

OSHA INJURY AND ILLNESS RECORDKEEPING



Warning

Workers' Compensation determinations do NOT impact OSHA recordability.

Cases maybe:

- OSHA recordable and compensable
- OSHA recordable but not compensable
- Compensable but not OSHA recordable

Who needs to do Recordkeeping?



- If your operation had more than
 - **10 (non-family) employees** at any one point during the last year
- Year is January 1- December 31

Recordkeeping – OSHA.gov

<http://www.osha.gov/recordkeeping/index.html>

The screenshot shows the OSHA.gov website. At the top, it says 'UNITED STATES DEPARTMENT OF LABOR' and 'OSHA'. Below that, there's a navigation menu with 'Home', 'About', 'Regulations', 'Enforcement', 'Data & Statistics', 'Training', 'Publications', and 'Newsroom'. The main heading is 'OSHA Injury and Illness Recordkeeping'. There are several links and news items listed, including 'Do I need to file out the OSHA 300 of Work-Related Injuries and Illnesses?', 'What do I need to comply with the recordkeeping requirements?', and 'What should I do if there is a fatality or catastrophe at my work site?'. There's also a 'What's New' section on the right side.

Rule 1904

Organization:

- Subpart C – Record criteria and Forms
- Subpart D – Other requirements
- Subpart E – Reporting to the government

Form 300

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

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

Form OSHA 300 Rev. 12/14/10

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 305) 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.

Establishment name _____
City _____ State _____

Identify the person		Describe the case				Classify the case				Enter the number of days the injured or ill worker was		Check the "Injury" column or choose one type of illness					
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Miller)	(D) Date of injury or onset	(E) Where the event occurred (e.g., Loading dock work area)	(F) Describe injury or illness, parts of body affected, and object/instrument that directly injured or made person ill (e.g., Second degree burns on right forearm from airplane lands)	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:					
						Remained at Work				Away from work		(M) Type of injury or illness					
						Death	Days away from work	Job transfer or restriction	Other recordable case	(K) Days	(L) Days	(1) Fatality	(2) Lost workday	(3) Restricted work	(4) Medical treatment	(5) Transfer to another job	(6) Other
(G)	(H)	(I)	(J)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search existing data sources, gather the data needed, and complete and review 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 Headquarters Service, Paperwork Project, U.S. Department of Labor, Occupational Safety and Health Administration, Bureau of Safety and Health Enforcement, Washington, DC 20330. Do not send the completed form to this office.

Page total >

Be sure to transfer these totals to the Summary page (Form 3004) before you post it.

Page ____ of ____ (1) (2) (3) (4) (5) (6)

Form 300 Sections

Identify The Person

- (A) Case No.
- (B) Employee's Name
- (C) Job Title

Describe the Case

- (D) Date of Injury or Onset of Illness
- (E) Where Event Occurred
- (F) Describe Injury or Illness

Classify the Case (Check One)

- (G) Death
- (H) Days Away From Work
- (I) Job Transfer or Restriction
- (J) Other Recordable Cases

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

- (K) Away from Work
- (L) On job transfer or restriction

Check the injury Column or Choose one type of illness:

(M)

- Injury
- Skin disorder
- Respiratory condition
- Poisoning
- Hearing loss
- All other illnesses

Form 301

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.



Form approved OSHA no. 1218-0176

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

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by _____
Title _____
Phone (____) _____-____ Date ____/____/____

Information about the employee

1) Full name _____
2) Street _____
City _____ State _____ ZIP _____

3) Date of birth ____/____/____
4) Date hired ____/____/____
5) Male
 Female

Information about the physician or other health care professional

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

8) Was employee treated in an emergency room?
 Yes
 No

9) Was employee hospitalized overnight as an in-patient?
 Yes
 No

Information about the case

10) Case number from the Log _____ (Transfer the case number from the Log after you record the case.)
11) Date of injury or illness ____/____/____
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."

