



OSHA Recordkeeping Guide

Presented by AdvanStaff HR



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INTRODUCTION

The Occupational Safety and Health Act (OSH Act) requires covered employers to report workplace injuries and illnesses and to prepare and maintain records of occupational injuries and illnesses. The Occupational Safety and Health Administration (OSHA), which is part of the U.S. Department of Labor, is responsible for monitoring compliance with the OSH Act's reporting and recordkeeping system.

The OSH Act and its regulations (29 CFR 1904 and 1952) include:

- Reporting requirements for all employers that are covered under the OSH Act; and
- Specific recordkeeping requirements for certain employers that are covered under the OSH Act.

Under the recordkeeping system, the information recorded by employers must be uniform and accurate to ensure the consistency and validity of statistical data. OSHA uses this data for a number of functions that impact employers. These functions include:

- Inspection targeting;
- Measuring performance under the Government Performance and Results Act (GPRA);
- Developing health and safety standards;
- Allocating enforcement and consulting resources;
- Verifying Voluntary Protection Program (VPP) eligibility; and
- Updating "low-hazard" industry exemptions.

The data also aids employers, employees and compliance officers in analyzing the safety and health environment at an employer's establishment and is the source of information for the Bureau of Labor Statistics' (BLS) Annual Survey.

COVERED EMPLOYERS

The OSH Act applies to **all private sector employers** in all 50 states, the District of Columbia, and other U.S. jurisdictions.

The law applies to these employers either directly or through an [OSHA-approved state program](#).

EXCEPTIONS

The following workers are **excluded** from coverage under the OSH Act:

- ✘ Self-employed individuals;



- ✘ Immediate family members of farm employers that do not employ outside employees; and
- ✘ Individuals who work for state and local governments (though these individuals may have protections under an OSHA-approved state program).

In addition, OSHA does **not** regulate workplace hazards that are regulated by other federal agencies, such as the Mine Safety and Health Administration or the Federal Aviation Administration.

OVERVIEW OF REQUIREMENTS

All covered employers must report the following to OSHA:

- ✓ Any work-related employee **fatality** within **eight hours**; and
- ✓ Any in-patient hospitalization, amputation or loss of an eye within 24 hours.

Certain covered employers must also prepare and maintain records of serious occupational injuries and illnesses using OSHA [Forms 300, 300A and 301](#). This information is important for evaluating the safety of a workplace, understanding industry hazards and implementing worker protections to reduce and eliminate hazards. Employers that are subject to the recordkeeping requirements must also post a completed Form 300A in their employees' workplaces from **Feb. 1 to April 30 every year**.

Finally, OSHA requires some covered employers to submit an electronic report with information from their OSHA 300A form to the agency. Electronic reports must be submitted **by March 2 every year**.



REPORTING FATALITIES AND INJURIES

As of Jan. 1, 2015, **all covered employers** (including those that are exempt from recordkeeping requirements) must report the following to OSHA:

- Any employee **fatality** that results from a work-related incident;
- Any **in-patient hospitalization** of one or more employees that results from a work-related incident;
- Any employee **amputation** that results from a work-related incident; and
- Any employee **loss of an eye** that results from a work-related incident.

While other workplace injuries and illnesses do not have to be reported to OSHA, they may still need to be recorded pursuant to OSHA's recordkeeping requirements. Contact AdvanStaff HR if you have questions about recording other types of injuries or illnesses.

WHEN TO REPORT

Employee fatalities must be reported **within eight hours**. Any in-patient hospitalization, amputation or loss of an eye must be reported **within 24 hours**.

HOW TO REPORT

Work-related fatalities, in-patient hospitalizations, amputations or losses of an eye must be reported to OSHA by:

- Telephone at 1-800-321-OSHA (6742);
- Calling or visiting the nearest area office during normal business hours; or
- Using OSHA's online [reporting form](#).

