the case



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 and use as many as you need.

Completed by Ashley Mikytuck
Title Safety Director
Phone 844 967-5723 Date 1 6 22

Information about the employee
1) Full name John Smith
2) Street 123 Main St.
City Hometown State TX ZIP 77777
3) Date of birth 1 / 1 / 77 4) Date hired 2 / 5 / 18
5) X Male Female
Information about the physician or other health care professional
Name of physician or other health care professional
Dr. Sharon Jones 7) If treatment was given away from the worksite, where was it given?
Dr. Sharon Jones
Dr. Sharon Jones 7) If treatment was given away from the worksite, where was it given?
Dr. Sharon Jones Tiftreatment was given away from the worksite, where was it given? Hometown Hospital
Dr. Sharon Jones The street of the street o

10)	Case number from the Log	001	_(Transfer tl	he case number from the Log after you record the case.
11)	Date of injury or illness	1 4 22	_	
12)	Time employee began work		AM PM	
13)	Time of event	2:00	AM PM	Check if time cannot be determined

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."

Walking across the shop floor while carrying a toolbox.

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."

The employee slipped on a puddle of grease on the shop floor and fell to the ground.

16) What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

Fractured left knee

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.

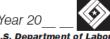
Concrete floor.

18) If the employee died, when did death occur? Date of death

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing 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 this estimate or any other aspects of this data collection, including suggestions for reducing this burden, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, D. C 20210. Do not send the completed forms to this office.

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.



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

Establishment name

fou 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 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 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
orm. If you're not sure whether a case is recordable, call your local OSHA office for help.

form. If yo	u're not sure whether a case is rec	cordable, call your lo	ocal OSHA office for	or help.							City			State _		
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about these	estimates or any other aspects of this da som N-3644, 200 Constitution Avenue, !	ata collection, contact: U	S Department of La	bor, OSHA Office of Statistical							Page of		(1)	(2) (3)	(4)	를 (5) (6)

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.



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

dentify the person A) (B) ase Employee's name	(C) Job title	Describe to (D) Date of injury	Where the		on the mos	box for eac t serious out		:ase E box for eac st serious out		Enter the number of days the injured or ill worker was:	Check the "Injury" column choose one type of illness:
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Log of Work-Related Injuries and Illnesses

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U.S. Department of Labor

orofessional. You must also record wo lines for a single case if you nee	ed to. You must complet	e an Injury and Illr	ness Incident Report (OSHA Fo					free to I on this					nent name				
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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.



Occupational Safety and Health Administration

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Log of Work-Related Injuries and Illnesses

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Year 20	
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U.S. Department of Labor
Occupational Safety and Health Administration

care profe use two lir	ssional. You must also record work	peyond first aid. You k-related injuries and . You must complet	d illnesses that me e an Injury and Illr	significant work-related injuries eet any of the specific recording ess Incident Report (OSHA Fo	and illnesses that are diagnosed by a physician or licenset g criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel rm 301) or equivalent form for each injury or illness recorded	free to			Establishment name	State
(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 burns on	CHEC	on the mos	E box for eac t serious out	Enter the number of days the injured or ill worker was:	Check the "Injury" column or choose one type of illness: (M) 5 8
<u>001</u>	John Smith	Operator		Shop Floor	right forearm from acetylene torch) Fractured left knee from slip	Death (G)	Days away from work (H)	Job transfer or restriction (I)	Away On job transfer or restriction (K) (L) 6 days 64 days	National Properties Majoray Ma
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the instruct to respond about these	rting burden for this collection of inform ions, search and gather the data needed to the collection of information unless it estimates or any other aspects of this da om N-3644, 200 Constitution Avenue, N	, and complete and rev displays a currently val ta collection, contact: U	iew the collection of id OMB control nun S Department of La	information. Persons are not require ober. If you have any comments bor, OSHA Office of Statistical			o the Summary	/ page (Form 30	st it.	Injury I

Log of Work-Related Injuries and Illnesses

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,

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.



