



Occupational Injury and Illness
Forms: OSHA 301,300 & 300A

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OSHA ELECTRONIC LOG

Not Required in Washington State

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Why keep injury-illness records?

- Captures data on how people get hurt.
- Helps identify problem areas.
- Helps prevent future injury or illness.
- More effective safety program.
- Increases employee safety awareness.

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What do I have to do?

All Employers Must:

- Participate in OSHA-BLS annual surveys if asked
- Not discriminate for reporting incidents
- Report fatalities and catastrophes to L&I

Employers who had 10 or *fewer* employees or are a specific low hazard industry need not keep injury/illness records.

Employers who had *more* than 10 employees last year *must* keep injury/illness records.

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Employees

Covered

- All employees on payroll
- All employees you supervise on a day-to-day basis. (Temp. Workers)

Not Covered

- Sole proprietor
- Partner
- Sub-contractor employees supervised by subcontractor.

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OSHA 301 Injury and Illness Incident Report

- Filled out within 7 days of incident
- Details about an incident

The image shows a completed OSHA 301 Injury and Illness Incident Report form. The form is divided into two main sections: 'Information about the case' and 'Information about the employee'.

Information about the case:

- (1) Case number from the Log: **4**
- (2) Date of injury or illness: **8/15/06**
- (3) Time employee began work: **8:00 PM**
- (4) Time of event: **9:15 PM**
- (5) 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."
Climbing up stairs to deliver mail to the drafting department.
- (6) What happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 10 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
Tripped on worn carpet at edge of stair tread. She fell four steps to floor.
- (7) 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."
Sprained left knee
- (8) 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.
Stairs
- (9) If the employee died, when did death occur? Date of death: _____

Information about the employee:

- (1) Full name: **Rita Smith**
- (2) Street: **18 West 33rd St**
- ZIP: **98208**
- City: **Thompson**
- State: **WA**
- ZIP: **98208**
- Facility: **2318 Elm St.**
- City: **Everett**
- State: **WA**
- ZIP: **98208**
- (8) Was employee treated in an emergency room?
☐ Yes
☒ No
- (9) Was employee hospitalized overnight as an in-patient?
☐ Yes
☒ No

Red annotations include a large 'X' over the 'Information about the employee' section and a red arrow pointing from the 'Information about the case' section to the 'Information about the employee' section.

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NOT an Admission of Fault



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Restricted Work or Job Transfer

Restricted Work

- From one or more routine job functions
- Not work the full work day
- Decision by the employer or licensed health care professional recommendation

Job Transfer

- Temporary or permanent change of job
- At least part of the day

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How do I know what to record?



- Is it work related?
- Is it a new case?
- Does it meet recording criteria?
 - General
 - Specific

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Is it work related?

YES

"...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."

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Is it work-related?



2. NO

- Employee present as part of the general public
- Symptoms from non-work-related event
- Voluntary participation in:
 - Wellness program
 - Medical, fitness or recreational activity

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Is it work-related?

3. No

- Eating, drinking, preparing food for personal consumption, unless...
- Personal tasks at the establishment outside of work hours
- Personal
 - Grooming
 - Self-medication (non-work related)
 - Intentional self-inflicted injury



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Is it work-related?

4. No

- Motor vehicle accident on company lot during commute
- Common, cold or flu
- Mental illness



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How do I know what to record?



- Is it work related?
- Is it a new case?
- Does it meet recording criteria?
 - General
 - Specific

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Is it a new case?

Yes

- No previous recorded injury/illness of this type to the body part

OR


- New event or exposure causes same type of injury/illness
Employee completely recovered from previous condition

No

- Signs and symptoms re-appear or continue in the absence of a workplace exposure.
- You may rely on advice of licensed health care professional.

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How do I know what to record?

- Is it work related?
- Is it a new case?
-  • Does it meet recording criteria?
 - *General*
 - Specific

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General Recording Criteria

Record a work-related injury or illness if it results in:

- Death
- Days away from work
- Restricted work or job transfer
- Medical treatment beyond first aid
- Loss of consciousness
- Significant injury or illness diagnosed by a licensed healthcare professional

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How do I know what to record?