INFORMATION TO REPORT

When reporting a fatality, in-patient hospitalization, amputation or loss of an eye incident, an employer must provide the following information to OSHA:

- ✓ The employer's name;
- ✓ The location of the reportable event;
- ✓ The time of the reportable event;
- ✓ The type of reportable event;

EMERGENCY NOTICE:

If you have an EMERGENCY (for example: to report a fatality or imminent life-threatening situation), please contact the toll-free number immediately:

- 1-800-321-OSHA (6742);
- TTY 1-877-889-5627;

DO NOT SEND EMAIL OR LEAVE A VOICE MESSAGE



- ✓ The number of employees affected by the reportable event;
- ✓ The names of all employees affected by the reportable event;
- ✓ The employer's contact person and his or her phone number; and
- ✓ A brief description of the work-related incident.

FREQUENTLY ASKED QUESTIONS ABOUT REPORTING

What is meant by "loss of an eye"?

Loss of an eye is the physical removal of the eye. This includes enucleation and evisceration. It does not include loss of sight without the physical removal of the eye. However, a case involving loss of sight that results in the in-patient hospitalization of the worker within 24 hours of the work-related incident would be reportable.

How do you differentiate between an amputation without bone and avulsions?

If and when a health care professional's diagnosis is available, the employer should rely on that diagnosis. If the diagnosis is:

- ✗ Avulsion, the event **does not** need to be reported.
- ✓ Amputation, the event **must** be reported.

If there is no available diagnosis by a health care professional, the employer should rely on the definition and examples of amputation included in the text of the [2014 final rule](#). Under this definition, an amputation is the traumatic loss of a limb or other external body part. This includes:

- ✓ 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; and
- ✓ Amputations of body parts that have since been reattached.

Amputations do **not** include avulsions (tissue torn away from the body), enucleations (removal of the eyeball), degloving (skin torn away from the underlying tissue), scalpings (removal of the scalp), severed ears, or broken or chipped teeth.

If an injured worker is formally admitted to the Emergency Room of a hospital, is this a reportable event?

No, the injured worker must be formally admitted to the in-patient service of the hospital for the injury to be a reportable event.



If an employee is admitted to the hospital for Carpal Tunnel surgery, is this reportable?

To be reportable, the in-patient hospitalization must occur within 24 hours of a work-related incident that injured or made the employee ill. Scheduled surgeries that occur beyond this 24-hour period are not reportable to OSHA.

Who determines whether an employee was formally admitted to the in-patient service of a hospital or clinic for care or treatment?

The hospital or clinic makes the determination.

Who should report a fatality or in-patient hospitalization of a temporary worker?

The employer that provides the day-to-day supervision of the worker must report.

If my employee spent the night at the hospital, do I have to report an in-patient hospitalization?

OSHA defines in-patient hospitalization as a formal admission to the in-patient service of a hospital or clinic for care or treatment. An overnight stay does not determine whether a case is reportable.

If an employee is hospitalized as an in-patient and the only care or treatment provided is from OSHA's "first aid list" (for example if the only treatment is non-prescription medication), does the event become reportable?

Yes. A work-related in-patient hospitalization involving any treatment must be reported to OSHA. The reporting requirement in the [2014 final rule](#) does not limit care or treatment to "medical treatment beyond first aid."

What if a fatality, in-patient hospitalization, amputation or loss of an eye does not occur during or right after a work-related incident?

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. If the fatality occurs after more than 30 days of the work-related incident, or if the in-patient hospitalization, amputation, or loss of an eye occurs after more than 24 hours after the work-related incident, then you do not have to report the event to OSHA. However, you must record the event on your OSHA injury and illness records, if you are required to keep OSHA injury and illness records.

When do I have to report work-related fatalities and severe injuries/illnesses?

You must report a fatality within 8 hours of finding out about the fatality. You must report any in-patient hospitalization, amputation, or loss of an eye within 24 hours of finding out about the event.



If the Area Office is closed, may I make a report by leaving a message on OSHA's answering machine, faxing the Area Office or sending an e-mail?

No, if the Area Office is closed, you must report the fatality, in-patient hospitalization, amputation, or loss of an eye using either the 800 number (1-800-321-OSHA or 1-800-321-6742) or the reporting application located on [OSHA's public website](#).

Do I have to report a fatality, in-patient hospitalization, amputation or loss of an eye if it resulted from a motor vehicle accident on a public street or highway?