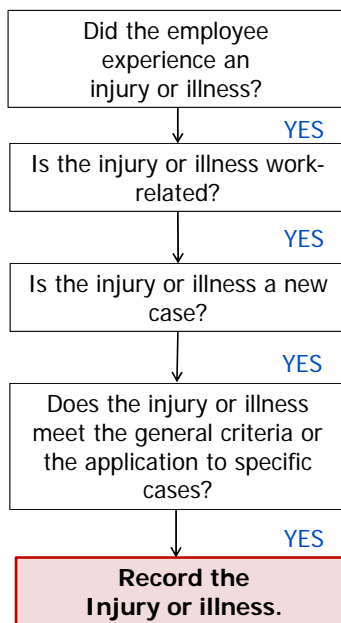
16) What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

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 ____/____/____

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 aspect of this data collection, including suggestions for reducing this burden, to Washington, DC 20503. Do not send the completed form to this office.

5 Steps to Determining Recordability



Step 1: Did the employee experience an injury or illness?

Scenario A:

Your employee go to the first aid kit and get 2 Advil™

Stop Here

OR

Go On To The Next Step?



Step 1: Did the employee experience an injury or illness?

Scenario A:

Your employee go to the first aid kit and get 2 Advil™

Answer: STOP

Why: First aid

Best Practice: Have employees record first aid use in a log.



Step 1: Did the employee experience an injury or illness?

Scenario B:

You covered the corn silage pile and the next day 2 employees went out to repair tears. They reported puncturing a bubble and then feeling sick. They were rushed to the hospital and checked out for exposure to nitrogen dioxide. After being checked out in the emergency room, they were told to stay home the next day as a precautionary measure.

Stop Here

OR

Go On To The Next Step?



Step 1: Did the employee experience an injury or illness?

Scenario B:

You were covering the silage pile and two (2) employees that were repairing holes weren't feeling well. They were rushed to the hospital. After being checked out in the emergency room, they were told to stay home the next day as a precautionary measure.

Answer: Yes

Why: Example exposure on September 21st with doctor's recommendation for September 22nd to have employees stay at home and return to work on September 23rd.

Doctor's recommendation makes this a day away from work.



Did the employee
experience an
injury or illness?

YES

Step 2 1904.5 Is the injury or illness
work-related?



Step 2: Is the injury or illness work-related?

Determination of work-relatedness

You 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.

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

10 Situations when NOT work-related

1. There is **no discernable cause**. Injury/illness did not result from even/exposure at work.
2. Employee was present in the work environment as a **member of the general public** rather than as an employee when the injury or illness occurred.
3. The injury or illness 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.
4. The injury or illness 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.

10 Situations when NOT work-related

5. The injury or illness 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.

Note: 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.

10 Situations when NOT work-related

6. The injury or illness is solely the result of doing **personal tasks** (unrelated to their employment) at the establishment **outside of the employee's assigned working hours**.
7. The injury or illness is **solely the result of** personal grooming, self medication for a non-work-related condition, **or is intentionally self inflicted**.
8. The injury or illness is caused by a **motor vehicle accident** and occurs on a **company parking lot or company access road** while the employee **is commuting** to or from work.

10 Situations when NOT work-related

9. The illness is the **common cold or flu**
(Note: Contagious diseases such as tuberculosis, brucellosis, hepatitis A, or plague are considered work-related if the employee is infected at work).
10. The illness is a **mental illness**. Mental illness will not be considered work-related unless the **employee voluntarily provides** the employers with an opinion from a physician or other licensed health care professional with appropriate training and experience (psychiatrist, psychologist, psychiatric nurse practitioner, etc.) stating that the employee has a mental illness that is work-related.

No Exceptions

There is **NO** exception for cases involving injuries or illnesses which occur as the result of:

- horseplay;
- acts of violence; or
- the fault of the employee.

Step 2: Is the injury or illness work-related?

Scenario C:

Employee slips on ice and sprains ankle in your employee parking area on their way in to work.

**Stop Here
OR
Go On To Next Step?**

Step 2: Is the injury or illness work-related?

Scenario C:

Employee slips on ice and sprains ankle in your employee parking area on their way in to work.

Answer: Yes

Why?: Injury happened on the work property.

If injury or illness caused by a motor vehicle crash in your employee parking area while commuting to work, not recordable.

Step 2: Is the injury or illness work-related?**Scenario D:**

Employee slips and falls in shop, breaking an arm while working on his car. It was the employee's day off from work.