O.S. Department of Labor
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days away from work, or medical treatment beyond first aid. You must also record significant work-re care professional. You must also record work-related injuries and illnesses that meet any of the spe use two lines for a single case if you need to. You must complete an Injury and Illness incident Rep form. If you're not sure whether a case is recordable, call your local OSHA office for help.	ific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel	free to				Establishment name	State
Identify the person Describe the case (A) (B) (C) (D) (E) Case Employee's name Job title Date of injury Where the even		CHECI	on the mos	ase box for eac t serious ou		Enter the number of days the injured or ill worker was:	Check the "Injury" column or choose one type of illness:
no. (e.g., Welder) or onset (e.g., Loading do of illness	k north end) and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	Death (G)	Days away from work (H)	Remain Job transfer or restriction (I)		Away On job from transfer or work restriction	Dijury (M) (S) Sin diorder (M)
001 John Smith Operator 01/04 Shop FI	oor Fractured left knee from slip		X	ů		6 days 64 days	X 0 0 0 0
002 Jane Worker Machinist 02/01 Shop FI	oor Strain from lifting parts		×			_9_ days _0_ days	X
003 Bill Laborer Driver 05/19 Loading I	Oock Ankle sprain from parking lot		×			<u>12</u> days <u>0</u> days	X
004 Mary Boss Supervisor 08/11 Office			X			_3_ days _0_ days	X
005 Jim Employee Painter 11/08 Paint Bo	oth Lung damage from paint				X		X
month/day	<u> </u>					days days	
month/day						days days	
month/day						days days	
month/day						days days	
month/day						days days	
month/day						days days	0 0 0 0 0
month/day						days days	0 0 0 0 0
						days days	
month/day	Page totals >						
Public reporting burden for this collection of information is estimated to average 14 minutes per response, includin the instructions, search and gather the data needed, and complete and review the collection of information. Person to respond to the collection of information unless it displays a currently valid OMB control number. If you have any	are not required comments	ese totals t	o the Summary	page (Form 3)	00A) before you po	ist it.	Injury kin disorder Respiratory condition Poisoning Hearing loss All other illnesses
about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to						Page of	(1) (2) (3) (4) (5) (6)

Log of Work-Related Injuries and Illnesses

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,

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.



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Occupational Safety and Health Administration

care professional. You must a use two lines for a single case	lso record work-related injuries an	d illnesses that m te an Injury and Ill	neet any of the specific recording Iness Incident Report (OSHA Fo	s and illnesses that are diagnosed by a g criteria listed in 29 CFR Part 1904.8 th Irm 301) or equivalent form for each inju	rough 1904.12. Feel	free to				Establishme	ent name	Si	ate	
(A) (B) Case Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury	(E)			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:				
10.	(e.g., reader)	of illness	(e.g., Louding dock norm end)	or made person ill (e.g., Second deg right forearm from acetylene torch)		Death (G)	Days away from work (H)	Job transfer or restriction	Other recordable cases	Away from work (K)	On job transfer or restriction	(I) Injury (W) Skin disorder	(2) Respiratory condition (4) (Poisoning Hearing box	(9) All other illnesses
001 John Sm	ith <u>Operato</u>	01/04	Shop Floor	Fractured left knee	from slip		X		ä	<u>6</u> days	<u>64</u> days	X i 🗆		
002 Jane Wo		02/01	Shop Floor	Strain from lifting pa			×			<u>9</u> days		X \square		
003 Bill Labo	<u>rer</u> <u>Driver</u>	05/19	L <u>oading Dock</u>	Ankle sprain from p	arking lot		X			<u>12</u> days		X □		
004 Mary Bos	s Supervisor	08/11	Office	Concussion from S			M			_3_ days		X i 🗆		
005 Jim Emp	oyee Painter	11/08	Paint Booth	Lung damage from	paint				X	0 days			X o	
		/ month/day								days	days			
										days	days			
		month/day /								days	days			
		month/day								days	days			
		month/day								days	days			
		month/day /								days	days			
		month/day /					\Box			days	days			
		month/day /								dans	dore			
		month/day			Page totals	0	4	0	1	30	64	4 0	1 0 0	0
the instructions, search and gather to respond to the collection of info	ellection of information is estimated to a the data needed, and complete and re rmation unless it displays a currently va	view the collection of alid OMB control nu	f information. Persons are not requirember. If you have any comments		Be sure to transfer the	ese totals to	o the Summary	page (Form 30	OA) before you po			Injury in disorder	Respiratory condition Poisoning	All other illnesses
	aspects of this data collection, contact: itution Avenue, NW, Washington, DC 2									Page of_		(1) (2)	(3) (4) (5	5) (6)



