APPROACH management services

OSHA 300 Recordkeeping & Electronic Reporting

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

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.

What Do I Have To Do?

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

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

All Employers Must:

- Participate in Bureau of Labor & Statistics annual surveys if asked

Who Must Be Counted?

Count

- All employees on payroll
- All employees you supervise on a day-to-day basis (including temporary workers).

Do Not Count

- Sole proprietor
- Partner
- Employees of subcontractors you do not supervise.

How Do I Know When To Record?

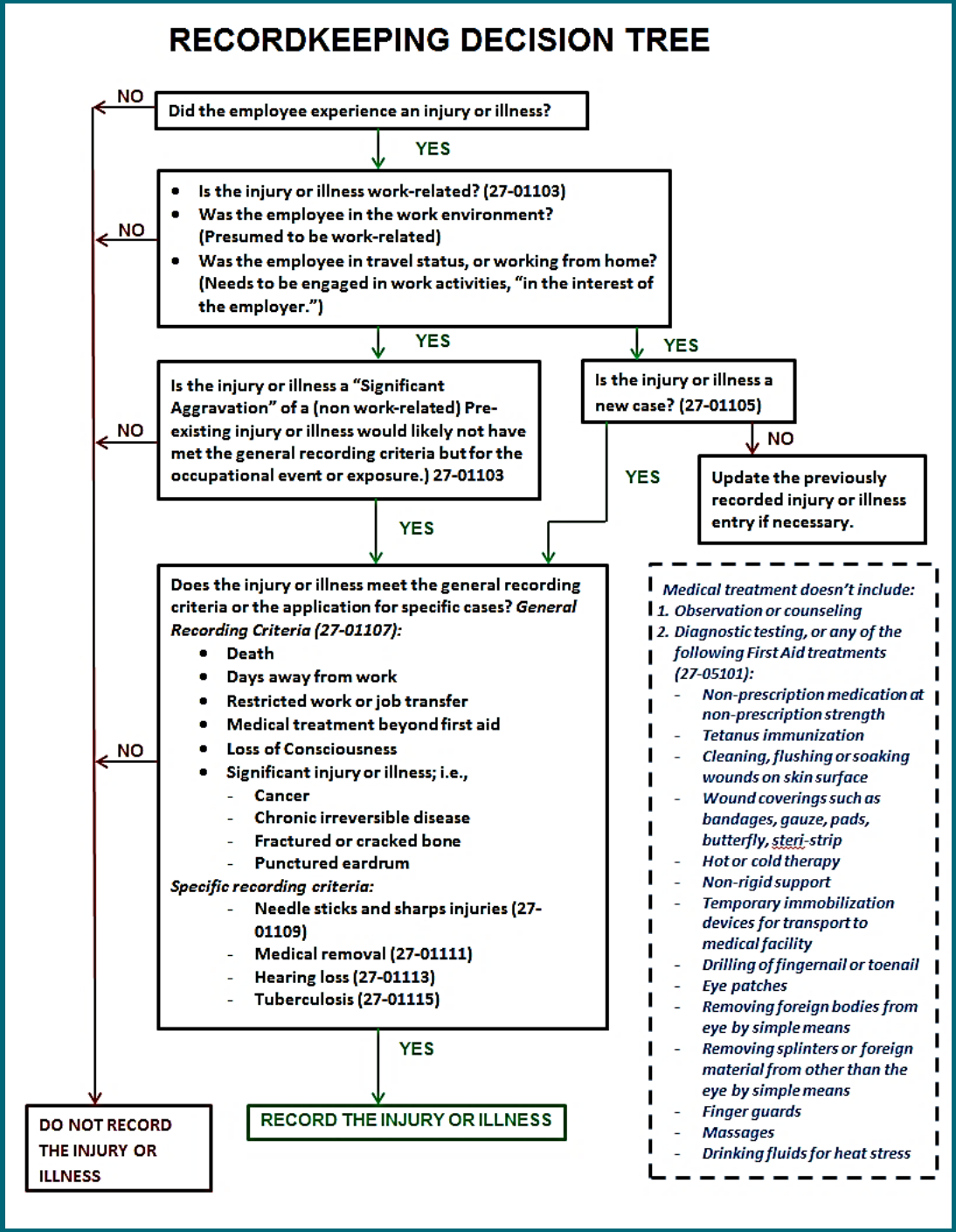
- Is it work related?
- Does it meet recording criteria?
  - General
  - Specific

  - To be recordable, the incident must be work-related, the employee must be engaged in a task that benefits the employer.

