

Disclaimer

This information has been developed by the Fort Lauderdale Area Office 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, 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.

American Society of Safety Professionals (ASSP) South Florida Chapter

Event: October 2023 Meeting



Recording and ITA Final Rule

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Completing OSHA Recordkeeping Forms / ITA Rule

A review of the recordkeeping requirements and forms:

- Requirements to complete the forms and exceptions
- Recordability criteria for injuries and illnesses
- The forms in OSHA's recordkeeping package
- New changes in ITA



OSHA Definitions of Recordable Injury and Illness

<https://www.osha.gov/laws-regs/regulations/standardnumber/1904/1904.7>

- ❑ Any work-related fatality.
- ❑ Any work-related injury or illness that results in loss of consciousness, days away from work, restricted work, or transfer to another job.
- ❑ Any work-related injury or illness requiring medical treatment beyond first aid.
- ❑ Any work-related diagnosed case of cancer, chronic irreversible diseases, fractured or cracked bones or teeth, and punctured eardrums.

There are also special recording criteria for work-related cases involving: [needlesticks and sharps](#); [injuries](#); [medical removal](#); [hearing loss](#); and [tuberculosis](#).

OSHA Definition of First Aid

<https://www.osha.gov/laws-regs/regulations/standardnumber/1904/1904.7>

- ❑ Using a non-prescription medication
- ❑ Administering tetanus immunizations
- ❑ Using wound coverings such as bandages, Band-Aids™, gauze pads, or Steri-Strips™
- ❑ Using any non-rigid support means, such as elastic bandages, wraps, non-rigid back belts, or temporary immobilization devices while transporting an accident victim (e.g., splints, slings, neck collars, back boards, etc.). Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister;
- ❑ Removing foreign bodies from the eye or other areas using only irrigation or a cotton swab; or removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs, or other simple means;
- ❑ Using hot or cold therapy.

Who has to complete the OSHA injury and illness recordkeeping forms?



Employers with 11 or more employees.

Exceptions are based on:

- Employers with ≤ 10 or fewer employees at all times during the year of the entire company.
- Certain Low-hazard industry [1904 Subpart B App A - Partially Exempt Industries | Occupational Safety and Health Administration \(osha.gov\)](#)

Fatality and other serious event reporting as well as injury and illness surveys involve other considerations.



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

<https://www.osha.gov/recording/presentations/exempttable>

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
4861	Pipeline Transportation of Crude Oil	5616	Investigation and Security Services
4862	Pipeline Transportation of Natural Gas	6111	Elementary and Secondary Schools
4869	Other Pipeline Transportation	6112	Junior Colleges
4879	Scenic and Sightseeing Transportation, Other	6113	Colleges, Universities, and Professional Schools
4885	Freight Transportation Arrangement	6114	Business Schools and Computer and Management Training
5111	Newspaper, Periodical, Book, and Directory Publishers	6115	Technical and Trade Schools
5112	Software Publishers	6116	Other Schools and Instruction
5121	Motion Picture and Video Industries	6117	Educational Support Services
5122	Sound Recording Industries	6211	Offices of Physicians
5151	Radio and Television Broadcasting	6212	Offices of Dentists
5172	Wireless Telecommunications Carriers (except Satellite)	6213	Offices of Other Health Practitioners
5173	Telecommunications Resellers	6214	Outpatient Care Centers
5179	Other Telecommunications	6215	Medical and Diagnostic Laboratories
5181	Internet Service Providers and Web Search Portals	6244	Child Day Care Services
5182	Data Processing, Hosting, and Related Services	7114	Agents and Managers for Artists, Athletes, Entertainers, and Other Public Figures
5191	Other Information Services	7115	Independent Artists, Writers, and Performers
5211	Monetary Authorities - Central Bank	7213	Rooming and Boarding Houses
5221	Depository Credit Intermediation	7221	Full-Service Restaurants
5222	Nondepository Credit Intermediation	7222	Limited-Service Eating Places
5223	Activities Related to Credit Intermediation	7224	Drinking Places (Alcoholic Beverages)
5231	Securities and Commodity Contracts Intermediation and Brokerage	8112	Electronic and Precision Equipment Repair and Maintenance
5232	Securities and Commodity Exchanges	8114	Personal and Household Goods Repair and Maintenance
5239	Other Financial Investment Activities	8121	Personal Care Services
5241	Insurance Carriers	8122	Death Care Services
5242	Agencies, Brokerages, and Other Insurance Related Activities	8131	Religious Organizations
5251	Insurance and Employee Benefit Funds	8132	Grantmaking and Giving Services
5259	Other Investment Pools and Funds	8133	Social Advocacy Organizations
5312	Offices of Real Estate Agents and Brokers	8134	Civic and Social Organizations
5331	Lessors of Nonfinancial Intangible Assets (except Copyrighted Works)	8139	Business, Professional, Labor, Political, and Similar Organizations

Recording Criteria



- Covered employers must record each fatality, injury, or illness that:
 - Work-related
 - New case
 - Meets one or more of the criteria in sections 1904.7 through 1904.11.