Stop Here

OR

Go On To Next Step?

**Step 2: Is the injury or illness work-related?****Scenario D:**

Employee slips and falls in shop, breaking an arm while working on his car. It was his day employee's day off from work.

Answer: No

Why?: Not recordable, not work-related.

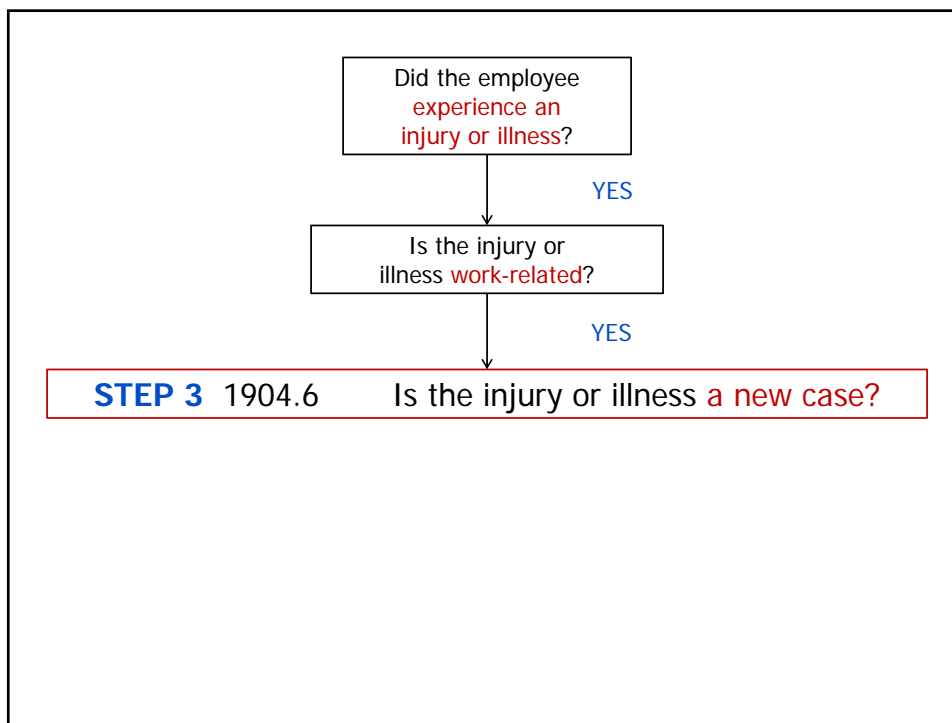
Doing a personal task outside of their employment.



**WARNING: DO NOT MIX
OSHA RECORDABILITY AND
WORKERS' COMPENSATION**

Workers' Compensation determinations do NOT impact OSHA recordability.

- Some cases may be OSHA recordable and compensable.
- Some cases may be compensable, but not OSHA recordable.
- Some cases may be OSHA recordable, but not compensable.



Step 3: Is the injury or illness a new case?

Consider an injury or illness as “new case” if the employee has not previously experienced a recorded injury or illness of the same type that affects the same part of the body.

OR

Employee **previously experienced** a recorded injury or illness of the same type that affected the same part of the body but had **recovered completely** (all signs and symptoms had disappeared) from the previous injury or illness and an **event or exposure in the work environment** caused the signs or symptoms to reappear.

Step 3: Is the injury or illness a new case?

Scenario E:

- 5 weeks ago, employee sprained wrist at work and received support, prescription medication and “light duty.”
- 2 weeks ago employee was back on normal job.
- Today (5 weeks after the injury) employee complains of pain in same wrist after scraping stalls.

Stop Here

OR

Go On To The Next Step?



Step 3: Is the injury or illness a new case?

Scenario E:

- Five (5) weeks ago, employee sprained wrist at work and received support, prescription medication and "light duty."
- Two (2) weeks ago employee was back on normal job.
- Today (5 weeks after the injury) employee complains of pain in same wrist after scraping stalls.

Answer: Yes

Why?: Employee was back to regular duty and released by medical professional.

Step 3: Is the injury or illness a new case?

