OSHA Recordkeeping & Reporting

January 2023

TexasMutual® WORKERS' COMPENSATION INSURANCE | WORK SAFE, TEXAS

AGENDA

- Severe event reporting
- Recordkeeping - criteria
- Recordkeeping - example
- Electronic reporting

Severe event reporting

Everyone must report

Injury reporting requirements

Report the following to OSHA:

Within 8 hours

Fatality

Within 24 hours

Hospitalization

Amputation

Loss of an eye


Making a report
Nearest OSHA office
1-800-321-OSHA
osha.gov

Recordkeeping criteria

Companies with > 10 employees, except…

Partially exempt industries

Starting on January 1, 2015, the following NAICS will be partially exempt from OSHA recordkeeping requirements:

Non-Mandatory Appendix A to Subpart B -- Partially Exempt Industries

Employers are not required to keep OSHA injury and illness records for any establishment classified in the following North American Industry Classification System (NAICS), unless they are asked in writing to do so by OSHA, the Bureau of Labor Statistics (BLS), or a state agency operating under the authority of OSHA or the BLS. All employers, including those partially exempted by reason of company size or industry classification, must report to OSHA any workplace incident that results in a fatality, in-patient hospitalization, amputation, or loss of an eye (see §1904.39).

NAICS Code	Industry Description	NAICS Code	Industry Description
4412	Other Motor Vehicle Dealers	5411	Legal Services
4431	Electronics and Appliance Stores	5412	Accounting, Tax Preparation, Bookkeeping, and Payroll Services
4461	Health and Personal Care Stores	5413	Architectural, Engineering, and Related Services
4471	Gasoline Stations	5414	Specialized Design Services
4481	Clothing Stores	5415	Computer Systems Design and Related Services
4482	Shoe Stores	5416	Management, Scientific, and Technical Consulting Services
4483	Jewelry, Luggage, and Leather Goods Stores	5417	Scientific Research and Development Services
4511	Sporting Goods, Hobby, and Musical Instrument Stores	5418	Advertising and Related Services
4512	Book, Periodical, and Music Stores	5511	Management of Companies and Enterprises
4531	Florists	5611	Office Administrative Services
4532	Office Supplies, Stationery, and Gift Stores	5614	Business Support Services
4812	Nonscheduled Air Transportation	5615	Travel Arrangement and Reservation Services

What to record

Employees on your payroll

&

Employees you supervise

What to record

Work-related injuries or illnesses resulting in…

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

Work-related

…an **event** or **exposure** in the workplace that caused
or
contributed to the condition
or
significantly **aggravated** a preexisting condition

Medical treatment

Medical visits for observation

Diagnostic procedures

First aid

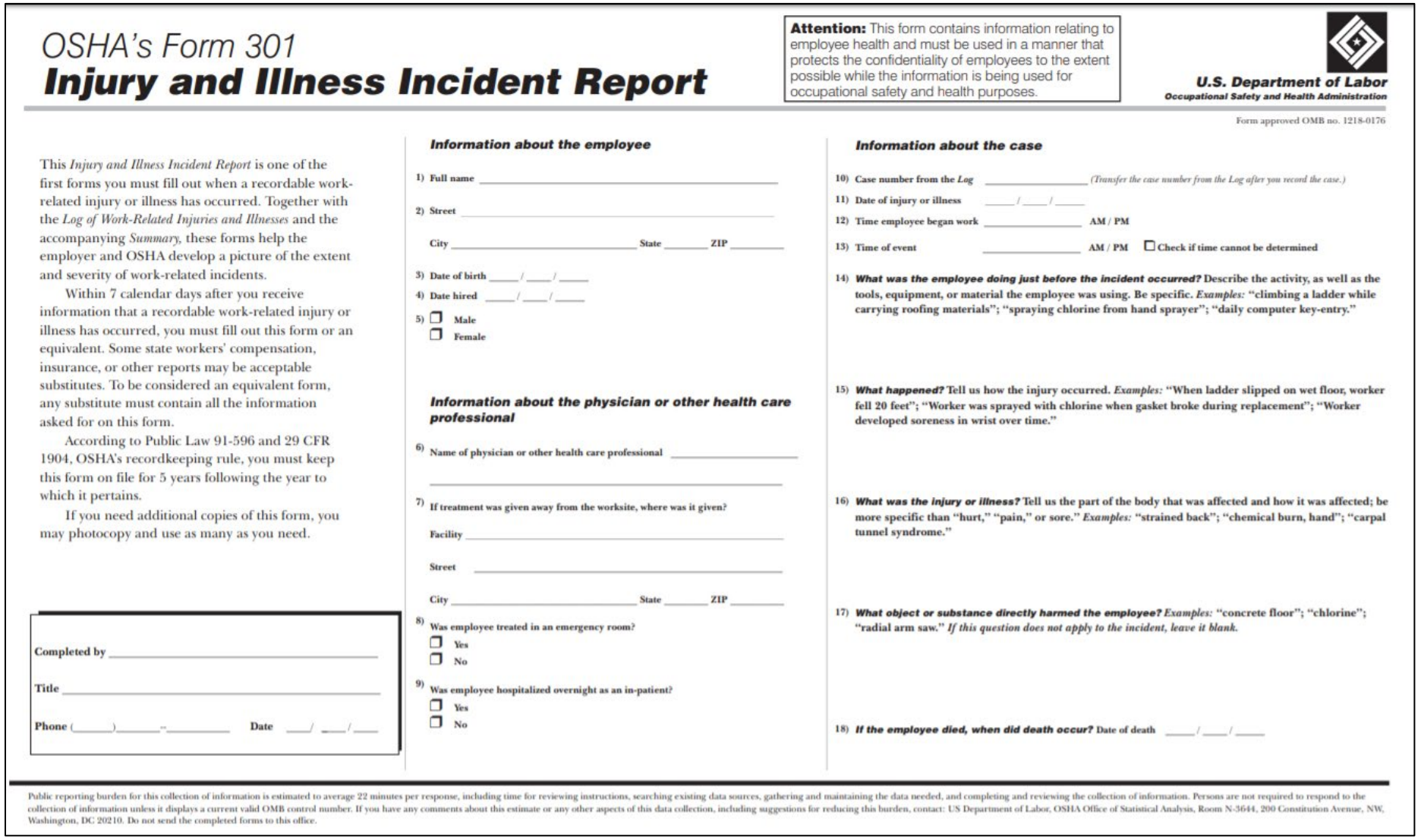
- Non-prescription medication
- Tetanus immunizations
- Wound coverings
- Cleaning, washing, soaking skin surface wounds
- Hot/cold therapy
- Non-rigid means of support
- Temporary immobilization devices
- Eye patches
- Removing foreign bodies from eye with irrigation or cotton swab
- Removing foreign bodies from other areas by irrigation, tweezers, cotton swabs
- Finger guards
- Massages
- Drinking fluids for heat stress