[1904 - Table of Contents | Occupational Safety and Health Administration \(osha.gov\)](#)

Other Recording Criteria



- Significant diagnosed injury or illness - Work-related cases
- Needlestick and sharps injuries – [1904.8 - Recording criteria for needlestick and sharps injuries. | Occupational Safety and Health Administration \(osha.gov\)](#)
- Medical removal – [1904.9 - Recording criteria for cases involving medical removal under OSHA standards. | Occupational Safety and Health Administration](#)
- Hearing loss – [1904.10 - Recording criteria for cases involving occupational hearing loss. | Occupational Safety and Health Administration \(osha.gov\)](#)
- Tuberculosis – [1904.11 - Recording criteria for work-related tuberculosis cases. | Occupational Safety and Health Administration \(osha.gov\)](#)

Recordability and LOI (Letters of Interpretation)

Example involving a motor vehicle accident:

<https://www.osha.gov/laws-regs/standardinterpretations/2022-01-04>

Scenario: As part of their normal workday, an employee commutes in his personally-owned vehicle from home to the workplace. At the end of his 8-hour work-shift, the employee commutes from the workplace to his home. Later that same day, there is an emergency at the workplace, and the employee's supervisor calls him to return to work to assist with resolving the emergency. The employee starts driving back to the workplace, but is involved in a motor vehicle accident with another car. The accident results in the employee sustaining an injury and hospitalization. **Question:** Is the employee's injury resulting from the accident during the second trip back to the workplace a recordable injury?

Response: Section 1904.5(b)(1) defines the work environment as the establishment and other locations where one or more employees are working or are present as a condition of their employment. Work-relatedness is presumed under Part 1904 for injuries and illnesses resulting from events or exposures occurring in the work environment, unless an exception in Section 1904.5(b)(2) specifically applies. For purposes of Part 1904, OSHA's longstanding position is that injuries and illnesses that occur during an employee's normal commute from home to work, and from work to home, are not work-related and therefore not recordable. See, the preamble to OSHA's January 19, 2001, final rule revising the recordkeeping regulation (66 Federal Register 5916 at 5960). When an employee is traveling during their normal commute between home and work, that employee is not in the work environment, nor is that employee performing a work activity in the interest of the employer. Instead, **the employee's normal commute to and from work represents a non-work-related activity that is within the personal control of the employee**. The employee's normal commute from home to work ends once the employee arrives at the work environment or starts traveling "in the interest of the employer." See, OSHA's March 17, 2021, letter of interpretation to Elizabeth Treanor.

Additionally, section 1904.5(b)(6) provides that injuries and illnesses that occur when an employee is on travel status are work-related if, at the time of the injury or illness, the employee was engaged in work activities "in the interest of the employer." For example, travel to and from customer contacts, conducting job tasks, and entertaining or being entertained to transact, discuss, or promote business. In the scenario described in your letter, the employee had completed his normal commute to and from work for the day, and was directed back to the workplace by the employer to assist with a work-related emergency., Since the employee was required to return to the workplace outside of his normal commute, the employee was engaged in a work activity "in the interest of the employer" and was traveling as a "condition of employment." **Accordingly, the resulting injury and hospitalization is work-related and must be recorded on the OSHA 300 log.**

We hope you find this information helpful. OSHA requirements are set by statute, standards, and regulations. Our interpretation letters explain these requirements and how they apply to particular circumstances, but they cannot create additional employer obligations. This letter constitutes OSHA's interpretation of the requirements discussed. Note that our enforcement guidance may be affected by changes to OSHA rules. Also, from time to time we update our guidance in responses to new information. To keep apprised of such developments, you can consult OSHA's website at <http://www.osha.gov>.

Recordability and LOI (Letters of Interpretation) Example

<https://www.osha.gov/recordkeeping/faq-search?combine=&page=51#:~:text=The%20case%20is%20work%20related%20and%20recordable.,part%20of%20the%20work%20environment>

Q: Upon reporting to work, an employee slips on an icy patch of the parking lot, falls and injures a knee. The injury resulted in 23 days of restricted duty. Since the incident occurred in the employee parking lot, would this be a recordable injury?

