

Understanding the OSHA 300 Log and OSHA's Rule for Tracking Workplace Injuries and Illnesses

Presented By | Matt R. Montgomery, CDS, CDT

Presenter



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WELCOME!

Send your questions to “send privately”.

Questions will be answered after the presentation.

Supporting information for this webinar will be emailed out shortly after the presentation.

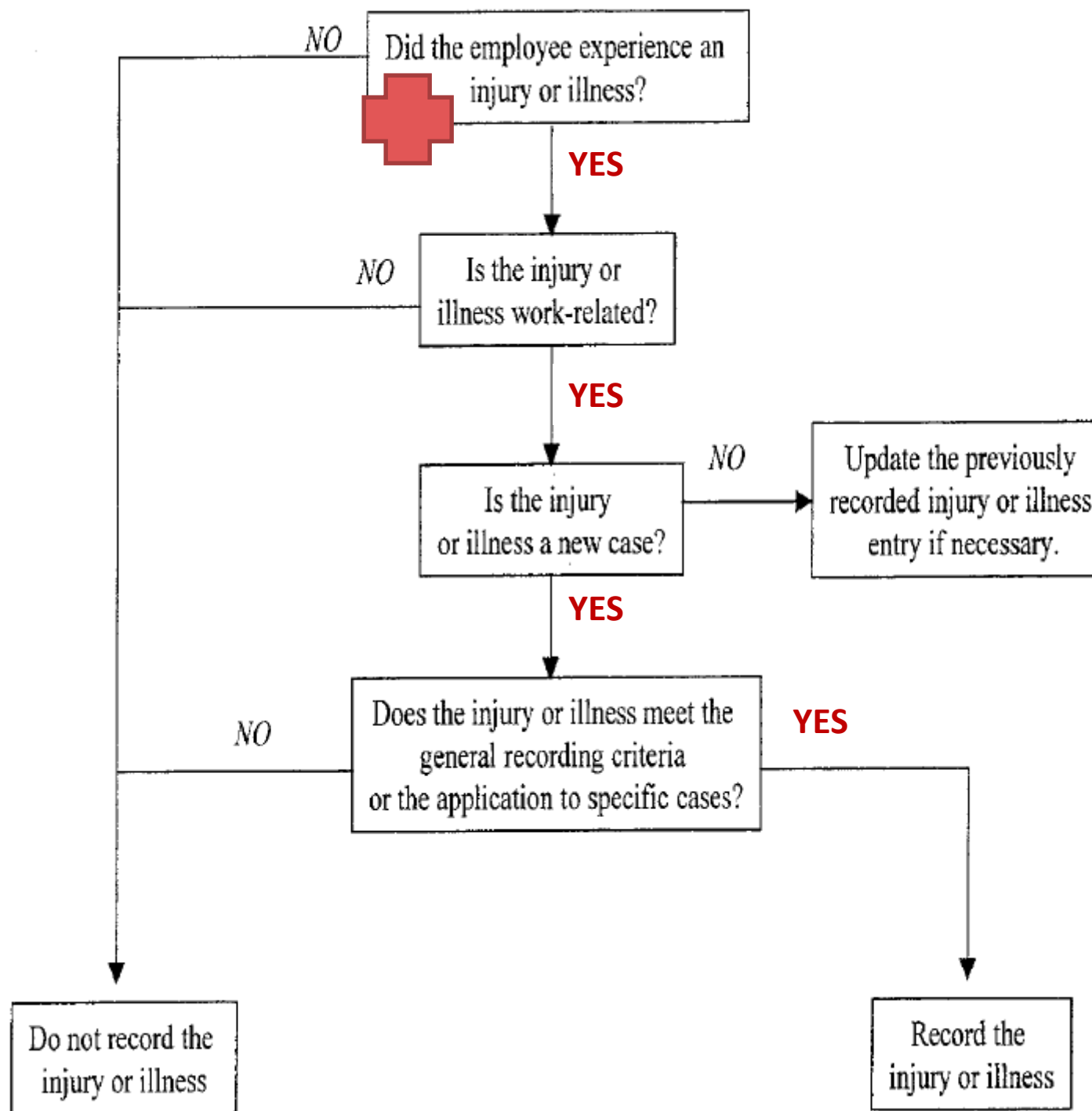


1904.4 – RECORDING CRITERIA

Covered employers must record each fatality, injury or illness that:

- is **work-related**, and
- is a **new** case, and
- meets one or more of the general recordkeeping **criteria**





1904.5 – EXCEPTIONS

- Present as a member of the **general public**
- Symptoms arising in work environment that are solely due to **non-work-related** event or exposure
- Voluntary participation in **wellness program**, medical, fitness or recreational activity
- Eating, drinking** or preparing food or drink for personal consumption



1904.5 - EXCEPTIONS

- **Personal tasks** outside assigned working hours
- Personal **grooming**, self medication for non-work-related condition, or intentionally **self-inflicted**
- **Motor vehicle** accident in parking lot/access road during commute
- Common **cold or flu**
- **Mental illness**, unless employee voluntarily provides a medical opinion from a physician or licensed health care professional (PLHCP) having appropriate qualifications and experience that affirms work-relatedness



1904.5 – TRAVEL STATUS

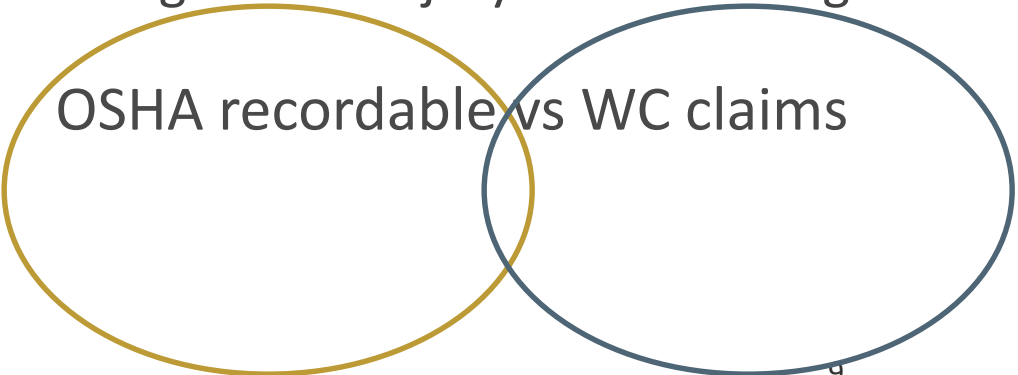
- An injury or illness that occurs while an employee is on travel status is work-related if it occurred while the employee was **engaged in work activities** in the interest of the employer
- **Home away from home**
- **Detour** for personal reasons is not work-related



1904.7 – GENERAL RECORDING CRITERIA

An injury or illness is recordable if it results in one or more of the following:

- Death
- Days away from work
- Restricted work activity
- Transfer to another job
- Medical treatment beyond first aid
- Loss of consciousness
- Significant injury or illness diagnosed by a PLHCP