Significant illness or injury

1. Cancer
2. Chronic irreversible disease
3. Fractured or cracked bone
4. Punctured eardrum
5. Needlestick/cut from object contaminated with potentially infectious material
6. Employee removed under OSHA health standard requirements
7. Tuberculosis infection after exposure to a known case
8. Hearing loss

Recordkeeping example

The forms: OSHA 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.

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."

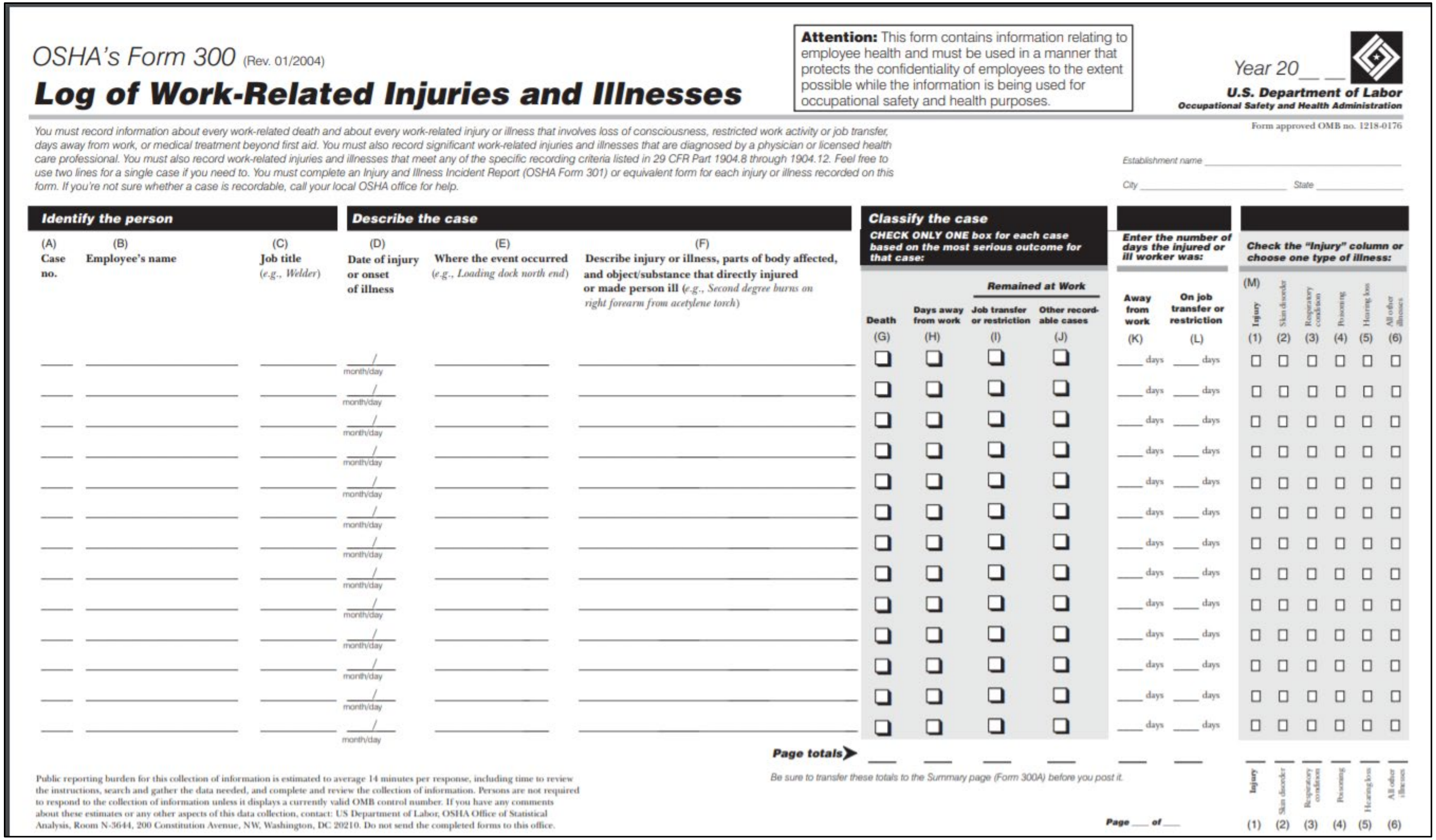
16) ***What was the injury or illness?*** Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or sore." *Examples:* "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