A: The case is work-related and recordable. An injury or illness is 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. The company parking lot is part of the work environment.

FAQ ID: 132

Source: OSHA e-correspondence

Cases Not work-related - Examples

<https://www.osha.gov/laws-regs/regulations/standardnumber/1904/1904.5>

You are not required to record injuries and illnesses if . . .

- (i) At the time of the injury or illness, the employee was present in the work environment as a member of the general public.
- (ii) 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.
- (iii) 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.
- (iv) The injury or illness is solely the result of an employee eating, drinking, or preparing food or drink for personal consumption (bought on the employer's premises or brought in). For example, if the employee is injured by choking on a sandwich while in the company, the case would not be considered work-related.
- (v) The injury or illness is solely the result of an employee doing personal tasks (unrelated to their employment) at the establishment outside of the employee's assigned working hours.
- (vi) The injury or illness is solely the result of personal grooming, self medication for a non-work-related condition, or is intentionally self-inflicted.
- (ix) The illness is a mental illness

Severity Criteria for recording a work-related injury or illness

- Death
- Loss of consciousness
(<https://webapps.dol.gov/elaws/osha/recordkeeping/glossary.aspx>)
- Days away from work
- Restricted work activity or job transfer
- Medical treatment beyond first aid

Note: Each recordable injury or illness case must be recorded on the OSHA 300 Log and the Form 301 Incident Report **within 7 calendar days** after the employer receives notice that the injury or illness occurred



Maintaining and Posting Records

The records must be maintained at the worksite for at least 5 years. Each February through April, employers must post a summary of the injuries and illnesses recorded the previous year.

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

• [Get recordkeeping forms 300, 300A, 301, and additional instructions](#)

• [Read the full OSHA Recordkeeping regulation \(29 CFR 1904\)](#)

OSHA 300 Form:

OSHA Forms for Recording Work-Related Injuries and Illnesses

OSHA's Form 300 (Rev. 04/2004) Log of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the [free Adobe PDF Reader](#). In addition, the forms are programmed to auto-calculate as appropriate.

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

Please 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.
- Significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional.
- Work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12.

Reminders:

- 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.
- Feel free to use two lines for a single case if you need to.
- Complete the 5 steps for each case.

Establishment name

City State

Step 1. Identify the person **Step 2. Describe the case** **Step 3. Classify the case** **Step 4.** **Step 5.**

(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(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)
Reset	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
Reset	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
Reset	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
Reset	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
Reset	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
Reset	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
Reset	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
Reset	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
Reset	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
Reset	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>

Step 3. Classify the case
SELECT ONLY ONE circle based on the most serious outcome:

Death (G)	Remained at Work		
	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Step 4.
Enter the number of days the injured or ill worker was:

Away from work (K)	On job transfer or restriction (L)
<input type="text"/>	<input type="text"/>
<input type="text"/> days	<input type="text"/> days
<input type="text"/>	<input type="text"/>
<input type="text"/> days	<input type="text"/> days
<input type="text"/>	<input type="text"/>
<input type="text"/> days	<input type="text"/> days
<input type="text"/>	<input type="text"/>
<input type="text"/> days	<input type="text"/> days
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<input type="text"/> days	<input type="text"/> days
<input type="text"/>	<input type="text"/>
<input type="text"/> days	<input type="text"/> days
<input type="text"/>	<input type="text"/>
<input type="text"/> days	<input type="text"/> days

Step 5.
Select one column:

Injury (M)	Illness				
	Skin disorder (1)	Respiratory condition (2)	Poisoning (3)	Hearing loss (4)	All other illnesses (5)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.

Add a Form Page

OSHA 300 Form, Example: Recording a Fatality

Identify the person			Describe the case			Classify the case											
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	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:					
						Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M) Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses:
								Job transfer / restriction	Other recordable cases	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
1	Mark Bagin	Welder	5/25	basement	fell from ladder	/						/					

OSHA 300 Form, Example : Recording a Case with Days Away From Work

Identify the person		Describe the case				Classify the case											
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	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:					
						Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M) Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses:
								Job transfer / restriction	Other recordable cases	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
1	Mark Bagin	Welder	5/25	basement	fell from ladder	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
2	Shana Alexander	Foundry man	7/2	pouring dock	poisoning from lead fumes		<input checked="" type="checkbox"/>			12					<input checked="" type="checkbox"/>		