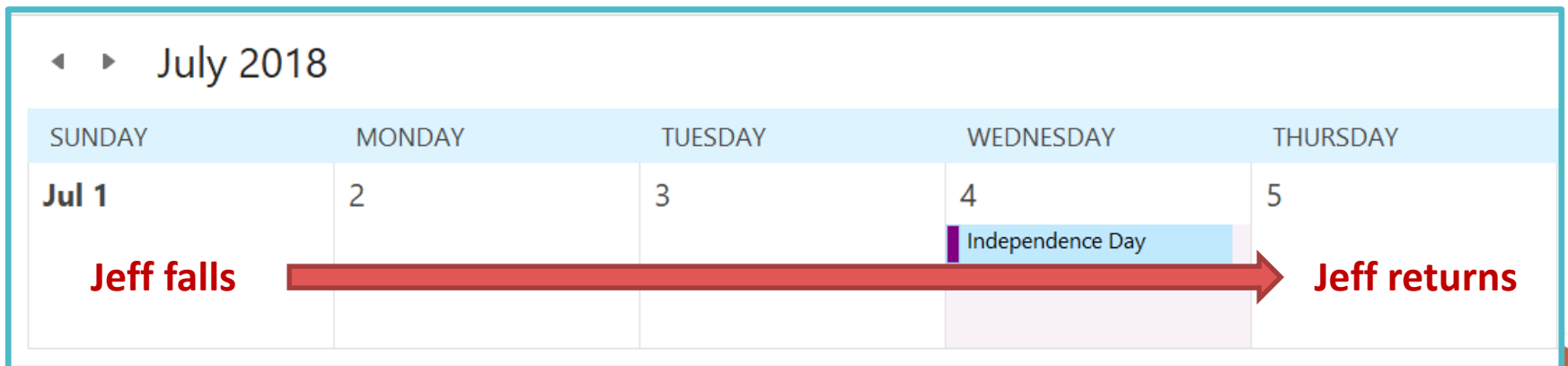
OSHA recordable vs WC claims

A Venn diagram consisting of two overlapping circles. The left circle is outlined in gold and the right circle is outlined in blue. The text 'OSHA recordable vs WC claims' is centered within the overlapping area of the two circles.



1904.7(B)(3) - DAYS AWAY CASES

- Record if the case involves one or more days away from work
- Check the box for days away cases and count the number of days
- Do not include the day of injury/illness



1904.7(B)(3) – DAYS AWAY CASES

Day counts (days away or days restricted)

- Count the number of calendar days the employee was unable to work (include weekend days, holidays, vacation days, etc.)
- 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
- If a medical opinion exists, employer must follow that opinion



1904.7(B)(4) - RESTRICTED WORK CASES

Restricted work activity exists if the employee is:

- Unable to work the full workday he or she would otherwise have been scheduled to work; or
- Unable to perform one or more routine job functions

An employee's routine job functions are those activities the employee regularly performs at least once per week



1904.7(B)(5) – MEDICAL TREATMENT

Medical treatment is the management and care of a patient to combat disease or disorder.

It does not include:

- Visits to a PLHCP solely for observation or counseling
- Diagnostic procedures
- First aid



1904.7(B)(5) – FIRST AID

- Using nonprescription medication at nonprescription strength
- Tetanus immunizations
- Cleaning, flushing, or soaking surface wounds
- Hot or cold therapy
- Wound coverings, butterfly-bandages
- Ace bandages



1904.7(B)(5) – FIRST AID

- Drilling of fingernail or toenail, draining fluid from blister
- Eye patches
- Removing foreign bodies from eye using irrigation or cotton swab
- Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means
- Finger guards
- Massages
- Drinking fluids for relief of heat stress



1904.7(B)(6) – LOSS OF CONSCIOUSNESS

All **work-related** cases involving loss of consciousness must be recorded



1904.7(B)(7) – SIGNIFICANT DIAGNOSED INJURY OR ILLNESS

The following work-related conditions must always be recorded at the time of diagnosis by a PLHCP:

- Cancer
- Chronic irreversible disease
- Punctured eardrum
- Fractured or cracked bone or tooth



Year 20__

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

Form approved OMB no. 1218-0176

City _____ State _____

[illegible]

Public reporting burden for this collection of information is estimated to average 1.4 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. 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 this burden 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 20210. Do not send the collection form to this office.

Page totals ▶

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

Page of

(1)	(2)	(3)	(4)	(5)	(6)
Injury	Skin disorder	Respiratory conditions	Poisoning	Hearting loss	All other



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 OMB no. 1218-0176

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

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

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

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

Completed by _____
Title _____
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 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate or any other aspects of this data collection, including suggestions for reducing this burden, contact: US Department of Labor, OSHA Office of Statistics, Room N-5644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.



Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

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
_____	_____	_____	_____
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

Total number of . . . (M)	
(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 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 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 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 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.