Scenario F:

Employee fractures foot exiting a skid steer after cleaning barns.

Every 6 months or so it bothers him and he is placed on light duty for a day or two.

**Stop Here
OR
Go To The Next Step?**



Step 3: Is the injury or illness a new case?

Scenario F:

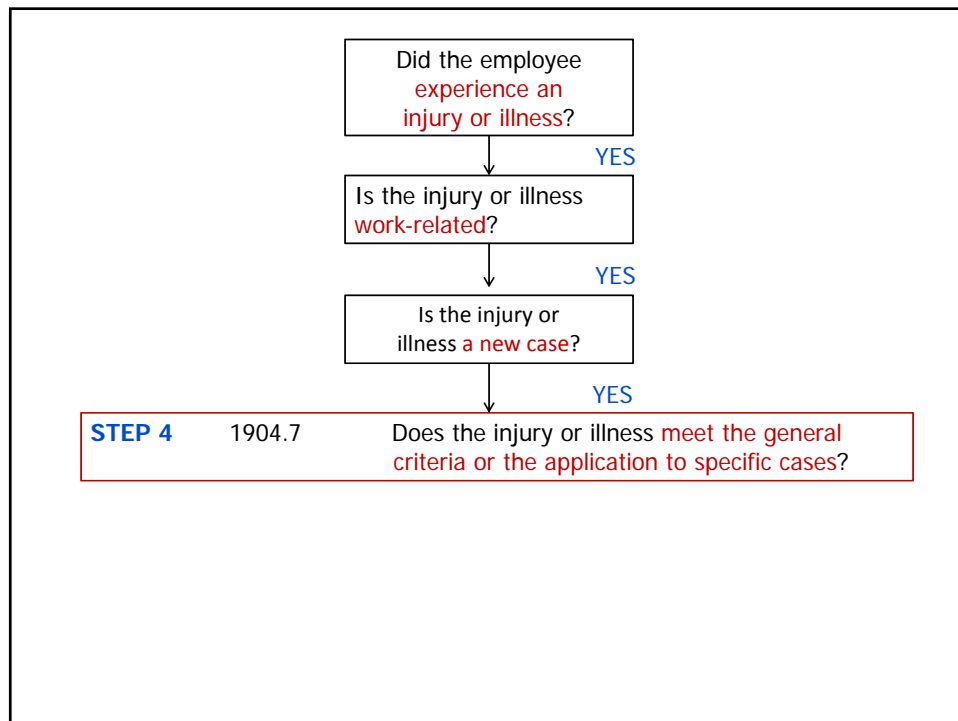
Employee fractures foot exiting a skid steer after cleaning barns.

Every six months or so it bothers him and he is placed on light duty for a day or two.

Answer: Yes and No

Why?: The reoccurrence was caused by an event at work.

Remember, once physician clears employee, the next injury or illness event is a new case.



Step 4: Does the injury or illness meet the general criteria or the application to specific cases?

General Recording Criteria

An injury or illness meets the **general recording criteria** and therefore to be **recordable**, if it results in any of the following:

- ✓ death,
- ✓ days away from work,
- ✓ restricted work or transfer to another job,
- ✓ medical treatment beyond first aid,
- ✓ or loss of consciousness.

Also consider a case to meet the general recording criteria if it involves a **significant injury or illness diagnosed by a physician or other licensed health care professional (LHCP)**, even if it does not result in death, days away from work, restricted work or job transfer, medical treatment beyond first aid, or loss of consciousness.

Day Counts

- Count the number of **calendar days** the employee was away from work or restricted/transferred include:
 - ✓ workdays
 - ✓ scheduled days off
 - ✓ holidays
 - ✓ vacation days
- **Don't count the day that it happens or the day that they return.**
- May cap day count at 180 days away and/or days restricted
- **May stop** day count if employee leaves company for a reason **unrelated** to the injury or illness.
- **Must estimate** day count when employee leaves company due to reasons **related** to the injury or illness.

Restricted Work Activity (RWA)

- If work restriction/transfer is limited to **day of** injury/illness onset **not recordable**-includes employee being sent home during shift.
- Production of **fewer** goods or services **not** considered RWA
- Vague restriction from physician or LHCP (e.g., "light duty" or "take it easy for a week") are to be **recorded as RWA** if no further information is obtained.