- Is it work related?
- Is it a new case?
- • Does it meet recording criteria?
 - General
 - *Specific*

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Specific Recording Criteria

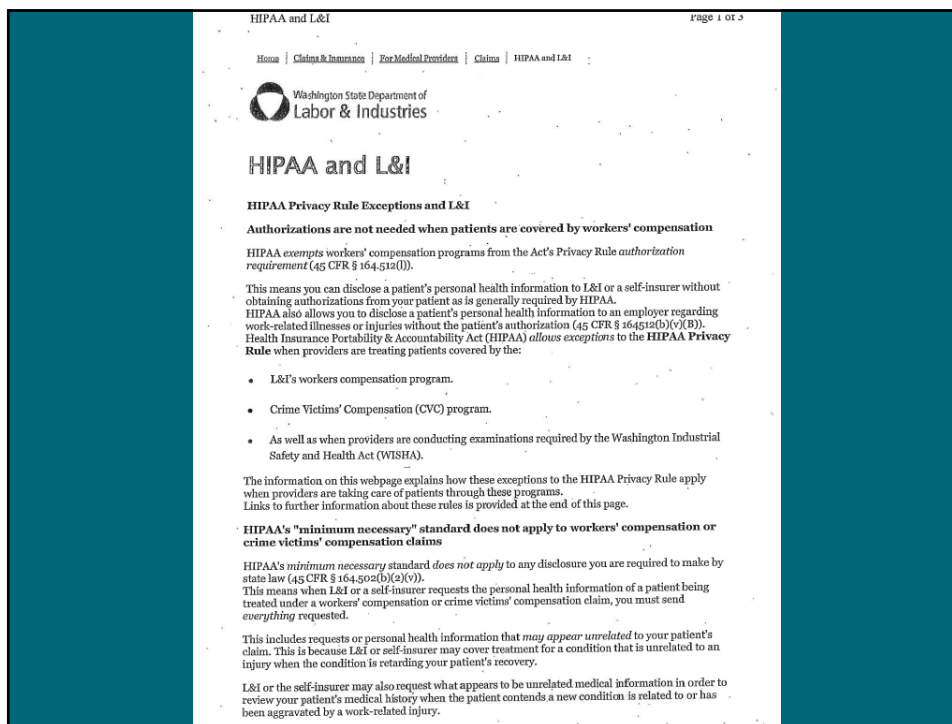
- Needlestick and sharps injuries
- Medical removal under a WISHA standard
- Occupational hearing loss
- Tuberculosis

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Medical Treatment or First Aid Treatment ?



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Work-Related Musculoskeletal Disorder

- Recordable cause as “injury” or “all other illnesses”
- Follow same criteria as for other disorders
 - Work related
 - New case
 - General recording criteria

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Calendar Days

Do not count date of injury.

Injury occurs 12/15/2018.

- Employee on KOS 12/16/2018 -12/26/2018.
- Employee put on restricted duty as of 12/27/2018.
- Employee put back to full duty 2/15/2019.

All 51 days are recorded on your 2018 log.

- This would be 10 days KOS in Column K.
- This would be 51 days RESTRICTED DUTY in Column L.
5 days in Dec + 31 days in Jan + 15 days in Feb = 51 days

This injury does NOT go on your 2019 log.

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Separate Log and Summary for Each Establishment

- Expected to be in operation at least one year
- One log for all short term establishments
- Link each employee to an establishment
 - First where the injury occurred
 - OR
 - Where the employee normally works

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Multiple business establishments WAC 296-27-02101	
IF	THEN
The establishment is expected to be in operation for a year or more	Keep separate OSHA 300 logs for each establishment.
The establishment is short term – expected to be in business for less than a year	You may keep one Log that covers all short term establishments for individual company divisions or geographic regions.
Employees who work at different locations (i.e., construction)	You must link each employee to ONE of your establishments and record their injury/illness on the OSHA 300 Log for that establishment.
Employees don't work at any of your establishments (i.e., telecommute)	
An employee of one of your establishments is injured or becomes ill while visiting or working at another of your establishments	You must record the injury or illness on the OSHA 300 Log of the establishment at which the injury or illness occurred.
If the employee is not at one of your establishments and becomes injured or ill (i.e., away on business)	You must record the case on the OSHA 300 Log at the establishment at which the employee normally works.
You keep records for an establishment at your headquarters or other central location	You must be able to: <ul style="list-style-type: none"> Transmit information about the injuries and illnesses from the establishment to the central location within 7 calendar days of receiving information that a recordable injury or illness has occurred; and Produce and send the records from the central location to the establishment <ul style="list-style-type: none"> By the next business day for employees, former employees or employee reps; Within 4 business hours for government reps.