How Do I Know When To Record?

- If your answer is YES to any of the following questions, then the injury is recordable:
  - Did the employee go to the doctor and receive medical treatment beyond “first aid”?
  - Did the employee miss work as a result of the injury or illness?
  - Did the employee return to work in a restricted or light duty position?

Recordkeeping Decision Tree



How Do I Know When To Record?

- Is it work related?
- Does it meet recording criteria?
  - *General*
  - Specific

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

How Do I Know When To Record?

- Is it work related?
- Does it meet recording criteria?
  - General
  - *Specific*

"Specific" Recording Criteria

- Needlestick and sharps injuries
- Medical removal under a WISHA standard (i.e. chemical exposure)
- Occupational hearing loss
- Tuberculosis

Medical Treatment or First Aid Treatment ?

Handout

Information about the case

10) Case number from the *Log* 4 *(Transfer the case number from the Log after you record the case.)*

11) Date of injury or illness 8 / 15 / 02

12) Time employee began work 8:00 (AM) / PM

13) Time of event 9:15 (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"

Climbing up stairs to deliver mail to the drafting department.

15) **What happened?** Tell us how fell 20 feet"; "Worker was sp developed soreness in wrist

Tripped on wo
She fell four s

16) **What was the injury or illnes** more specific than "hurt," "p tunnel syndrome."

Sprained lef

Completed by Fred Thom

Title Production su

Phone 425) 355-1867

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.*

Stairs

18) **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

City Everett State WA ZIP 98208

3) Date of birth 11/24/49

4) Date hired 08/15/94

5) ☐ Male
☒ Female

Information about the physician or other health care professional

6) Name of physician or other health care professional Dr. John Sawbones

7) If treatment was given away from the worksite, where was it given?

Facility Odea Fracture Clinic

Street 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

SHA's Form 300 (Rev. 01/2004)

og 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

must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job sfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of pecific 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 plete 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

Form approved OMB no. 1218-0176

OSHA Log Activity - Corrected

Establishment name Crate Manufacturing

City Boxcity State Washington

Identify the person			Describe the case		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:					
	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	Death	Days away from work	Remained at work: Job transfer or	Remained at work: Other record-able cases	Away From Work (days)	On job transfer or restriction (days)	(M) Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesse
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
1	Doris Day	Fabricator	1/25/13	Product production area	Laceration/left index fing.from metal-cutting saw				x			x					
2	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				x			x					
4	Vanessa Redgrave	Maint. Mech.	4/15/13	Maintenance Shop	Dizziness from exosure to cleaning solvents			x			3			x			
5	Liz Taylor	Finisher	5/9/13	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	x					
7	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 liftging 70 lb boxes			x			7	x					
9	Clint Eastwood	Ware. Wrkr.	6/29/13	Warehouse	Allergic Reaction from Bee Sting				x			x					
10	Natalie Wood	Admin Assist	7/1/13	Parking Lot	Fractured wrist while playing basketball												
11	Privacy Concern	Privacy Conce	7/20/13	Nurses Station	Privacy Concern				x			x					
12	Bing Crosby	Maint. Mech.	8/19/13	Maintenance Shop	Carbon monoxide exposure from generator		x			5					x		
13	Sidney Poitier	Field Installer	9/26/13	Field installation	Strained back from lifting conveyor parts				x			x					
					Page totals	*0*	*2*	*2*	*5*	*6*	*15*	*7*	*0*	*1*	*1*	*0*	*0*

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

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

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

Establishment information

Your establishment name: Joe's Tr

Street: 16 Main Str

City: Everett St

Industry description (e.g., Manufacture of motor tru: Trucking

Standard Industrial Classification (SIC), if know: 4212

Employment information (If you don't k... 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 ma...

I certify that I have examined this documen... knowledge the entries are true, accurate, an...

Joe Wheelman

Company executive

425 335-8326

Phone

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
1	5	2	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days of job transfer or restriction	Total number of days away from work
12	26
(K)	(L)

Injury and Illness Types

Total number of . . .	(M)		
(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	2	(5) All other illnesses	3
(3) Respiratory conditions	0		

Calendar Days

Do not count date of injury.