If the motor vehicle accident occurred in a construction work zone, then you must report the fatality, in-patient hospitalization, amputation, or loss of an eye to OSHA. If the motor vehicle accident occurred on a public street or highway, but not in a construction work zone, then you do not have to report the fatality, in-patient hospitalization, amputation, or loss of an eye to OSHA. However, you must record the event on your OSHA injury and illness records, if you are required to keep OSHA injury and illness records.

Do I have to report the fatality in-patient hospitalization, amputation or loss of an eye if it occurred on a commercial or public transportation system?

No, you do not have to report the fatality, in-patient hospitalization, amputation, or loss of an eye to OSHA if it occurred on a commercial or public transportation system (such as an airplane, train, subway, or bus). However, you must record the event on your OSHA injury and illness records, if you are required to keep these records.

Do I have to report a fatality or in-patient hospitalization caused by a heart attack?

If the heart attack is related to a work-related incident, you must report the fatality or in-patient hospitalization. Your local OSHA Area Office director will decide whether to investigate the incident.

What if I don't learn about a reportable fatality, in-patient hospitalization, amputation or loss of an eye right away? Or what if I cannot determine that it was work-related right away?

You must report to OSHA within the following time period after the fatality, in-patient hospitalization, amputation, or loss of an eye is reported to you or to any of your agents and you determine that it is work-related: 8 hours for a fatality, and 24 hours for an in-patient hospitalization, an amputation, or a loss of an eye.

Do I have to report an in-patient hospitalization that involves only observation or diagnostic testing?

No. You must only report each in-patient hospitalization that involves care or treatment.



RECORDING SERIOUS INJURIES AND ILLNESSES

Certain covered employers must **routinely keep records** of serious occupational injuries and illnesses using OSHA [Forms 300, 300A and 301](#) (or equivalent forms). An employer is subject to OSHA's routine recordkeeping requirements if it:

- ✓ Employs more than 10 employees; and
- ✓ Has establishments in industries that are not classified as [partially exempt](#).

Other employers are **not** required to routinely keep of serious occupational injuries and illnesses **unless** they are asked to do so in writing by OSHA, the Bureau of Labor Statistics (BLS), or a state agency operating under the authority of OSHA or BLS. (However, if a fatality, in-patient hospitalization, amputation, or loss of an eye occurs at any establishment due to a work-related incident, the employer would still be required to **report** the event to OSHA).

Is the partial industry classification exemption based on the industry classification of an entire company or of individual business establishments operated by a company?

The partial industry classification exemption applies to individual business establishments. If a company has several establishments that perform different business activities, some of the company's establishments may be required to keep records, while others may be partially exempt.

My company had 10 or fewer employees all last year, but the NAICS code for my industry is not in the updated list. Do I have to keep OSHA records?

No, you do not have to routinely keep OSHA records. However, you must keep OSHA records if requested to do so in writing by the BLS or by OSHA. In addition, you must still report any fatality, in-patient hospitalization, amputation, or loss of an eye to OSHA.

Where can I get help with OSHA recordkeeping?

Go to [OSHA's recordkeeping page](#), which includes a brief [tutorial](#) on completing the recordkeeping forms, educational presentations on recordkeeping requirements and downloadable copies of the recordkeeping forms, among other information.

My establishment is in an OSHA State Plan. Do these changes apply to me?

Yes, these changes apply. However, some State Plans do not have partial exemptions for low-hazard industries. Consult with your individual [State Plan office](#) for more information.

RECORDKEEPING FORMS

Form 300 (Log of Work-Related Injuries and Illnesses) is used to classify work-related injuries and illnesses and to note the extent and severity of each case. When an incident occurs,



employers must use Form 300 to record specific details about what happened and how it happened.

Form 300A (Summary of Work-Related Injuries and Illnesses) shows the total number of work-related injuries and illnesses for a year in each category. At the end of each year, employers must post the Form 300A in a visible location so that employees are aware of the injuries and illnesses occurring in their workplace. When an employer has more than one establishment, a separate summary must be kept at each physical location that is expected to be in operation for one year or longer.

Form 301 (Injury and Illness Incident Report) must be filled out within seven calendar days after an employer receives information that a recordable work-related injury or illness occurred. This report includes information about the employee and the treating physician, and detailed information about the case. Employers must keep this report on file for five years following the year to which it pertains.