Scenario:
You have 3 establishments. One is located in Washington, the 2nd is in Ohio, and the 3rd, which is also headquarters, is located in Maine. For many reasons including the fact that they are not in close proximity, the employer would have to keep separate occupational injury and illness records for each of those establishments. However, the employer could keep the separate Logs at the Maine (headquarters) location as long as the employer is able to meet the adjacent requirements for transmitting, producing, and sending.

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OSHA 301 Injury and Illness Incident Report

- Filled out within 7 days of incident
- Details about an incident

**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.

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

Form approved OSHA no. 12-0475

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 91-506 and 29 CFR 1904, OSHA's recordkeeping rules, you must keep this form on file for 3 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.

Information about the employee

1. Full name _____

2. Street _____

City _____ State _____ ZIP _____

3. Date of birth _____

4. Sex ☐ Male ☐ Female

Information about the physician or other health care professional

5. Name of physician or other health care professional _____

6. Facility _____

7. If treatment was given away from the workplace, where was it given? _____

City _____ State _____ ZIP _____

8. Was employee treated in an emergency room? ☐ Yes ☐ No

9. Was employee hospitalized overnight or in an inpatient? ☐ Yes ☐ No

Information about the case

10. Case number from the Log _____ (Write the case number from the Log after you record the case.)

11. Date of injury or illness _____ AM / PM

12. Year employee began work _____ AM / PM ☐ Check if case cannot be determined

13. 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, the specific, example: "climbing a ladder while carrying roofing materials"; "grazing chlorine from hand sprayer"; "daily computer key-entry."

14. What happened? Tell us how the injury occurred. Example: "When ladder slipped on wet floor, worker fell 10 feet"; "Worker ran over with chlorine when garden hose during replacement"; "Worker developed necrosis in wrist over time."

15. What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be specific, example: "back"; "palm"; or "eye." Example: "strained back"; "chemical burn, hand"; "torn rotator cuff."

16. What object or substance directly harmed the employee? Example: "concrete floor"; "chlorine"; "metal arm saw." (If this question does not apply to the incident, leave it blank.)

17. If the employee died, when did death occur? Date of death _____

Completed by: _____ Title _____ Date _____

Public reporting burden for this collection of information is estimated to average 27 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. Send comments regarding this burden estimate or any other aspect of this data collection, including suggestions for reducing the burden, to Washington, DC 20503. Do not send this information to the Department of Labor, OSHA Office of Statistics, Bureau of Statistics, 300 Constitution Avenue, NW.

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OSHA 300 Log

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

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

Year 20 **2013**

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

Form approved OMB no. 1218-004

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent for each injury or illness recorded on this form. If you're unsure whether a case is recordable, call your local OSHA office for help.

Identify the person

(A) Case No. **4**

(B) Employee's name **Fred Astaire**

(C) Job title (e.g., Welder) **Field Installer**

(D) Date of injury or onset of illness (no. / day)

(E) Where the event occurred (e.g., Loading dock north end)

(F) Describe the 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)

Classify the case

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

Death (G) ☐ Days away from work (H) ☐ Job transfer or restriction (I) ☐ Other recordable cases (J) ☒

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

Away from work (K) **0** days

On job transfer or restriction (L) **2** days

Check 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) ☐

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

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 **2013**

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

Form approved OMB no. 1218-004

OSHA Log Activity - Corrected

Establishment name **Crate Manufacturing**

City **Boxcity** State **Washington**

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

Identify the person

(A) Case No.

(B) Employee's Name

(C) Job Title (e.g., Welder)

(D) Date of injury or onset of illness (no. / day)

(E) Where the event occurred (e.g., Loading dock north end)

(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)

Classify the case

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

Death (G) Days away from work (H) Job transfer or restriction (I) Other recordable cases (J) Away from work (K) On job transfer or restriction (L)

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

(M)

Injury (1) Skin disorder (2) Respiratory condition (3) Poisoning (4) Hearing loss (5) All other illnesses (6)