OSHA 300 Form, Example: Recording a Case with Restricted Work Activity or Job Transfer

Identify the person		Describe the case				Classify the case											
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	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:					
						Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illness:
								Job transfer / restriction	Other recordable cases			(1)	(2)	(3)	(4)	(5)	(6)
						(G)	(H)	(I)	(J)	(K)	(L)						
1	Mark Bagin	Welder	5/25	basement	fell from ladder	✓						✓					
2	Shana Alexander	Foundry man	7/2	pouring dock	poisoning from lead fumes		✓			12					✓		
3	Sam Sander	Electrician	8/5	2nd floor storeroom	sprained left foot, fell over box			✓			10	✓					
4	Ralph Boccella	Laborer	9/17	packaging department	back strain lifting a box		✓			5	14	✓					

OSHA 300 Form, Example: Recording a Case with Medical Treatment beyond First Aid

Identify the person			Describe the case			Classify the case				Enter the number of days the injured or ill worker was:							
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	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:					
						Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M)					
								Job transfer / restriction	Other recordable cases			Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
1	Mark Bagin	Welder	5/25	basement	fell from ladder	✓						✓					
2	Shana Alexander	Foundry man	7/2	pouring dock	poisoning from lead fumes		✓			12					✓		
3	Sam Sander	Electrician	8/5	2nd floor storeroom	sprained left foot, fell over box			✓			10						
4	Ralph Boccella	Laborer	9/17	packaging department	back strain lifting a box		✓			5	14						
5	Jarrold Daniels	Machine operator	10/23	production floor	dust in eye				✓			✓					

OSHA 300A Form: Summary of Work-Related Injuries and Illnesses

OSHA Forms for Recording Work-Related Injuries and Illnesses

OSHA's Form 300A (Rev. 04/2004)

Summary of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it.
Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the [free Adobe PDF Reader](#).

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	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

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

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*)

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

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

Reset

OSHA Form 301: Injury and Illness Incident Report

OSHA Forms for Recording Work-Related Injuries and Illnesses

OSHA's Form 301 (Rev. 04/2004) Injury and Illness Incident Report

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the [free Adobe PDF Reader](#). In addition, the forms are programmed to auto-calculate as appropriate.

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 the printout or insert additional form pages in the PDF, and then use as many as you need.

Completed by _____
Title _____
Phone _____ Date _____
Month Day Year

Information about the employee

- 1) Full name _____
- 2) Street _____
City _____ State _____ ZIP _____
- 3) Date of birth _____
Month Day Year
- 4) Date hired _____
Month Day Year
- 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 _____
Month Day Year
- 12) Time employee began work (HH:MM) _____ AM PM
- 13) Time of event (HH:MM) _____ AM PM Check if time cannot be determined

* **Re fields 14 to 17:** Please do not include any personally identifiable information (PII) pertaining to worker(s) involved in the incident (e.g., no names, phone numbers, or Social Security numbers).

- 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. 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 _____
Month Day Year

Add a Form Page

Reset

Additional Information

- **Zero Injuries:** Logs must still be maintained and submitted
- **Covered employees, 1904.31(a) Basic requirement:**
 - You must record on the OSHA 300 Log the recordable injuries and illnesses of all employees on your payroll, whether they are **labor, executive, hourly, salary, part-time, seasonal, or migrant workers.**
 - You also must record the recordable injuries and illnesses that occur to employees who are not on your payroll **if you supervise these employees on a day-to-day basis.** If your business is organized as a sole proprietorship or partnership, the owner or partners are not considered employees for recordkeeping purposes.
- Retention of logs - 5 years

1904.29 – Privacy Protection

- Do not enter the name of an employee on the OSHA Form 300 for “privacy concern cases”
- Enter “**Privacy Case**” in the name column
- Keep a separate confidential list of the case numbers and employee names

1904.29 – Privacy Protection

- **Privacy concern cases are:**
 - An injury or illness to an intimate body part or reproductive system, or illness resulting from sexual assault.
 - Mental illness
 - HIV infection, hepatitis, tuberculosis
 - Needlestick and sharps injuries that are contaminated with another person's blood or other potentially infectious material
 - Employee voluntarily requests to keep name off for other illness cases

Keep the Forms on File

- File and update for 5 years of the year covered
- Do not send copies to OSHA unless asked to do so
- Allow access to the records

For details on access provisions by employees, see [Recordkeeping - Detailed Guidance for OSHA's Injury and Illness Recordkeeping Rule | Occupational Safety and Health Administration](#) Sections 1904.35 (Employee Involvement) and 1904.40 (Providing records to government representatives).