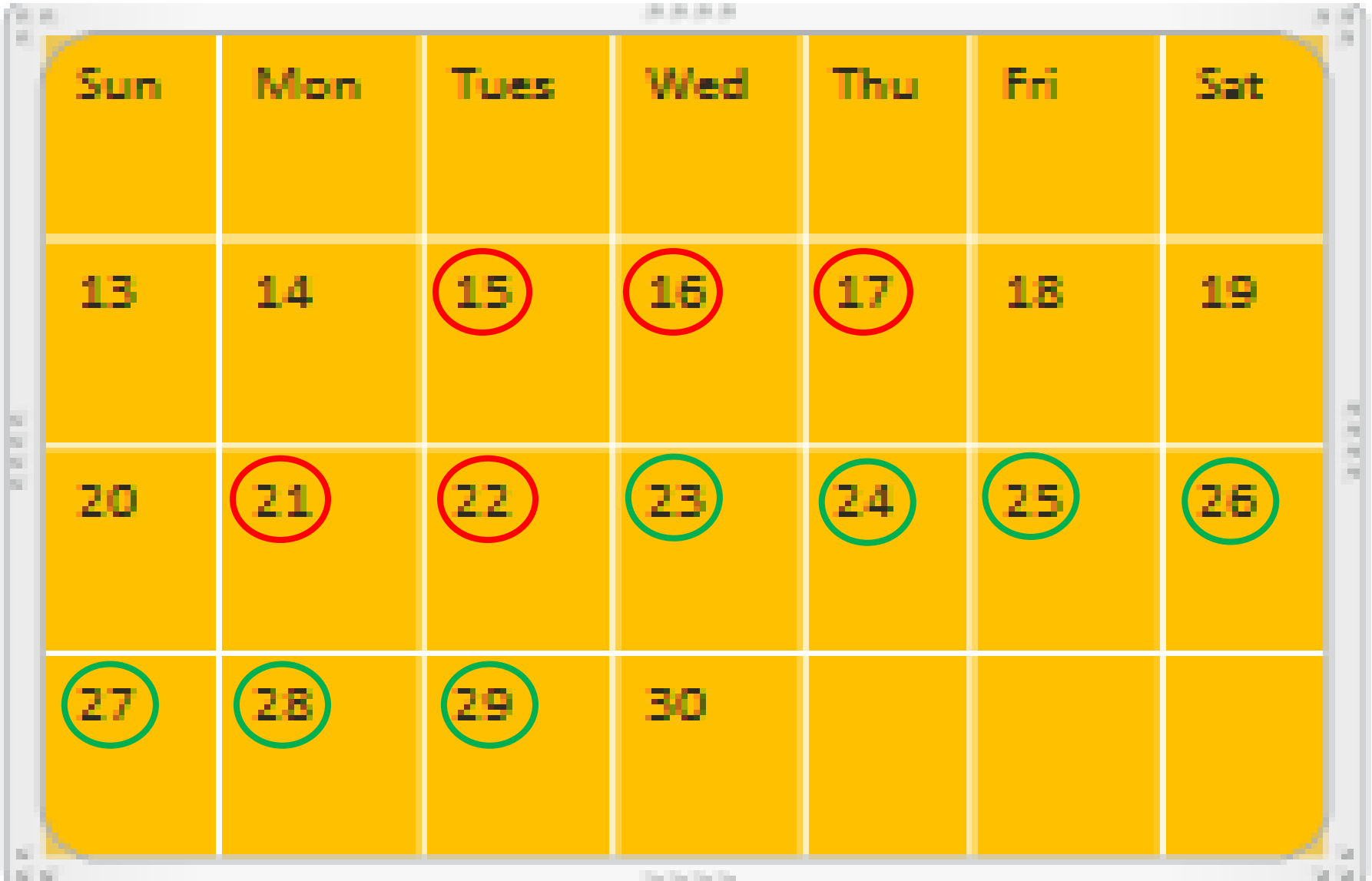
Injury occurs 12/15/2024

- Employee missed work 12/16/2024 -12/26/2024
- *Record 11 days AWAY in Column K*

- Employee on restricted duty 12/27/2024 to 02/14/2025, returning to full duty on 02/15/2025
- *Record 50 days RESTRICTED DUTY in Column L*

All 61 days are recorded on your 2024 log.