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 Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

The forms: OSHA 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 approved OMB no. 1218-0176

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

Establishment name ______________

City ______________ State ______________

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: (M)

(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(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 (G)	Days away from work (H)	Remained at Work: Job transfer or restriction (I)	Remained at Work: Other record-able cases (J)	Away from work (K)	On job transfer or restriction (L)	Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
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			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
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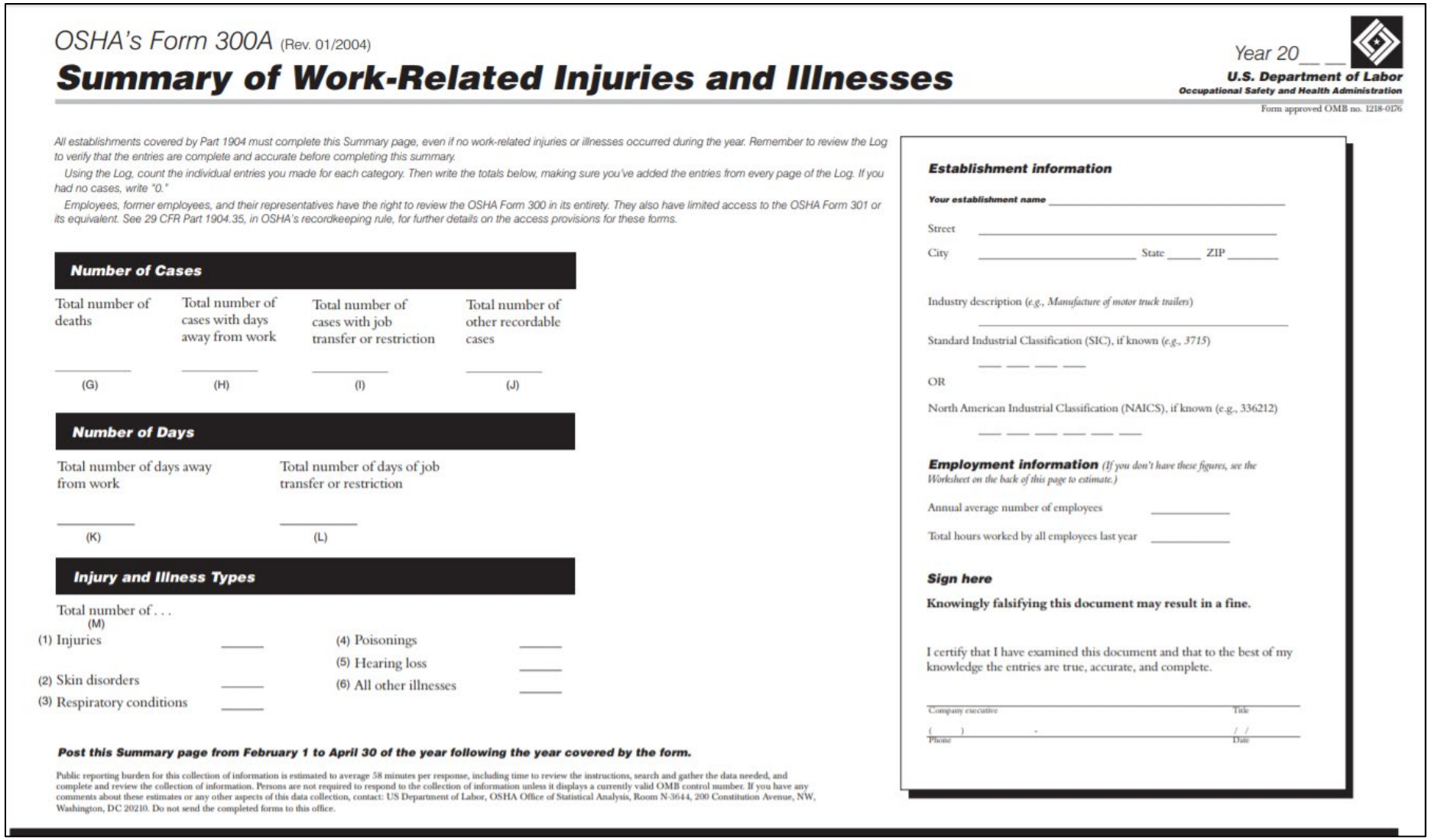
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
					Page totals	___	___	___	___	___	___	Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)