Medical Treatment vs First Aid

Medical treatment **DOES NOT include:**

1. Visits to a physician or LHCP only for observation or counseling
2. Diagnostic procedures (x-rays, blood tests) including administration of prescription medications used solely for diagnostic purposes (e.g., eye drops to dilate pupils)
3. First Aid



Medical Treatment vs First Aid – cont'd.

First Aid list is comprehensive. Any other procedure is medical treatment.

- Using temporary immobilization devices while transporting an accident victim
- Drilling a finger- or toenail
- 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
- Drinking fluids for relief of heat stress

Medical Treatment vs First Aid – cont'd

- Using any non-rigid means of support, as elastic bandages, wraps, back belts, etc.
- Over the Counter (OTC) non-prescription med at non-prescription strength

1 dose prescription med is **Medical Treatment**

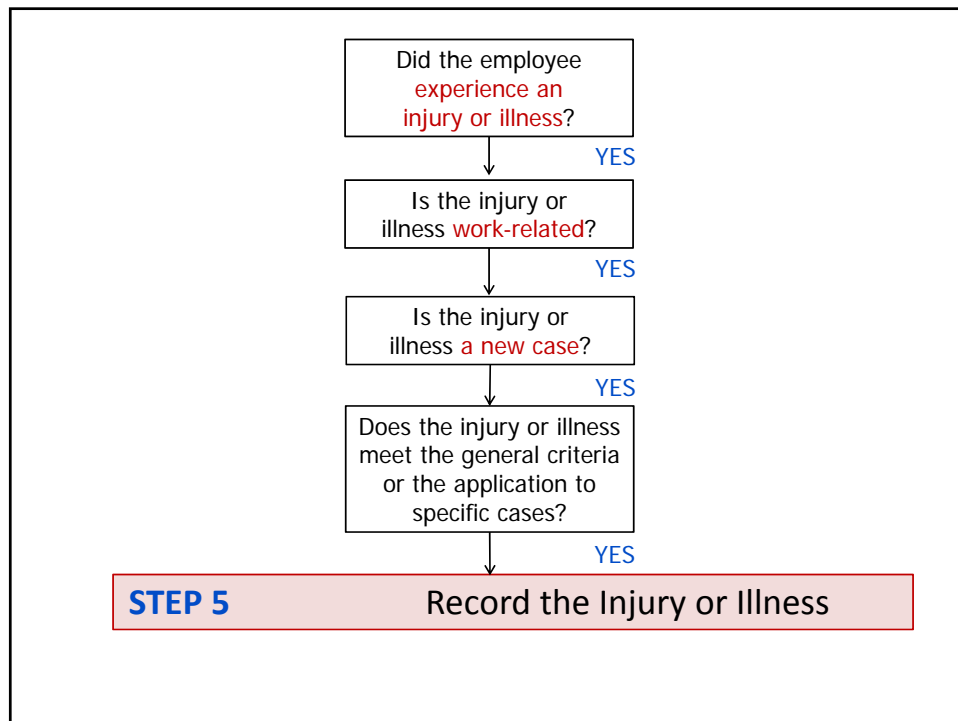
- | | |
|---------------------------------------|---------------------|
| • Ibuprofen (such as Advil™) | Greater than 467 mg |
| • Diphenhydramine (such as Benadryl™) | Greater than 50 mg |
| • Naproxen Sodium (such as Aleve™) | Greater than 220 mg |
| • Ketoprofen (such as Orudis KT™) | Greater than 25 mg |

- Administering **tetanus** immunizations
- Cleaning, flushing, or soaking wounds on the surface of the skin
- Using wound covering such as Band-Aids; Butterfly bandage/Steri-Strip (the only kind of wound closures)
- Any number of hot-cold treatments

Automatically recordable if work related:

1904.7(b)(7)

- ✓ Fracture of bones or teeth
- ✓ Punctured ear drum
- ✓ Cancer
- ✓ Chronic irreversible disease
(e.g. work related asthma)



Determining Case **Severity**

Employee has a work-related injury or illness, sees doctor, told she can only work on light duty for the next 2 weeks.