Ex. #1 Recording Number of Days



Case Rates

- TRC is non-fatal Total Recordable Case Rate (also referred to as Incident Rate or IR)

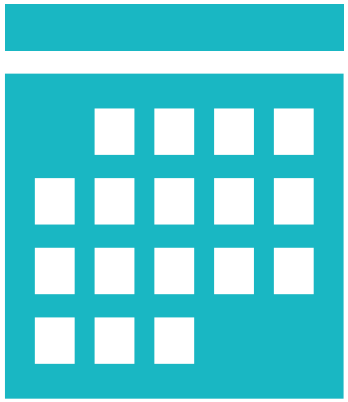
- DART is Days Away Restricted or Transferred
- Days Away-(unable to work)
- Restricted-(light duty)
- Transferred (job change)

- The electronic reporting form ITA ("Injury Tracking Application") automatically will calculate these rates

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

Electronic Reporting



Current Federal Rules
January 1, 2024

Multiple business establishments
WAC 296-27-02101

IF	THEN
The establishment is expected to be in one operation for a year	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 **Scenario:** You have 3 establishments. One is located in Washington, the 2nd is in Ohio, and the 3rd, which is 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 Main (headquarters) location as long as the employer is able to meet the adjacent requirements for transmitting, producing, and sending.	You must be able to: ▪ Transmit information about the injuries and illnesses for the establishment to the central location within 7 calendar days receiving information that a recordable injury or illness has occurred; **and** ▪ Produce and send the records from the central location to the establishment - By the next business day for employees, former employees or employee reps: - Within 4 business hours for government reps.

Electronic Reporting

If your establishment employed 250 or more *different* employees during the previous calendar year

OR

If your company employed 20 to 249 *different* employees and are in an industry listed in *Appendix A.*

https://www.osha.gov/laws-regs/regulations/standardnumber/1904/1904.41AppA

(i.e. Agriculture, Construction, Transportation, Manufacturing)

Electronic Reporting

If your establishment employed 100 or more different employees in designated high hazard industries

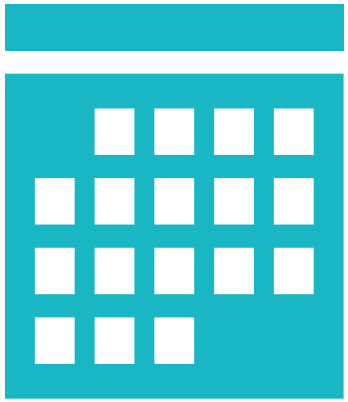
- Appendix B

https://www.osha.gov/lawsregs/regulations/standardnumber/1904/1904SubpartEAppB

You must electronically submit to OSHA additional information about each recordable injury and illness entered from

OSHA 301 and OSHA 300

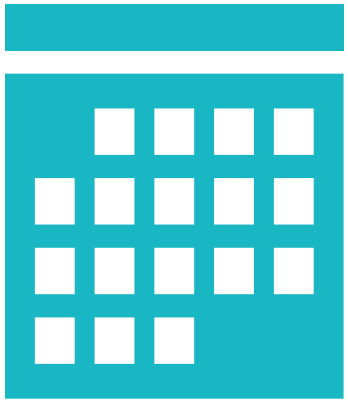
Protecting Personally Identifiable Information
PII



Do not include:

- Names
- Social Security numbers
- Telephone numbers
- Home addresses
- Email addresses
- Healthcare provider information
- Family member information

Mandatory Information



- Must submit injured/ill employees

- DOB
- Job title
- Date hired
- Gender

When Must It Be Done?
Electronic Reporting

Must submit the data from

OSHA Forms 301, 300 and 300A electronically via the

Injury Tracking Application (ITA)

Due by March 2, 2025

And do this annually going forward.

Electronic Reporting

Each establishment must include:

- Legal Company Name

- The Employer Identification Number

- Apply Online

https://www.irs.gov/businesses/small-businesses-self-employed/get-an-employer-identification-number

Call IRS Business & Specialty Tax Line at 800-829-4933

Electronic Reporting

You can access the website at:

https://www.osha.gov/injuryreporting/ita

OR

Injury Tracking Application

Electronic Reporting

If required to electronically report your records to OSHA via the ITA-Injury Tracking Application

AND

You receive a letter from the Bureau of Labor and Statistics

YOU MUST DO BOTH

OSHA Recordkeeping Requirements

- Once you learn a recordable case has occurred, you have 7 calendar days to enter the case on the OSHA Forms.
- If a medical opinion is obtained, the employer must follow the medical opinion of the LHCP for recordkeeping purposes.
- **The OSHA Form 300A must be completed and posted at the worksite from February 1st through April 30th.**
- Retain forms for the previous 5 years, updating the OSHA Form 300 as needed. You do not need to update the OSHA Form 301 or 300A.
- Multiple establishments may maintain their records at one location but must be able to separate the information for each specific site. Only multiple establishments within close proximity of one another may keep one inclusive set of records.
- When a company changes ownership, the previous owner *must* transfer records to the new owner. The new owner must keep the old records for five years, but does not need to update them.

Questions

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