RECORDABLE INJURIES AND ILLNESSES

Employers must record **work-related** injuries and illnesses that result in:

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

In addition, employers must record work-related injuries and illnesses that are **significant** or **meet any of the additional criteria listed below**.

Significant Injuries and Illnesses

Employers must record any significant work-related injury or illness that is diagnosed by a physician or other licensed health care professional. Most significant injuries and illnesses will result in death, days away from work, restricted work or job transfer, medical treatment beyond first aid or loss of consciousness.

However, there are some significant injuries, such as a punctured eardrum or a fractured toe or rib, for which neither medical treatment nor work restrictions may be recommended. In addition, there are some significant progressive diseases, such as some types of cancer, for



which medical treatment or work restrictions may not be recommended at the time of diagnosis but are likely to be recommended as the disease progresses.

According to OSHA, all work-related cases involving cancer, chronic irreversible diseases, fractured or cracked bones, and punctured eardrums must be recorded at the time of diagnosis by a physician or other licensed health care professional even if medical treatment or work restrictions are not recommended, or are postponed.

Additional Criteria

Employers must record the following conditions when they are work-related:

- Any needle-stick injury or cut from a sharp object that is contaminated with another person's blood or other potentially infectious material;
- Any case requiring an employee to be medically removed under the requirements of an OSHA health standard;
- Tuberculosis infection as evidenced by a positive skin test or diagnosis by a physician or other licensed health care professional after exposure to a known case of active tuberculosis; and
- An employee's hearing test (audiogram) that reveals:
 - That the employee has experienced a standard threshold shift (STS) in hearing in one or both ears (averaged at 2,000, 3,000 and 4,000 Hz); and
 - That the employee's total hearing level is 25 decibels (dB) or more above audiometric zero (also averaged at 2,000, 3,000 and 4,000 Hz) in the same ear(s) as the STS.

DETERMINING WORK-RELATEDNESS

Employers must consider an injury or illness to be work-related if an event or exposure in the work environment either:

- Caused or contributed to the resulting condition; or
- Significantly aggravated a pre-existing injury or illness.

OSHA defines the term "work environment" as "the establishment and other locations where one or more employees are working or are present as a condition of their employment. The work environment includes not only physical locations, but also the equipment or materials used by the employee during the course of his or her work."

Work-relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the work environment, unless an exception applies.



Not Work-Related

Injuries or illnesses that occur in the work environment, but are not considered work-related, are **not** recordable. An injury or illness occurring in the work environment is **not** work-related if the injury or illness:

- ✘ Occurred while the employee was present in the work environment as a member of the general public rather than as an employee;
- ✘ Involves signs or symptoms that surface at work but result solely from a non-work-related event or exposure that occurs outside the work environment;
- ✘ Results solely from voluntary participation in a wellness program or in a medical, fitness or recreational activity such as blood donation, physical examination, flu shot, exercise class, racquetball or baseball;
- ✘ Is solely the result of an employee eating, drinking or preparing food or drink for personal consumption (whether bought on the employer's premises or brought in). For example, if the employee is injured by choking on a sandwich while in the employer's establishment, the case would not be considered work-related. However, if the employee is made ill by ingesting food contaminated by workplace contaminants (such as lead), or gets food poisoning from food supplied by the employer, the case would be considered work-related;
- ✘ Is solely the result of an employee doing personal tasks (unrelated to his or her employment) at the establishment outside of the employee's assigned working hours;
- ✘ Is solely the result of personal grooming or self-medication for a non-work-related condition;
- ✘ Is intentionally self-inflicted;
- ✘ Is caused by a motor vehicle accident and occurs in a company parking lot or on a company access road while the employee is commuting to or from work;
- ✘ Is the common cold or flu (however, contagious diseases such as tuberculosis, brucellosis, hepatitis A, and plague are considered work-related if the employee is infected at work); or
- ✘ Is a mental illness. (however, a mental illness may be considered work-related if an employee voluntarily provides the employer with an opinion from a licensed health care professional with appropriate training and experience stating that the employee has a mental illness that is work-related).