She's normally scheduled for a 5-day work week.

How many days of restricted work activity should be entered on the OSHA Log?

Determining Case **Recordability**

A physician recommends medical treatment, but the employee does not follow the recommendation, is the case recordable? **Y N**

An injured employee has repeated sessions of hot or cold therapy, does this case involve medical treatment? **Y N**

Steri-Strips and butterfly bandages (wound closures) are considered First Aid. This mean that staples, surgical glue, or other wound closures are also first aid? **Y N**

Determining Case Recordability

Employee receives prescription medication in her eye to facilitate examination. Is this considered medical treatment? **Y N**

Employees exposed to slight release of non-toxic chemical. Several feel "light headed", receive simple administration of oxygen and return to work. Are these cases recordable? **Y N**

Employee's ankle is injured at work; a slight hairline fracture is detected in a positive X-ray diagnosis. Is this case recordable? **Y N**

Conditions for Recordability 1904.10

Hearing Loss

Record all work-related hearing loss cases that meet BOTH of the following conditions on the same audiometric test for either ear:

1. The employee has experienced a Standard Threshold Shift (STS)
2. The employee's total hearing level is 25 dB or more above audiometric zero (averaged at 2000, 3000, & 4000 Hz) in the same ear(s) as the STS.

Relationship to Bloodborne Pathogen Standard

Needlesticks and "sharps injuries"

ALL needlesticks and sharps injuries that are contaminated with **another person's blood or other potentially infectious material are recordable**. Record splashes or other exposures to blood or other potentially infectious material if it results in diagnosis of a bloodborne disease or meets the general recording criteria.

What about animal blood or potentially infectious materials? **Y N**

- Employers **may elect** to use the OSHA 300 and 301 forms to meet the sharps injury log requirements, **provided two conditions are met**:
 1. The employer must enter the **type and brand of the device** on either the 300 or 301 form.
 2. The employer must maintain the records in a way that **segregates sharps** injuries from other types of work-related injuries and illnesses, or **allows sharps injuries to be easily separated**.

Other Recording Issues

- TB – Positive skin test recordable when known work place exposure to active TB disease. NO presumption of work relationship in any industry.
- MSD (musculo-skeletal disease) recordable when General Recording Criteria is met.
- Covered employees (temporary/contract employees supervised on a day-to-day basis)
- Certification by a senior establishment management official on OSHA 300 A Summary Form

Forms – 1904.29

- OSHA Form 300 *Log of Work-Related Injuries and Illnesses*
- OSHA Form 300A *Summary of Work-Related Injuries and Illnesses*
- OSHA Form 301 *Injury and Illness Incident Report*

Forms – 1904.29

- Employers must enter each recordable case on the forms within **7** calendar days of receiving information that a recordable case occurred
- An equivalent form can be used if it has the same information, is as readable and understandable, and uses the same instructions as the OSHA form it replaces.
- Forms can be kept on a computer as long as they can be produced when they are needed (i.e., meet the access provisions of 1904.35 and 1904.40)

Subpart D – Other Requirements

- 1904.30 Multiple business establishments
- 1904.31 Covered employees
- 1904.32 Annual summary
- 1904.33 Retention and updating
- 1904.35 Employee involvement

Multiple Business Establishments – 1904.30

Keep a separate OSHA Form 300 for each establishment that is expected to be in operation for more than a year

Each employee must be linked with 1 establishment

Multiple Business Establishments – 1904.30

Employer may keep records at a central location if:

- Information about the injury or illness can be transmitted to the central location within 7 days; and
- The records can be produced at the establishment within time frames in 1904.35 and 1904.40.

Different Locations?

- If an employee normally reports to an establishment and is injured there, the case goes on that establishment's log.
- If an employee is injured or made ill while visiting or working at another of the employer's establishments, then the injury or illness must be recorded on the 300 log of the establishment at which the injury or illness occurred (e.g., heifer raising facility)
- Cases for employees injured at another employer's establishment go on the log of the employee's home establishment (e.g., custom operator's employee injured on your farm, not recordable for your establishment.)