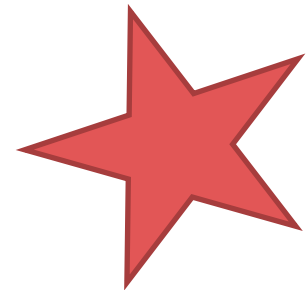
Company executive _____ Title _____

(/) - / /
Phone Date



1904.29 - FORMS

Employers must enter each recordable case on the forms within 7 calendar days of receiving information that a recordable case occurred



1904.30 – MULTIPLE BUSINESS ESTABLISHMENTS

- 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 one establishment
- Employers do not have to have an OSHA 300 Log if the employment was **less than 10** throughout the entire calendar year for the entire firm. However, if one terminal has 7 employees and another terminal has 5 employees that would be 12 and both locations would need an OSHA 300 Log.



1904.31 – COVERED EMPLOYEES

- Employees on payroll
- Employees not on payroll who are supervised on a day-to-day basis
- Exclude self-employed and partners
- Temporary help agencies should not record the cases experienced by temp workers who are supervised by the using firm
- Owner-operators (gray area) – Normally you would not record these injuries, however if you are directing the owner/operator (meaning dispatching; scheduling loads; basically treating like your company drivers, then you would record these injuries).



1904.32 – ANNUAL SUMMARY (OSHA 300A OR EQUIV.)

A company executive must certify the summary:

- An owner of the company
- An officer of the corporation
- The highest ranking company official working at the establishment, or
- His or her supervisor

Must post for 3-month period from **February 1 to April 30** of the year following the year covered by the summary



1904.33 – RETENTION AND UPDATING

- Retain forms for 5 years following the year that they cover
- Update the OSHA Form 300 during that period
- Need not update the OSHA Form 300A or OSHA Form 301



UPDATED 1904.39 – FATALITY/CATASTROPHE REPORTING

Employers have to report the following events to OSHA:

- All work-related fatalities
- All work-related in-patient hospitalizations of one or more employees
- All work-related amputations
- All work-related losses of an eye



UPDATED 1904.39 – FATALITY/CATASTROPHE REPORTING

Employers must report work-related fatalities within 8 hours of finding out about it.

For any in-patient hospitalization, amputation, or eye loss employers must report the incident within 24 hours of learning about it.

- Do not need to report highway or public street motor vehicle accidents involving the above (outside of a construction work zone)
- Still must record within OSHA records



1904.35 EMPLOYEE INVOLVEMENT

(a) Basic requirement. *Your employees and their representatives must be involved in the recordkeeping system in several ways.*

- (1) You must inform each employee of how he or she is to **report a work-related injury or illness** to you.
- (2) You must provide employees with the information described in paragraph (b)(1)(iii) of this section.
- (3) You must provide **access to** your injury and illness **records** for your employees and their representatives as described in paragraph (b)(2) of this section.



1904.35 EMPLOYEE INVOLVEMENT

(b) Implementation—(1)(i) **You must establish a reasonable procedure for employees to report work-related injuries and illnesses promptly and accurately.**

- (ii) You must **inform each employee** of your procedure for reporting work-related injuries and illnesses;
- (iii) You must inform each employee that:
 - (A) Employees have the right to report work-related injuries and illnesses; and
 - (B) Employers are prohibited from discharging or in any manner discriminating against employees for reporting work-related injuries or illnesses; and
- (iv) You must not discharge or in any manner discriminate against any employee for reporting a work-related injury or illness.



1904.36 PROHIBITION AGAINST DISCRIMINATION

- In addition to § 1904.35, section 11(c) of the OSH Act also **prohibits you from discriminating** against an employee for reporting a work-related fatality, injury, or illness.



FAQ: POST-INCIDENT DRUG TESTING

May an employer require post-incident drug testing for an employee who reports a workplace injury or illness?

The rule does not prohibit drug testing of employees. It only prohibits employers from using drug testing, or the threat of drug testing, as a form of retaliation against employees who report injuries or illnesses. If an employer conducts drug testing to comply with the requirements of a state or federal law or regulation, the employer's motive would not be retaliatory and this rule would not prohibit such testing.