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 instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Page ___ of ___

The forms: 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

Form approved OMB no. 1218-0176

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

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

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

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
_____	_____	_____	_____
(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	_____
		(5) Hearing loss	_____
(2) Skin disorders	_____	(6) All other illnesses	_____
(3) Respiratory conditions	_____		

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 instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name _____

Street _____

City _____ State _____ ZIP _____

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

_____

Standard Industrial Classification (SIC), if known (*e.g., 3715*)

__ __ __ __

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

__ __ __ __ __ __

Employment information *(If you don't have these figures, see the Worksheet on the 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

Let’s look at an example…

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: Ashley Mikytuck

Title: Safety Director

Phone: (844) 967-5723 Date: 1/6/22

Information about the employee

1) Full name: John Smith

2) Street: 123 Main St.

City: Hometown State: TX ZIP: 77777

3) Date of birth: 1/1/77

4) Date hired: 2/5/18

5) [X] Male
[ ] Female

Information about the physician or other health care professional

6) Name of physician or other health care professional: Dr. Sharon Jones

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

Facility: Hometown Hospital

Street: 100 Front St.

City: Hometown State: TX ZIP: 77777

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

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

Information about the case

10) Case number from the *Log*: 001 *(Transfer the case number from the Log after you record the case.)*

11) Date of injury or illness: 1/4/22

12) Time employee began work: 7:00 (AM) PM

13) Time of event: 2:00 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."

Walking across the shop floor while carrying a toolbox.

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."

The employee slipped on a puddle of grease on the shop floor and fell to the ground.

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."

Fractured left knee.

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.*

Concrete floor.

18) ***If the employee died, when did death occur?*** Date of death: ____/____/____

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 approved OMB no. 1218-0176

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

Establishment name ______________________

City ______________ State ______________

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: (M)					
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(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 (G)	Days away from work (H)	Remained at Work: Job transfer or restriction (I)	Remained at Work: Other record-able cases (J)	Away from work (K)	On job transfer or restriction (L)	Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
001	John Smith	Operator	01/04 month/day	Shop Floor	Fractured left knee from slip	☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐	☐
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			/ month/day			☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐	☐
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			/ month/day			☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐	☐
					Page totals ➤	___	___	___	___	___	___	Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)

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

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Page ___ of ___

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

Log of Work-Related Injuries and Illnesses

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Year 20__ __

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

Form approved OMB no. 1218-0176

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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., Welder)	(D) Date of injury or onset of illness	Where the … (e.g., Loading…)	(G) Death	(H) Days away from work	(I) Remained at Work: Job transfer or restriction	(J) Remained at Work: Other record-able cases	(K) Away from work	(L) On job transfer or restriction	(M) (1) Injury	(2) Skin disorder	(3) Respiratory condition	(4) Poisoning	(5) Hearing loss	(6) All other illnesses
001	John Smith	Operator	01/04 month/day	Shop …	☐	☒	☐	☐	___ days	___ days	☐	☐	☐	☐	☐	☐

Classify the case

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

		Remained at Work	
Death	Days away from work	Job transfer or restriction	Other record-able cases
(G)	(H)	(I)	(J)
☐	X	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐

Page totals ➤

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

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

Page ___ of ___

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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., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock north end)	(F) Des...	(G) Death	(H) Days away from work	(I) Job transfer or restriction (Remained at Work)	(J) Other record-able cases (Remained at Work)	(K) Away from work	(L) On job transfer or restriction	(M) (1) Injury	(2) Skin disorder	(3) Respiratory condition	(4) Poisoning	(5) Hearing loss	(6) All other illnesses
001	John Smith	Operator	01/04 month/day	Shop Floor	Fra...	☐	X	☐	☐	__ days	__ days	☐	☐	☐	☐	☐	☐