1	Doris Day	Fabricator	1/25/13	Product production area	Laceration/left indexing from metal-cutting saw															
NR2	Fred Astaire	Field Installer	2/3/13	Field installation	Strained elbow from lifting hopper parts															
3	Ed Sullivan	Maint. Mech.	3/7/13	Maintenance Shop	Laceration to right hand from metal cutting saw															
4	Vanessa Redgrave	Maint. Mech.	4/15/13	Maintenance Shop	Dizziness from exposure to cleaning solvents				X					3						
NR5	Liz Taylor	Finisher	5/3/13	Product Finishing area	Flu-like symptoms from eating contaminated food															
6	Audrey Hepburn	Fabricator	5/10/13	Product production area	Laceration to left hand from saw		X							1	5					
NR7	Dean Martin	Field Installer	6/1/13	Field installation	Strained wrist from lifting conveyor parts															
8	Frank Sinatra	Ware. Wrkr.	6/13/13	Warehouse	Strained back while lifting 70 lb boxes				X					7						
9	Clint Eastwood	Ware. Wrkr.	6/23/13	Warehouse	Allergic Reaction from Bee Sting					X										
NR10	Natalie Wood	Admin Assist	7/1/13	Parking Lot	Fractured wrist while playing basketball															
11	Privacy Concern	Privacy Conc.	7/20/13	Nurses Station	Privacy Concern					X										
12	Bing Crosby	Maint. Mech.	8/19/13	Maintenance Shop	Carbon monoxide exposure from generator		X							5						
13	Sidney Pottier	Field Installer	9/26/13	Field installation	Strained back from lifting conveyor parts					X										
Page totals						0	2	2	5	6	15	7	0	1	1	0				

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

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspect of

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

Year: 2013
U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OSHA no. 121

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete.

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 305 or its equivalent. See 29 CFR 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
0 (a)	2 (b)	2 (c)	5 (d)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
6 (e)	15 (f)

Injury and Illness Types

Total number of... (M)	(1) Injury	(4) Poisoning	(7) All Other Illnesses
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	1	(6) All Other Injuries	0

Establishment Information

Your establishment name: Crane Manufacturing
Street: 123 Pine Grove Avenue
City: Bozcity State: VA Zip: 98541
Industry description (e.g., Manufacture of motor truck trailers)
Manufacture of Cranes and Barges
Standard Industrial Classification (SIC), if known (e.g., SIC 3718)
2 4 5
OR, North American Industrial Classification (NAICS), if known (e.g., 336212)
3 2 1 8 0

Employment Information

Annual average number of employees: 60
Total hours worked by all employees last year: 135,600

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.

Jimmy Stewart President
Company executive Title
215-480-1378 Phone Date: 2/1/2014

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

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instruction, search and gather the data needed, and to provide and review the collection of information. Persons are not required to respond to the collection of information unless it is indicated otherwise by a notice that states that it is required by law.

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Average Number of Employees

Pay Period	#of employees
1	10
2	0
3	15
4	30
5	40
↓	↓
24	20
25	15
26	+10
	830

- Number of employees paid = 830
- Number of pay periods = 26
- $830 / 26 = 31.92$
- 31.92 rounds to = 32
- Annual average number of employees = 32

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Total Hours Worked

8 Number of full time employees
X 2,080 Number of hours per full time employee
16,640 Number of full time hours
+ 2,200 Overtime, part time, temporary and
seasonal hours

18,840 Total hours (rounded)

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Case Rates

- TRC is non-fatal Total Recordable Case Rate
(also referred to as Incident Rate or IR)
- DART is Days Away Restricted (Light Duty)
and Transferred (job change) Rate
- Link to National Incidence Rates:



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Injury & Illness Incidence Rates Worksheet

Total # of injuries & illnesses Columns H+I+J				Number of hours worked by all employees		TRC Recordable Case Rate
9	x	200,000	/	135,600	=	13.3
Total of entries in Columns H + I				Number of hours worked by all employees		DART Incidence Rate
4	x	200,000	/	135,600	=	5.9

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Electronic Log

You can access this at:

<https://www.osha.gov/recordkeeping/RKforms.html>

“SIC” code or “NAICS”

http://dor.wa.gov/Content/AboutUs/StatisticsAndReports/line_code_detail/default.aspx

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Report Fatalities & Hospitalizations to L&I

Must report within 8 Hours of incident:

Call DOSH at 1.800.423.7233

- Death
- Probable death
- Hospitalization: an incident where 1 or more employees is admitted to a hospital. **Not the emergency room!**

Must report within 24 hours:

Call OSHA at 1.800.423.7233

- Amputation/Loss of Eye

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Questions

Holly Markee, Safety Manager

(253) 208-1671 or Holly.markee@approachms.com

Amy Davidson, Safety Manager

(206) 812-3826 or Amy.davidson@approachms.com

Thank you!

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