How do I handle a case if it is not obvious whether the precipitating event or exposure occurred in the work environment or occurred away from work?



In these situations, you 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.

How do I know if an event or exposure in the work environment "significantly aggravated" a pre-existing injury or illness?

A pre-existing injury or illness has been significantly aggravated, for purposes of OSHA injury and illness recordkeeping, when an event or exposure in the work environment results in any of the following:

- ✓ Death, provided that the pre-existing injury or illness would likely not have resulted in death but for the occupational event or exposure;
- ✓ Loss of consciousness, provided that the pre-existing injury or illness would likely not have resulted in loss of consciousness but for the occupational event or exposure;
- ✓ One or more days away from work, or days of restricted work, or days of job transfer that otherwise would not have occurred but for the occupational event or exposure; or
- ✓ Medical treatment in a case where no medical treatment was needed for the injury or illness before the workplace event or exposure, or a change in medical treatment was necessitated by the workplace event or exposure.

Which injuries and illnesses are considered pre-existing conditions?

An injury or illness is a pre-existing condition if it resulted solely from a non-work-related event or exposure that occurred outside the work environment.

How do I decide whether an injury or illness is work-related if the employee is on travel status at the time the injury or illness occurs?

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

When a traveling employee checks into a hotel, motel or other temporary residence, he or she establishes a "home away from home." Employers must evaluate the employee's activities after he or she checks into the hotel, motel or other temporary residence for their work-relatedness in the same manner as an employer evaluates the activities of a non-traveling employee.

When the employee checks into the temporary residence, he or she is considered to have left the work environment. When the employee begins work each day, he or she re-enters the work



environment. If the employee has established a “home away from home” and is reporting to a fixed worksite each day, injuries or illnesses are not considered work-related if they occur while the employee is commuting between the temporary residence and the job location.

Also, injuries or illnesses are not considered work-related if they occur while the employee is on a personal detour from a reasonably direct route of travel (for example, has taken a side trip for personal reasons).

How do I decide if a case is work-related when the employee is working at home?

Injuries and illnesses that occur while an employee is working at home, including work in a home office, will be considered work-related if the injury or illness occurs while the employee is performing work for pay or compensation in the home, and the injury or illness is directly related to the performance of work rather than to the general home environment or setting.

For example, if an employee drops a box of work documents and injures his or her foot, the case is considered work-related. If an employee's fingernail is punctured by a needle from a sewing machine used to perform garment work at home, becomes infected and requires medical treatment, the injury is considered work-related.

If an employee is injured because he or she trips on the family dog while rushing to answer a work phone call, the case is not considered work-related. If an employee working at home is electrocuted because of faulty home wiring, the injury is not considered work-related.



POSTING FORM 300A

Employers that are required to keep Form 300, the Injury and Illness log, must post a completed Form 300A, the Summary of Work-Related Injuries and Illnesses from the previous year, in their employees' workplaces **every year from Feb. 1 to April 30**.

Current and former employees (or their representatives) have the right to access their employers' injury and illness records upon request. Employers must provide a copy of the relevant record(s) by the end of the next business day after they receive a request.



PRIVACY CONCERN CASES

The Health Insurance Portability and Accountability Act (HIPAA) protects the privacy of individuals by providing federal protections for certain health information held by covered entities, such as health plans, insurance issuers and health care providers. However, HIPAA does **not** apply to certain information held by an employer, such as information about work-related injuries and illnesses.

OSHA has stated that, even if HIPAA is implicated by an employer's disclosure of the OSHA 300 Log, the law and implementing regulation expressly permit the disclosure of protected health information to the extent required by law. This exception would apply because OSHA's recordkeeping rule requires employees, former employees and employee representatives to have access to the complete OSHA 300 Log, including employee names, **except** in privacy concern cases.

Privacy concern cases are those that involve injuries or illnesses of a particularly personal nature. The following is a complete list of the types of injuries or illnesses employers must consider to be privacy concern cases:

- An injury or illness to an intimate body part or to the reproductive system;
- An injury or illness resulting from a sexual assault;
- A mental illness;
- A case of HIV infection, hepatitis or tuberculosis;
- A needle stick injury or cut from a sharp object that is contaminated with blood or other potentially infectious material; and
- Other illnesses, if the employee independently and voluntarily requests that his or her name not be entered on the log.