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

Away from work (K)	On job transfer or restriction (L)
6 days	64 days
____ days	____ days
____ days	____ days
____ days	____ days
____ days	____ days

Page totals ➤

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

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

Page ___ of ___

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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 approved OMB no. 1218-0176

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

Establishment name _____

City _____ State _____

Identify the person

(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)
001	John Smith	Operator

Describe the case

(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock north end)
01/04 month/day	Shop Floor

Classify the case

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

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

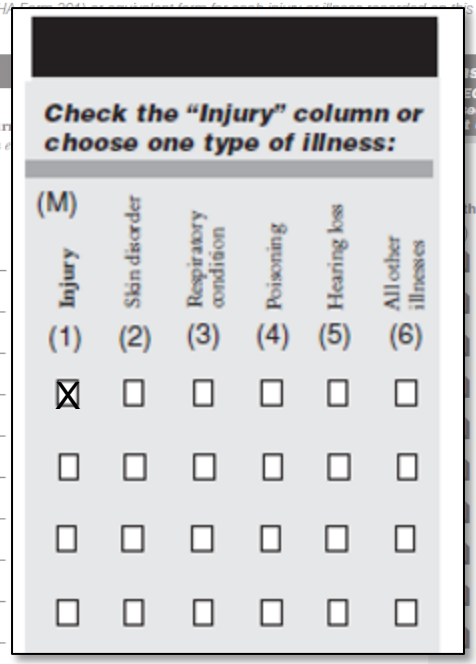
Remained at Work

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

(K) Away from work	(L) On job transfer or restriction
6 days	64 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)
☒	☐	☐	☐	☐	☐



Page totals ➤

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Establishment name ______________________

City ______________________ State ______________

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: (M)					
								Remained at Work									
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(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 (G)	Days away from work (H)	Job transfer or restriction (I)	Other record-able cases (J)	Away from work (K)	On job transfer or restriction (L)	Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
001	John Smith	Operator	01/04 month/day	Shop Floor	Fractured left knee from slip	☐	X	☐	☐	6 days	64 days	X	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
					Page totals	___	___	___	___	___	___	Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)

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

Page ___ of ___

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 approved OMB no. 1218-0176

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Establishment name ______________________

City ______________ State ______________

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:					
								Remained at Work				(M)					
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (month/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 (G)	Days away from work (H)	Job transfer or restriction (I)	Other record-able cases (J)	Away from work (K)	On job transfer or restriction (L)	Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
001	John Smith	Operator	01/04	Shop Floor	Fractured left knee from slip		X			6 days	64 days	X					
002	Jane Worker	Machinist	02/01	Shop Floor	Strain from lifting parts		X			9 days	0 days	X					
003	Bill Laborer	Driver	05/19	Loading Dock	Ankle sprain from parking lot		X			12 days	0 days	X					
004	Mary Boss	Supervisor	08/11	Office	Concussion from Stairs		X			3 days	0 days	X					
005	Jim Employee	Painter	11/08	Paint Booth	Lung damage from paint				X	0 days	0 days			X			
			/							days	days						
			/							days	days						
			/							days	days						
			/							days	days						
			/							days	days						
			/							days	days						
			/							days	days						
			/							days	days						
					Page totals	___	___	___	___	___	___	___	___	___	___	___	___

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

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

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

Log of Work-Related Injuries and Illnesses

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Year 20__ __

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

Form approved OMB no. 1218-0176

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Establishment name ______________________

City ______________ State ______________

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: (M)					
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (month/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 (G)	Days away from work (H)	Remained at Work: Job transfer or restriction (I)	Remained at Work: Other record-able cases (J)	Away from work (K)	On job transfer or restriction (L)	Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
001	John Smith	Operator	01/04	Shop Floor	Fractured left knee from slip	☐	X	☐	☐	6 days	64 days	X	☐	☐	☐	☐	☐
002	Jane Worker	Machinist	02/01	Shop Floor	Strain from lifting parts	☐	X	☐	☐	9 days	0 days	X	☐	☐	☐	☐	☐
003	Bill Laborer	Driver	05/19	Loading Dock	Ankle sprain from parking lot	☐	X	☐	☐	12 days	0 days	X	☐	☐	☐	☐	☐
004	Mary Boss	Supervisor	08/11	Office	Concussion from Stairs	☐	X	☐	☐	3 days	0 days	X	☐	☐	☐	☐	☐
005	Jim Employee	Painter	11/08	Paint Booth	Lung damage from paint	☐	☐	☐	X	0 days	0 days	☐	☐	X	☐	☐	☐
Page totals						0	4	0	1	30	64	4	0	1	0	0	0

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

Page ___ of ___

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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

Form approved OMB no. 1218-0176

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

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

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

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	4	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
30	64
(K)	(L)

Injury and Illness Types

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

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

Establishment Information

Your establishment name Texas Company

Street 100 Main St.