FAQ: SAFETY INCENTIVE/RECOGNITION

Does the rule allow an employer to have an employee incentive program?

This rule does not prohibit incentive programs. However, employers must not create incentive programs that deter or discourage an employee from reporting an injury or illness. Incentive programs should encourage safe work practices and promote worker participation in safety-related activities.





Occupational Safety and Health Administration

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OSHA now accepting electronic submissions of injury and illness reports

Employers can begin submitting Form 300A data using an electronic reporting system.

Learn more [here](#).



PURPOSE OF RULE

“Our new rule will '**nudge**' employers to prevent work injuries to show investors, job seekers, customers and the public they operate safe and well-managed facilities. Access to injury data will also help OSHA better target compliance assistance and enforcement resources, and enable 'big data' researchers to apply their skills to making workplaces safer.”

Dr. David Michaels, Assistant Secretary of Labor for
Occupational Safety and Health



Occupational Safety and Health Administration

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[Final Rule](#) / Injury Tracking Application (ITA) - Electronic Submission of Injury and Illness Records to OSHA

Injury Tracking Application

Launch ITA

Electronic Submission of Injury and Illness Records to OSHA

Updated

The Injury Tracking Application (ITA) is accessible from the [ITA launch page](#), where you can provide the Agency your 2017 OSHA Form 300A information. The date by which **certain** employers are required to submit to OSHA the information from their completed 2017 Form 300A is July 1, 2018.



Who:

Establishments with 250 or more employees that are currently required to keep OSHA injury and illness records, and establishments with 20-249 employees that are classified in certain industries with historically high rates of occupational injuries and illnesses.

OSHA News Release (April 30, 2018):

OSHA determined that Section 18(c)(7) of the Occupational Safety and Health Act, and relevant OSHA regulations pertaining to State Plans, require **all affected employers** to submit injury and illness data in the Injury Tracking Application (ITA) online portal, **even if the employer is covered by a State Plan that has not completed adoption of their own state rule.**



OSHA 300 LOG ELECTRONIC SUBMISSIONS ([HTTPS://WWW.OSHA.GOV/INJURYREPORTING/INDEX.HTML](https://www.osha.gov/injuryreporting/index.html))

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

NAICS	Industry
11	Agriculture, forestry, fishing and hunting
22	Utilities
23	Construction
31-33	Manufacturing
42	Wholesale trade
4413	Automotive parts, accessories, and tire stores
4421	Furniture stores
4422	Home furnishings stores
4441	Building material and supplies dealers
4442	Lawn and garden equipment and supplies stores
4451	Grocery stores
4452	Specialty food stores
4521	Department stores
4529	Other general merchandise stores
4533	Used merchandise stores
4542	Vending machine operators
4543	Direct selling establishments
4811	Scheduled air transportation
4841	General freight trucking
4842	Specialized freight trucking

4841

General freight trucking



OSHA 300 LOG ELECTRONIC SUBMISSIONS ([HTTPS://WWW.OSHA.GOV/INJURYREPORTING/INDEX.HTML](https://www.osha.gov/injuryreporting/index.html))

What:

Covered establishments must electronically submit information from their 2017 OSHA Form 300A.

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

Summary of Work-Related Injuries and Illnesses

Year 20____
U.S. Department of Labor
Occupational Safety and Health Administration
Revised approved OSHA 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."

Employers, former employers, 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
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

Total number of . . .	(M)	
(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 existing data sources, 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 this burden estimate or any other aspect of this data collection, contact: U.S. Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 201 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., Manufacturer of motor truck trailers)

Standard Industrial Classification (SIC), if known (e.g., 3713)

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 executive _____ Title _____
Phone _____ Date _____

When:

When: Covered establishments must submit the information by **March 2**.



How:

OSHA will provide a secure website that offers three options for data submission. First, users will be able to **manually enter** data into a web form. Second, users will be able to **upload a CSV file** to process single or multiple establishments at the same time. Last, users of automated recordkeeping systems will have the ability to **transmit data electronically** via an API (application programming interface).