For these cases, employers must **not** enter the employee's name on the OSHA 300 Log. Instead, they should enter "privacy case" in the space normally used for the employee's name. Employers must keep a separate, confidential list of the case numbers and employee names for the establishment's privacy concern cases, so that the cases can be updated and information provided to the government if requested.

When employers have a reasonable basis to believe that information describing the privacy concern case may be personally identifiable even though the employee's name has been omitted, they may use discretion in describing the injury or illness on both the OSHA 300 and 301 forms. However, employers must enter enough information to identify the cause of the



incident and the general severity of the injury or illness, but need not include details of an intimate or private nature.



ELECTRONIC REPORTING

[OSHA's electronic reporting rule](#) requires certain establishments to report information from their injury and illness records to OSHA electronically **by March 2** every year through OSHA's [Injury Tracking Application](#) (ITA) website. Affected establishments include:

- ✓ Establishments that have 250 or more employees and are not in a [partially exempt industry](#);
- ✓ Establishments that have between 20 and 249 employees and belong to a [high-risk industry](#); and
- ✓ Establishments that receive a specific request from OSHA to create, maintain and submit electronic records (even if they would otherwise be exempt from OSHA recordkeeping requirements).

To be clear, the rule does not create additional recordkeeping obligations, but instead requires some entities to submit information from already-required records to OSHA in electronic format.

Under the original rule, covered establishments with 250 or more employees were required to report information from OSHA Forms 300, 300A, and 301, and smaller covered establishments were required to submit information only from OSHA Form 300A, every year. However, on Jan. 25, 2019, OSHA issued a [new final rule](#) that removed the electronic submission requirements for data from Forms 300 and 301. The new final rule does **not** affect the rule's requirements for establishments to electronically submit data from **Form 300A**.

Why is OSHA collecting the data and how will it be used?

Electronic submission of establishment-specific injury and illness data will enable OSHA to use its enforcement and compliance assistance resources more efficiently. Analysis of the data will improve OSHA's ability to identify, target, and remove safety and health hazards, thereby preventing workplace injuries, illnesses and deaths.

Does the Rule require employers to start keeping new records or change how they keep the records?

No. The new requirement does not add to or change an employer's obligation to complete, retain, and certify injury and illness records. It only requires certain employers to electronically submit some of the information from these records to OSHA.



Are the electronic reporting requirements based on the size of the establishment or the size of the firm?

The electronic reporting requirements are based on the size of the establishment, not the firm. The OSHA injury and illness records are maintained at the establishment level. An establishment is defined as a single physical location where business is conducted or where services or industrial operations are performed. A firm may be comprised of one or more establishments. To determine if you need to provide OSHA with the required data for an *establishment*, you need to determine the establishment's peak employment during the last calendar year. 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.

How should the data be submitted and how long will it take?

OSHA estimates that it will take a typical employer about 10 minutes to create an account and another 10 minutes to enter the required information from the Summary of Work-Related Injuries and Illnesses (Form 300A).

Establishments must submit the information electronically and may not submit the information on paper. Employers who do not have the necessary equipment or internet connection may submit their data from a public facility, such as a library. OSHA also intends to provide an interface for entering data from a mobile device.



DEFINITIONS

The following definitions explain some of the terms used in OSHA's reporting and recordkeeping requirements:

FIRST AID: Includes:

- ✓ Using a non-prescription medication at non-prescription strength (for medications available in both prescription and non-prescription form, a recommendation by a physician or other licensed health care professional to use a non-prescription medication at prescription strength is considered medical treatment for recordkeeping purposes);
- ✓ Administering tetanus immunizations (other immunizations, such as Hepatitis B vaccine or rabies vaccine, are considered medical treatment);
- ✓ Cleaning, flushing or soaking wounds on the surface of the skin;
- ✓ Using wound coverings such as bandages, adhesive bandages, gauze pads, etc.; or using butterfly bandages (other wound closing devices such as sutures, staples, etc., are considered medical treatment);
- ✓ Using hot or cold therapy;
- ✓ Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc. (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for recordkeeping purposes);
- ✓ Using temporary immobilization devices while transporting an accident victim (such as splints, slings, neck collars, back boards, etc.);
- ✓ Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister;
- ✓ Using eye patches;
- ✓ 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 (physical therapy or chiropractic treatment are considered medical treatment for recordkeeping purposes); and
- ✓ Drinking fluids for relief of heat stress.