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

Establishment Information

Your establishment name Texas Company

Form approved OMB no. 1218-0176

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 fo	ese forms.	Stree	100 Main St.	
Number of C	Cases				City	Hometown	State TX ZIP 77777
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			stry description (e.g., Manufadure of n Warehousing for dard Industrial Classification (SIC),	household goods
(G)	4 (H)	<u> </u>	1		OR		
Number of E	Days				Nort	th American Industrial Classification 4 9 3 1 1	n (NAICS), if known (e.g., 336212)
Total number of defrom work	/	otal number of days of job ansfer or restriction				ployment Information (If sheet on the back of this page to estimate.)	
	-	64 (L)				ual average number of employees I hours worked by all employees last	t year
	llness Types					n here wingly falsifying this docum	ent may result in a fine
Total number of (M) 1) Injuries 2) Skin disorders	4	(4) Poisonings(5) Hearing loss(6) All other illnesse	0 0 0		I cert		ocument and that to the best of my
3) Respiratory condit		y 1 to April 30 of the year	following the year covered	the form.	Comp (Phone	Sany executive	Title / / Date

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.

Calculating average employees

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Average employees = Total # of paychecks issued # of pay periods
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U.S. Department of Labor Occupational Safety and Health Administration

Establishment Information

Form approved OMB no. 1218-0176

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."

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.

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	Your establishment name Texas Company
its equivalent. See 29 CFR Part 1904 35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.	Street 100 Main St.
	City Hometown State TX ZIP 77777
Number of Cases	·
deaths cases with days cases with job other recordable	Industry description (e.g., Manufadure of motor truck trailers) Warehousing for household goods Standard Industrial Classification (SIC), if known (e.g., 3715)
04 0 1	Statuard industrial Gassination (SiG), it known (e.g., 5715)
	OR
Number of Days	North American Industrial Classification (NAICS), if known (e.g., 336212) 4 9 3 1 1 0
	Employment Information (If you don't have these figures, see the Worksheet on the back of this page to estimate.)
30 64	Annual average number of employees 45
(K) (L)	Total hours worked by all employees last year 88,763
Injury and Illness Types	Sign here
Total number of (M)	Knowingly falsifying this document may result in a fine.
(1) Injuries 4 (4) Poisonings 0	I wife double were labeled from the boards and the second states of the
(5) Hearing loss U	I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.
(2) Skin disorders O (6) All other illnesses O (7) Respiratory conditions	Jane Doe CEO Title
	(5122243986 - 1/23/2023
Post this Summary page from February 1 to April 30 of the year following the year covered by the form.	Phone Date

OSHA's Form 300A (Rev. 01/2004) Year 20 Post form 300A for previous calendar year from February 1 – April 30 See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms. Total numb Display form 300A in a common area North American Industrial Classification (NAICS), if known (e.g., 336212) Number of Days from work Retain recordkeeping documents for five years Knowingly falsifying this document may result in a fine. Total number of. (1) Injuries Allow employees, former employees, and their (2) Skin disorde (3) Respiratory representatives to view OSHA Form 300 upon request

Public reporting buries.

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.

Electronic reporting





Companies with: 20-249 employees & on NAICS list

Establishments required to submit

Establishments in the following industries with 20 to 249 employees must submit injury and illness summary (Form 300A) data to OSHA electronically

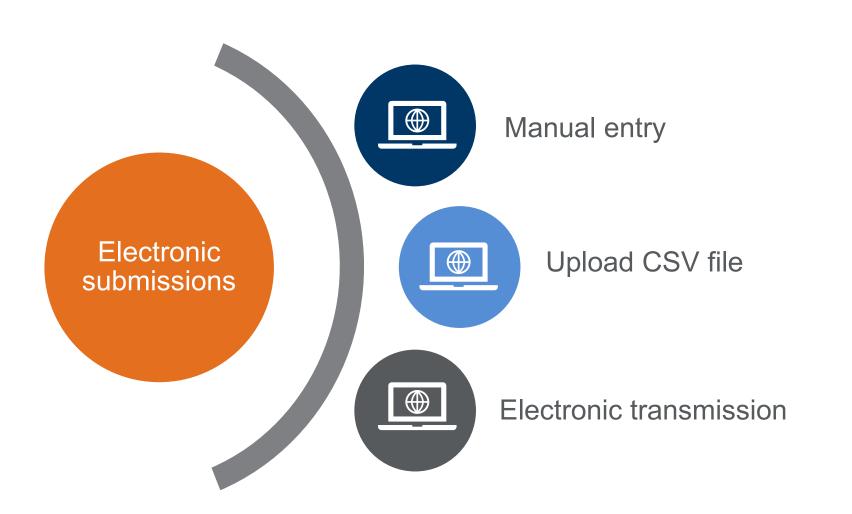
NAICS	Industry
11	Agriculture, forestry, fishing and hunting
22	Utilities
23	Construction
31-33	Manufacturing
42	Wholesale trade
4413	Automotive parts, accessories, and tire stores
4421	Furniture stores
4422	Home furnishings stores
4441	Building material and supplies dealers
4442	Lawn and garden equipment and supplies stores
4451	Grocery stores
4452	Specialty food stores
4521	Department stores
4529	Other general merchandise stores
4533	Used merchandise stores
4540	Many dilanguage and the same an