[View the CSV instructions](#)

[Download a CSV file template](#)

[Download a CSV sample file](#)

[View the API technical specifications](#)



Injury Tracking Application Home

Injury Tracking Application

User: Justin | [Logout](#)

Navigation Menu



Get Started Here

For Manual Data Entry

Create Establishment

Add a new establishment to your account

View Establishment List

View the establishments which have been added to your account

For Batch Data Transmission

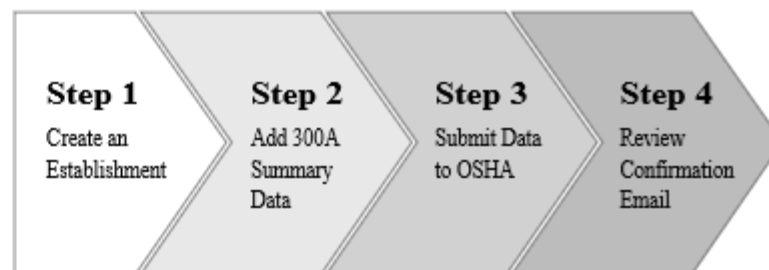
Upload a Batch File

Upload a CSV file containing your establishment and 300 A summary data

View Your API Token

Access your authentication token for use in electronically transmitting data via API

Overview of Data Submission Process



2017 Data Submission Status

300A Summary Status

Establishments

Not Added 

[0](#)

Not Submitted 

[0](#)

Submitted 

[0](#)

Total

[0](#)



Create Establishment

*** Required Fields**

Establishment Name * ⓘ

Each establishment name must be different from all other establishment names provided.

Company Name

Please enter the name of the company that owns the establishment.

Address *

Please include your physical address, not a PO Box.

City *

State *

ZIP (5 or 9 digits) *

NAICS Industry Code or Description (start typing, then select) * ⓘ

Begin typing either your 2012 NAICS code or the industry description, then select the correct value from the list. If you don't know your code and can't find it in the list, you can look it up [at census.gov](#).

What was the maximum number of employees at this establishment for this year? * ⓘ

☐ Under 20 ☐ 20-249 ☐ Over 250+

Please select the maximum number of employees (salaried, hourly, part-time, and seasonal workers) that this establishment had at ANY point during the filing year. This field can not be empty.

Is this establishment part of a public sector (government) entity? ⓘ

☐ No ☐ Yes - State Government ☐ Yes - Local Government





Summary of Work-related Injuries and Illnesses

* All Fields are Required

Establishment Name: **Weekend At Bernard Industries**

Employment Information

Annual average number of employees *

Note: This is not necessarily the same as the maximum number of employees you selected when creating the establishment.

Total hours worked by all employees last year *

- **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.

Did any recordable work-related injuries or illnesses occur at this establishment in this year? *

☐ Yes ☐ No

Select Yes if the establishment had recordable work-related injuries this year. Select No if it did not.

Number Of Cases

You should copy these values from your Form 300A Summary.

TOTAL NUMBER OF:

Deaths (G) *

Cases with days away from work (H) *

Cases with job transfer or restriction (I) *

Other recordable cases (J) *

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.

OSHA confirmed less than 20 employees do not need to report electronically, but recommend keeping a log and:

All employers are required to notify OSHA when an employee is killed on the job or suffers a work-related hospitalization, amputation, or loss of an eye.

A fatality must be reported within 8 hours.

An in-patient hospitalization, amputation, or eye loss must be reported within 24 hours.



May a firm with multiple establishments make a single submission of the data from the multiple establishments?

Yes, a firm with more than one establishment may submit establishment-specific data for multiple establishments.

To do this, the firm will create one registration and follow the directions provided to submit data for multiple establishments. It is important to note that the electronic reporting requirements are for data at the establishment level, not the firm level.

The submitted data must be specific for each individual establishment.

Note that establishments under state plan jurisdiction must comply with state plan regulations.



QUESTIONS



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563-587-5115

QUESTIONS?