MEDICAL TREATMENT: The management and care of a patient to combat disease or disorder. Under OSHA, medical treatment does **not** include:

- ✗ Visits to a physician or other licensed health care professional solely for observation or counseling,



- ✘ The conduct of diagnostic procedures, such as x-rays and blood tests, including the administration of prescription medications used solely for diagnostic purposes (e.g., eye drops to dilate pupils); or
- ✘ First aid (as defined by OSHA).

PARTIALLY EXEMPT INDUSTRIES: Partially exempt industries include establishments in specific low-hazard retail, service, finance, insurance or real estate industries and are listed [here](#).

PRE-EXISTING CONDITION: An injury or illness is a preexisting condition if it resulted solely from a non-work-related event or exposure that occurred outside the work environment.

RESTRICTED WORK: Restricted work occurs when, as the result of a work-related injury or illness an employer keeps an employee from performing one or more of the routine functions of his or her job, or from working the full workday that he or she would otherwise have been scheduled to work; or a physician or other licensed health care professional recommends that an employee not perform one or more of the routine functions of his or her job, or not work the full workday that he or she would otherwise have been scheduled to work.

SIGNIFICANTLY AGGRAVATED: A preexisting injury or illness has been significantly aggravated, for purposes of OSHA injury and illness recordkeeping, when an event or exposure in the work environment results in any of the following:

- ✓ Death, provided that the preexisting injury or illness would likely not have resulted in death but for the occupational event or exposure;
- ✓ Loss of consciousness, provided that the preexisting injury or illness would likely not have resulted in loss of consciousness but for the occupational event or exposure; or
- ✓ One or more days away from work, or days of restricted work, or days of job transfer that otherwise would not have occurred but for the occupational event or exposure.

“SIGNIFICANT” DIAGNOSED INJURY OR ILLNESS: Work-related cases involving cancer, chronic irreversible disease, a fractured or cracked bone, or a punctured eardrum must always be recorded under the general criteria at the time of diagnosis by a physician or other licensed health care professional (even if medical treatment or work restrictions are not recommended, or are postponed, in a particular case).

OSHA believes that most significant injuries and illnesses will result in death, days away from work, restricted work or job transfer, medical treatment beyond first aid, or loss of consciousness. However, there are some significant injuries, such as a punctured eardrum or a fractured toe or rib, for which neither medical treatment nor work restrictions may be recommended. In addition, there are some significant progressive diseases, such as byssinosis,



silicosis, and some types of cancer, for which medical treatment or work restrictions may not be recommended at the time of diagnosis but are likely to be recommended as the disease progresses.

WORK ENVIRONMENT: The establishment and other locations where one or more employees are working or are present as a condition of their employment. The work environment includes not only physical locations, but also the equipment or materials used by the employee during the course of his or her work.

WORK-RELATED: An event or exposure in the work environment that either caused or contributed to the condition. In addition, if an event or exposure in the work environment significantly aggravated a pre-existing injury or illness, this is also considered work-related.

Log 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](#). 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.

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 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 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

City State

Identify the person **Describe the case**

(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(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)
<input type="button" value="Reset"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> month / day	<input type="text"/>	<input type="text"/>
<input type="button" value="Reset"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> month / day	<input type="text"/>	<input type="text"/>
<input type="button" value="Reset"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> month / day	<input type="text"/>	<input type="text"/>
<input type="button" value="Reset"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> month / day	<input type="text"/>	<input type="text"/>
<input type="button" value="Reset"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> month / day	<input type="text"/>	<input type="text"/>
<input type="button" value="Reset"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> month / day	<input type="text"/>	<input type="text"/>
<input type="button" value="Reset"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> month / day	<input type="text"/>	<input type="text"/>
<input type="button" value="Reset"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> month / day	<input type="text"/>	<input type="text"/>
<input type="button" value="Reset"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> month / day	<input type="text"/>	<input type="text"/>
<input type="button" value="Reset"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> month / day	<input type="text"/>	<input type="text"/>