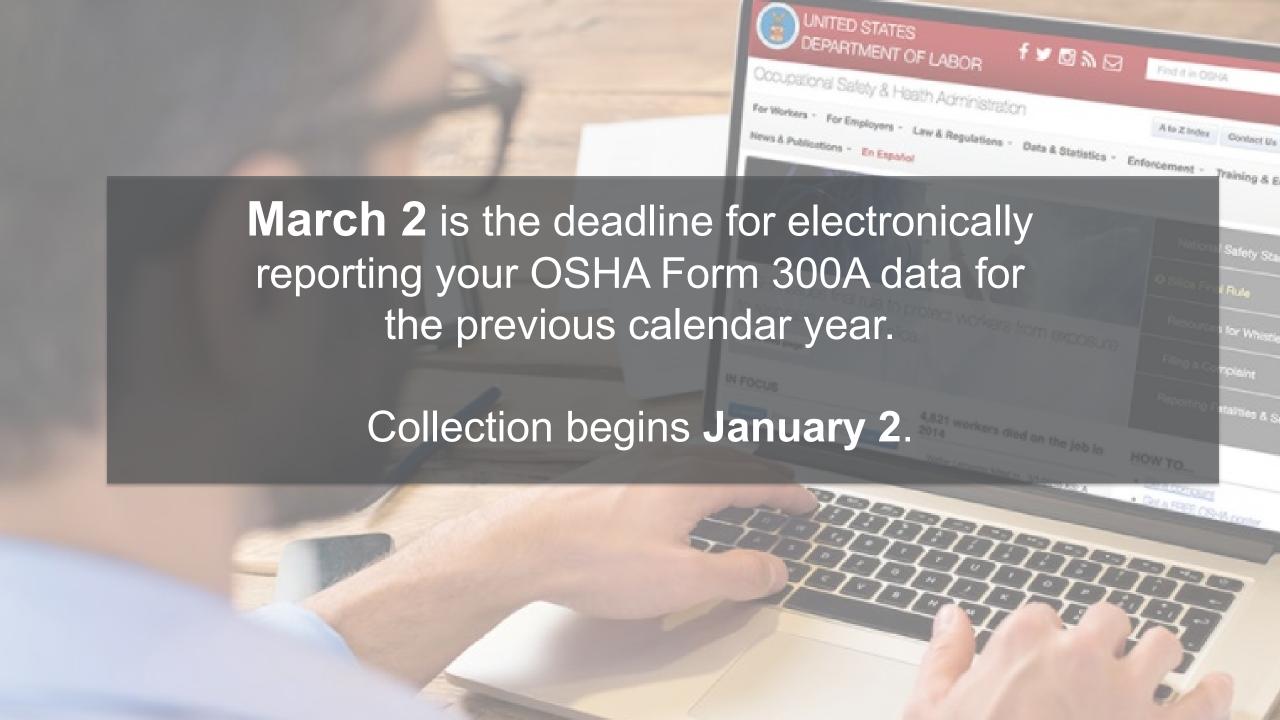




Companies with:

250+ employees & required to keep records





Key takeaways

- 1. Finish your 2022 OSHA logs.
- 2. Post the Form 300A in your workplace by **February 1**.
- 3. Electronically submit your injury and illness data by **March 2**.



Helpful links

Severe event reporting

- OSHA area offices
- Online reporting form

Recordkeeping

- Recordkeeping standard requirements
- Partially exempt industries
- Guidelines for determining work-relatedness

Electronic reporting

- Establishments that must submit Form 300A data
- Injury reporting page

COVID-19

OSHA FAQs



Thank you!

844-WORKSAFE (967-5723) safety@texasmutual.com