City Hometown State TX ZIP 77777

Industry description (*e.g., Manufacture of motor truck trailers*)
Warehousing for household goods

Standard Industrial Classification (SIC), if known (*e.g., 3715*)
__ __ __ __

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)
4 9 3 1 1 0

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

Calculating average employees

$$\text{Average employees} = \frac{\text{Total \# of paychecks issued}}{\text{\# of pay periods}}$$

$$\text{Average employees} = \frac{1{,}156}{26}$$

$$\text{Average employees} = 44.46$$

$$\text{Average employees} = 45$$

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

Form approved OMB no. 1218-0176

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Number of Cases

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0	4	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
30	64
(K)	(L)

Injury and Illness Types

Total number of . . . (M)			
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__ __ __ __

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)
4 9 3 1 1 0

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 45

Total hours worked by all employees last year 88,763

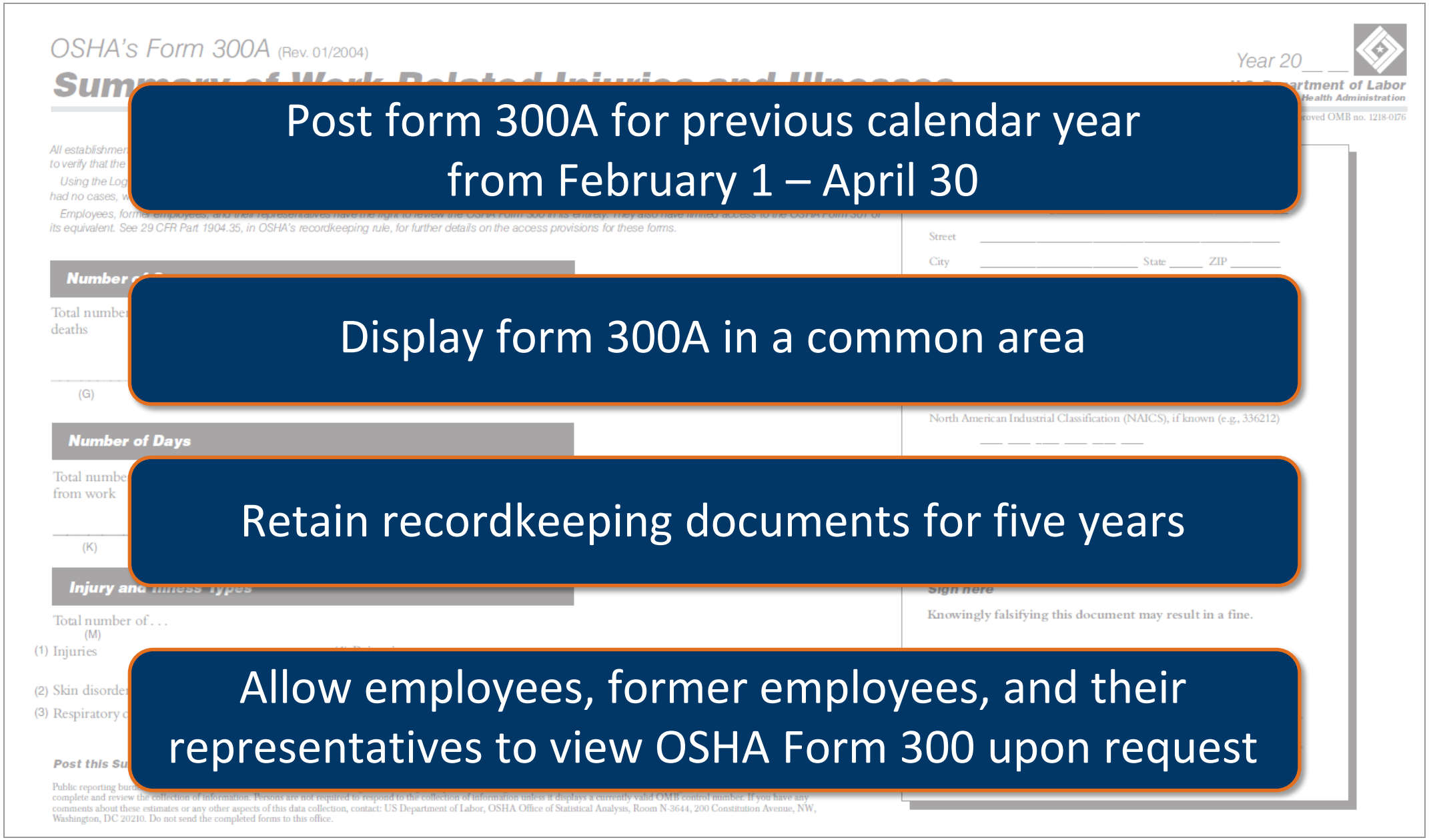
Sign here

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.