Classify the case
 SELECT ONLY ONE box for each case based on the most serious outcome for that case:

Death (G)	Remained at Work		
	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Enter the number of days the injured or ill worker was:

Away from work (K)	On job transfer or restriction (L)
<input type="text"/> days	<input type="text"/> days
<input type="text"/> days	<input type="text"/> days
<input type="text"/> days	<input type="text"/> days
<input type="text"/> days	<input type="text"/> days
<input type="text"/> days	<input type="text"/> days
<input type="text"/> days	<input type="text"/> days
<input type="text"/> days	<input type="text"/> days
<input type="text"/> days	<input type="text"/> days
<input type="text"/> days	<input type="text"/> days
<input type="text"/> days	<input type="text"/> days

Select the "Injury" column or choose one type of illness:

(M)					
Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page totals ►

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 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.

(1)	(2)	(3)	(4)	(5)	(6)
-----	-----	-----	-----	-----	-----

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<input type="text"/>	<input type="text"/>
(K)	(L)

Injury and Illness Types

Total number of . . . (M)	
(1) Injuries <input type="text"/>	(4) Poisonings <input type="text"/>
(2) Skin disorders <input type="text"/>	(5) Hearing loss <input type="text"/>
(3) Respiratory conditions <input type="text"/>	(6) All other illnesses <input type="text"/>

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

Optional

Worksheet to Help You Fill Out the Summary

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.

At the end of the year, OSHA requires you to enter the average number of employees and the total hours worked by your employees on the summary. If you don't have these figures, you can use the information on this page to estimate the numbers you will need to enter on the Summary page at the end of the year.

How to figure the average number of employees who worked for your establishment during the year:

- 1 Add** the total number of employees your establishment paid in all pay periods during the year. Include all employees: full-time, part-time, temporary, seasonal, salaried, and hourly.

The number of employees paid in all pay periods = **1**

- 2 Count** the number of pay periods your establishment had during the year. Be sure to include any pay periods when you had no employees.

The number of pay periods during the year = **2**

- 3 Divide** the number of employees by the number of pay periods.

1 / **2** = **3**

- 4 Round the answer** to the next highest whole number. Write the rounded number in the blank marked *Annual average number of employees*.

The number rounded = **4**

For example, Acme Construction figured its average employment this way:

In this pay period . . . Acme paid this many employees . . .

1	10
2	0
3	15
4	30
5	40
▼	▼
24	20
25	15
26	+10
	830

Number of employees paid = 830 **1**

Number of pay periods = 26 **2**

$830 \div 26 = 31.92$ **3**

31.92 rounds to 32 **4**

32 is the annual average number of employees

How to figure the total hours worked by all employees:

Include hours worked by salaried, hourly, part-time and seasonal workers, as well as hours worked by other workers subject to day to day supervision by your establishment (e.g., temporary help services workers).

Do not include vacation, sick leave, holidays, or any other non-work time, even if employees were paid for it. If your establishment keeps records of only the hours paid or if you have employees who are not paid by the hour, please estimate the hours that the employees actually worked.

If this number isn't available, you can use this optional worksheet to estimate it.

Optional Worksheet

Find the number of full-time employees in your establishment for the year.

X

Multiply by the number of work hours for a full-time employee in a year.

This is the number of full-time hours worked.

+

Add the number of any overtime hours as well as the hours worked by other employees (part-time, temporary, seasonal)

Round the answer to the next highest whole number. Write the rounded number in the blank marked *Total hours worked by all employees last year*.

Save Input

Reset



OSHA's Form 301 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.

Completed by

Title

Phone - - Date / /
Month Day Year

Information about the employee

- 1) Full name
- 2) Street
- 3) City State ZIP
- 4) Date of birth / /
Month Day Year
- 5) Date hired / /
Month Day Year
 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 AM PM
- 13) Time of event 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."
- 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; be more specific than "hurt," "pain," or "sore." *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

Page 1 of 1

Save Input

Add a Form Page

Reset