Covered Employees – 1904.31

- ✓ Employees on payroll
- ✓ Employees not on payroll who are supervised on a day-to-day basis

Annual Summary – 1904.32

- Form 300A
- Senior establishment management official signature
- Must post from February 1 to April 30 of the year following the year covered by the summary
(e.g. For 2012, form 300A posted Feb 1-April 30, 2013)

Summary Worksheet

Optional

Worksheet to Help You Fill Out the Summary

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:

- 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, subletted, and hourly.
The number of employees paid in all pay periods = _____
- Count** the number of pay periods your establishment had during the year. Be sure to include any pay periods where you had no employees.
The number of pay periods during the year = _____
- Divide** the number of employees by the number of pay periods.
_____ ÷ _____ = _____
- 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 = _____

For example, Acme Construction signed its average employees the way:

For pay periods...	Number of employees paid = 800
1	800
2	800
3	800
4	800
5	800
6	800
7	800
8	800
9	800
10	800
11	800
12	800
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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 or shift exemptions for 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

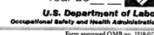
- Find the number of full-time employees in your establishment for the year.
- Multiply by the number of work hours for a full-time employee in a year.
- This is the number of full-time hours worked.
- Add the number of any overtime hours as well as the hours worked by other employees (part-time, temporary, 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.

Form 300A

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

Summary of Work-Related Injuries and Illnesses

Year 20 _____



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
(a)	(b)	(c)	(d)

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
(e)	(f)

Injury and Illness Types			
Total number of ...			
(1) Injuries	(4) Poisonings		
(2) Skin disorders	(5) Hearing loss		
(3) Respiratory conditions	(6) All other illnesses		

Post this Summary page from February 1 to April 30 of the year following the year covered by the form. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. This information is required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about this estimate or any other aspect of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20201. Do not send the completed forms to this office.

Establishment Information

Your establishment name _____

Street _____

City _____ State _____ ZIP _____

Industry description (e.g., *Manufacturer of motor truck trailers*) _____

Standard Industrial Classification (SIC), if known (e.g., 3711) _____

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 back of this page to estimate.)

Annual average number of employees _____

Total hours worked by all employees last year _____

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company number _____ Title _____

Name _____ Title _____

Subpart E – Reporting Information to the Government

- Fatality and catastrophe reporting – 1904.39
- Access for Government representatives – 1904.40



Fatality/Catastrophe Reporting – 1904.39

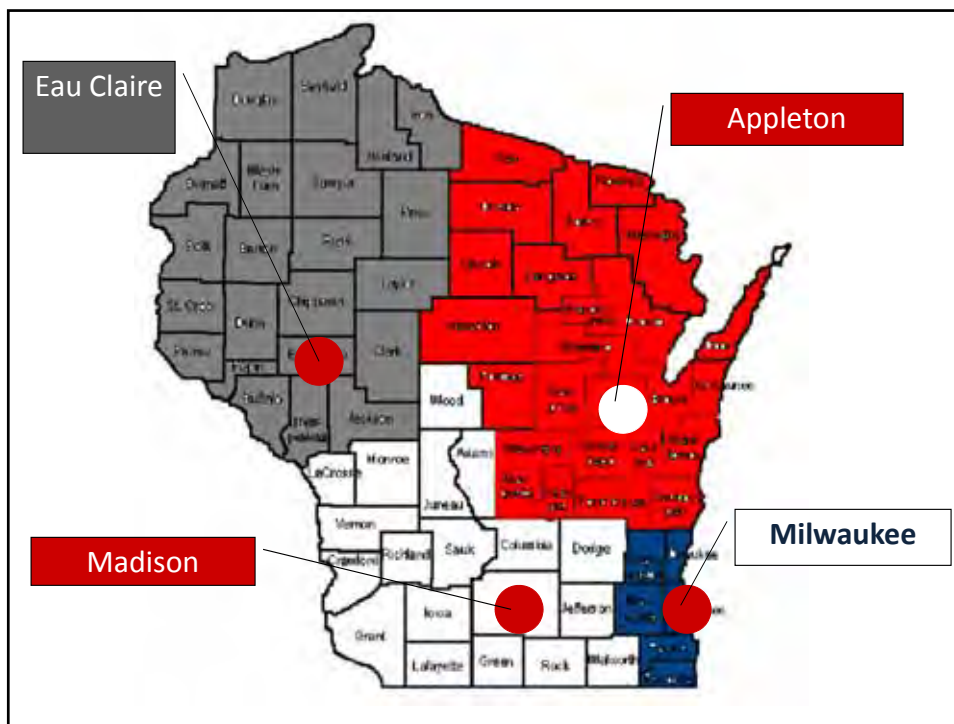
- Report orally within 8 hours any work-related fatality or incident involving 3 or more in-patient hospitalizations
- Do not need to report highway or public street accidents
- Do not need to report commercial airplane, train, subway, or bus accidents