Jane Doe — Company executive
CEO — Title

(5122243986 — Phone
1/23/2023 — Date


OSHA's Form 300A (Rev. 01/2004)
Year 20__ __
Post form 300A for previous calendar year from February 1 – April 30
Display form 300A in a common area
Retain recordkeeping documents for five years
Allow employees, former employees, and their representatives to view OSHA Form 300 upon request
Number of Days
Total number of . . .
(M)
(1) Injuries
Street
City
State
ZIP
North American Industrial Classification (NAICS), if known (e.g., 336212)
Knowingly falsifying this document may result in a fine.

Electronic reporting

Companies with:

20-249 employees & on NAICS list

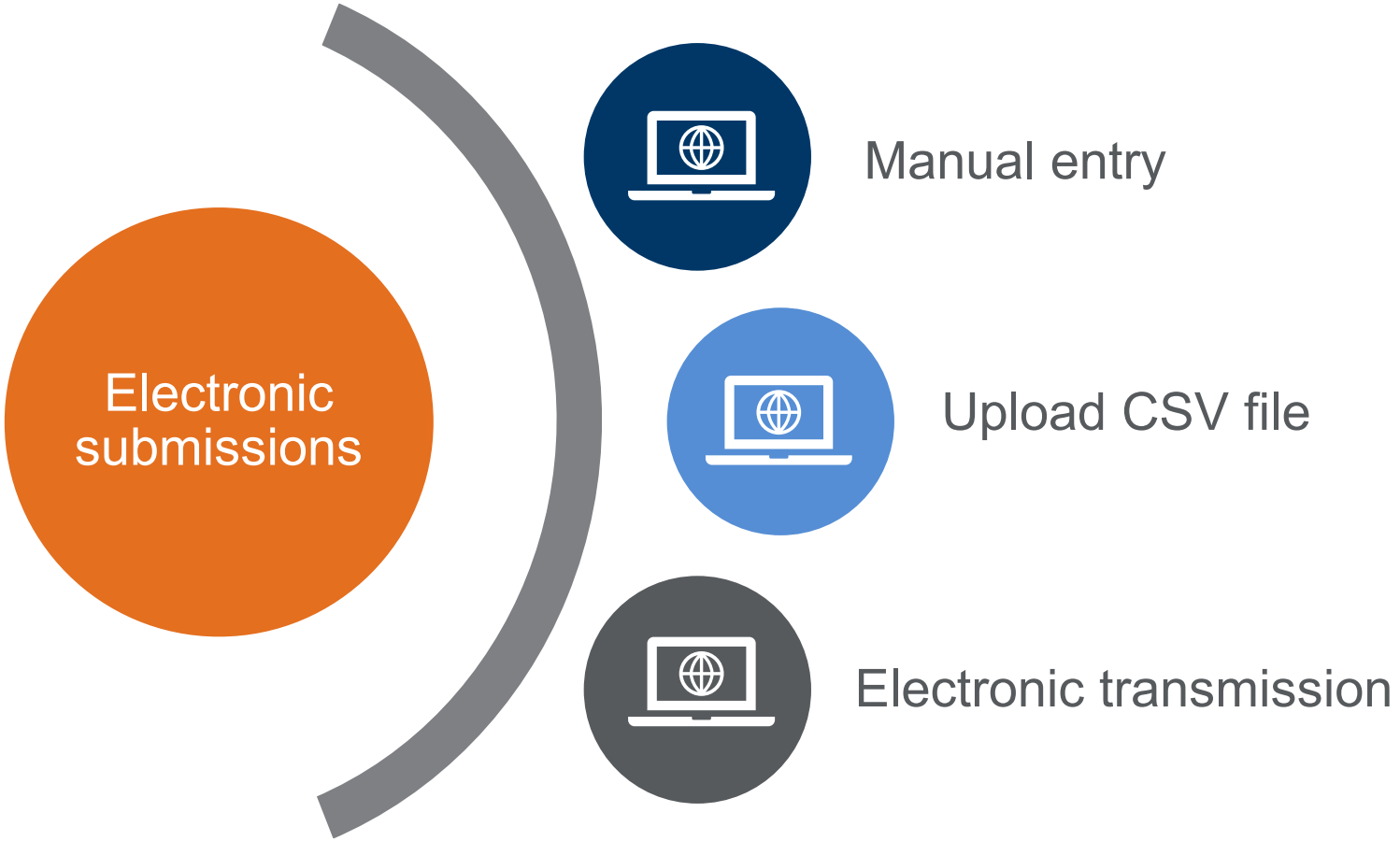
Establishments required to submit

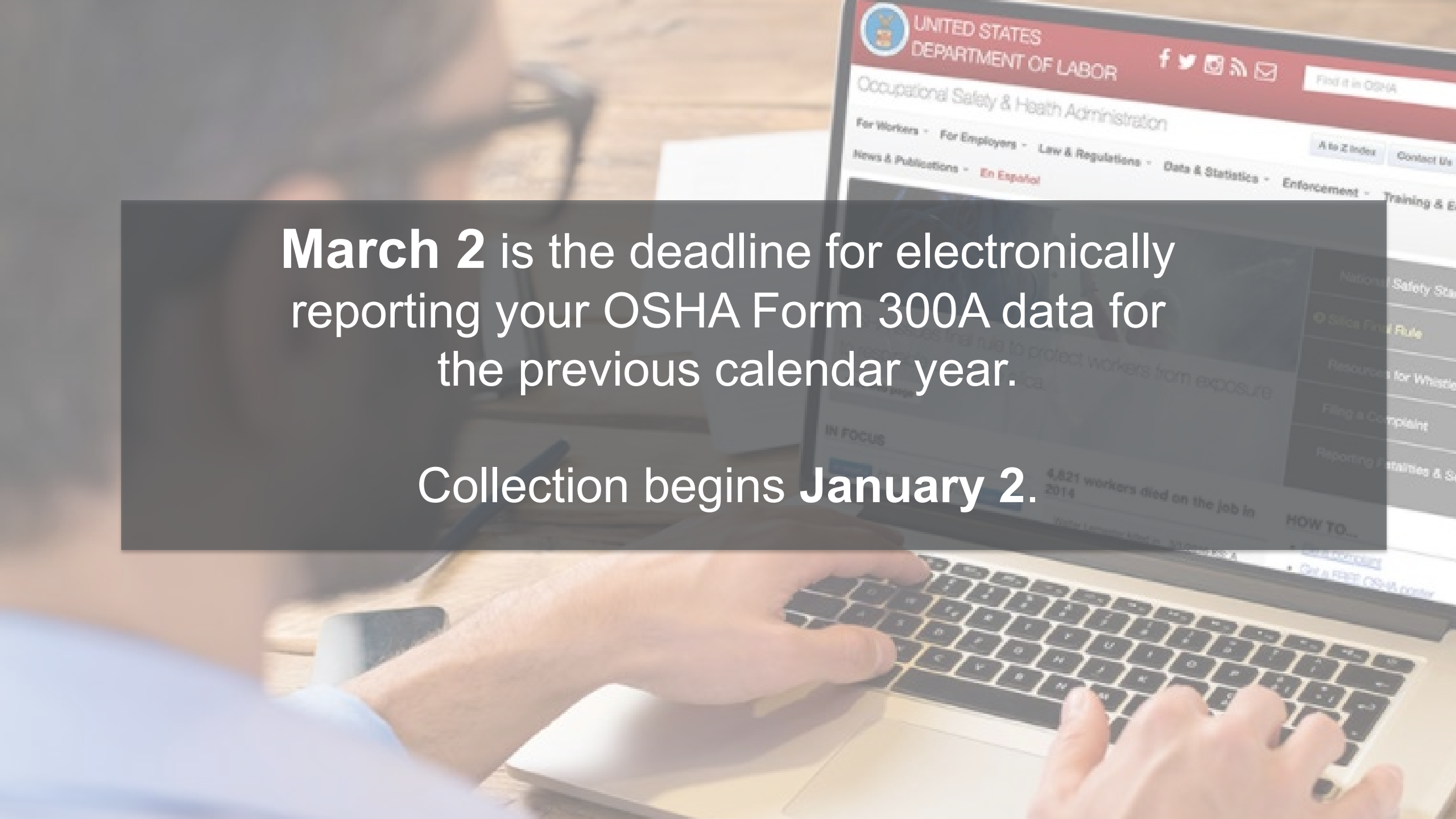
Establishments in the following industries with 20 to 249 employees must submit injury and illness summary (Form 300A) data to OSHA electronically

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

Companies with:

250+ employees & required to keep records


Electronic submissions
Manual entry
Upload CSV file
Electronic transmission



March 2 is the deadline for electronically reporting your OSHA Form 300A data for the previous calendar year.

Collection begins **January 2**.

Key takeaways

1. Finish your 2022 OSHA logs.
2. Post the Form 300A in your workplace by **February 1**.
3. Electronically submit your injury and illness data by **March 2**.

TexasMutual®
WORKERS' COMPENSATION INSURANCE

Helpful links

Severe event reporting

- OSHA area offices
- Online reporting form

Recordkeeping

- Recordkeeping standard requirements
- Partially exempt industries
- Guidelines for determining work-relatedness

Electronic reporting

- Establishments that must submit Form 300A data
- Injury reporting page

COVID-19

- OSHA FAQs

Thank you!

844-WORKSAFE (967-5723)
safety@texasmutual.com