Providing Records to Government Representatives – 1904.40

- Must provide copies of the records within 4 business hours
- Based on the business hours of the establishment where the records are located

For More Help

- OSHA's Recordkeeping Page-
– <http://www.osha.gov/recordkeeping/index.html>
- OSHA Regional Recordkeeping Coordinators



Wisconsin Compliance Assistance Specialists (CAS)

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(920) 734-4521

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Madison, WI 53716
(608) 441-5388

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U. S. Dept. Of Labor - OSHA
1310 W. Clairemont Ave
Eau Claire, WI 54701
(715) 832-9019

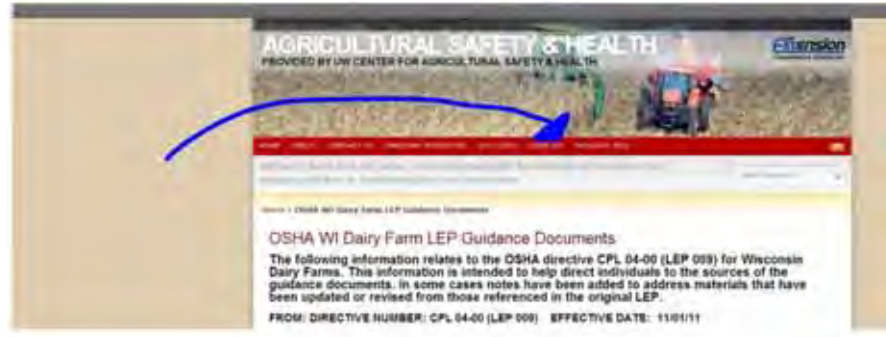
Jim Lutz
U. S. Dept. of Labor - OSHA
310 W. Wisconsin Ave
Milwaukee, WI 53203
(414) 297-3315



OCCUPATIONAL SAFETY & HEALTH ADMINISTRATION

Further LEP Information

<http://fyi.uwex.edu/agsafety>



Questions?

References

Materials for OSHA Injury and Illness Recordkeeping Webinar were prepared by Kelly Bubolz, Compliance Assistance Specialist, Appleton Area Office and Cheryl A. Skjolaas, Interim Director and Agricultural Safety Specialist, UW Madison/Extension Center for Agricultural Safety and Health. December 13, 2012

Additional information on OSHA Recordkeeping is available at <http://osha.gov>
Further agricultural safety and health information is available at <http://fyi.uwex.edu/agsafety>

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Disclaimer

This information has been developed by an OSHA Compliance Assistance Specialist and is intended to assist employers, workers, and others as they strive to improve workplace health and safety. While we attempt to thoroughly address specific topics *or hazards*, it is not possible to include discussion of everything necessary to ensure a healthy and safe working environment in a presentation of this nature. Thus, this information must be understood as a tool for addressing workplace hazards, rather than an exhaustive statement of an employer's legal obligations, which are defined by statute, regulations, and standards. Likewise, to the extent that this information references practices or procedures that may enhance health or safety, but which are not required by a statute, regulation, or standard, it cannot, and does not, create additional legal obligations. Finally, over time, OSHA may modify rules and interpretations in light of new technology, information, or circumstances; to keep apprised of such developments, or to review information on a wide range of occupational safety and health topics, you can visit OSHA's website at www.osha.gov.



OCCUPATIONAL SAFETY & HEALTH ADMINISTRATION