Reportable vs. Recordable

- Specific injuries are required to be reported
 - Fatality (8 hours)
 - Amputation or Loss of an eye (24 hours)
 - In-patient hospitalization (24 Hours)
- The clock starts once a team leader, supervisor, or manager has knowledge that the injury is reportable
- **If the injury is serious enough to qualify as reportable, there will be a high likelihood that it will be recordable**
- An injury is not reportable if it meets the qualifications after 24 hours of the actual injury/incident
 - 1904.39(b)(6) “For an in-patient hospitalization, amputation, or loss of an eye, you must only report the event to OSHA if it occurs within twenty-four (24) hours of the work-related incident.”
 - Does not apply to fatality. All fatalities must be reported regardless of the timeframe

1904.35 – Employee Involvement

- You must inform each employee of how to report an injury or illness
 - Must set up a way for employees to report work-related injuries and illnesses promptly; and
 - Must tell each employee how to report work-related injuries and illnesses to you
 - Must provide limited access to I&I records to employees, former employees.

1904.40 – Providing Records to Government Representatives

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

Final Rule to Amend Recordkeeping Requirements (ITA)

- On July 21, 2023, OSHA published a final rule to amend federal occupational injury and illness recordkeeping regulation **29 CFR 1904.41** effective date is **January 1, 2024**.
- The final rule supports the agency's mission to assure safe and healthful working conditions for working people.

www.osha.gov/injuryreporting/final-rule



Injury Tracking Application



Final Rule Requirements

- **Establishments with 100 or more employees in the **highest-hazard industries** must electronically submit information from their **Forms 300 Log and 301 Incident Report**. The criteria for the designated industries are listed in [Appendix B to Subpart E of 29 C.F.R. Part 1904](#).**
- Establishments with **20 to 249** employees in **certain industries** will continue to be required to electronically submit information from their **OSHA Form 300A annual summary** to OSHA once a year.
- **Establishments with 250 or more** employees in industries that are **routinely required** to keep injury and illness records, must continue to electronically submit information from their **Form 300A Annual Summary**. Listed in appendix A to subpart E.

Final Rule to Improve Tracking

- [1904 Subpart E App A - Appendix A to Subpart E of Part 1904-Designated Industries for § 1904.41\(a\)\(2\) Annual Electronic Submission of OSHA Form 300A Summary of Work-Related Injuries and Illnesses by Establishments With 20 or More Employees but Fewer Than 250 Employees in D | Occupational Safety and Health Administration](#)
- There are Federal Register documents that will modify this content. Review the [**Improve Tracking of Workplace Injuries and Illnesses Final Rule**](#)

Check if Your Business is Required to Report

U.S. DEPARTMENT OF LABOR

Occupational Safety and Health Administration

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[Injury Tracking Application \(ITA\)](#) > [ITA Coverage Application](#)

ITA Coverage Application

Covered establishments must electronically submit their OSHA injury and illness data (Forms 300A, 300, and 301 data) by March 2 of the year following the covered year of the data (e.g., for submission of calendar year 2022 data that is March 2, 2023). However, not all establishments need to submit these data. To determine if your establishment is required to electronically submit data to OSHA, please complete the following selections. All selections are required.

This application only applies to establishments located in states under Federal OSHA jurisdiction. If your establishment is located in a [State Plan State](#), please contact their OSH plan for guidance.

More information on the reporting requirements and process is available at OSHA's injury and illness [ITA page](#).

State

Select a state

Did your firm have 11 or more employees during the previous year? No Yes

Peak establishment employment from the previous year

Is the establishment a government facility?

No Yes, Federal Government Yes, State or Local Government

NAICS Code

Start typing a code or keyword to search... ▾

Submit

Reset

<https://www.osha.gov/itareportapp>

 Administration

Check if Your Business is Required to Report – Examples:

ITA Coverage Application

- Based on your entries, you are required to report your OSHA Forms 300, 301 and 300A data to OSHA through the [Injury Tracking Application](#).
 - State = Florida
 - Firm has 11 or more employees = Yes
 - Peak establishment employment = 100
 - Government = Non-government
 - NAICS code = 238160: Roofing Contractors

Reset

ITA Coverage Application

- **Reporting is NOT required for this establishment.**

- Based on your entry for NAICS code, you are partially exempt from OSHA's injury and illness recordkeeping requirements and are NOT required to submit your injury and illness data through the Injury Tracking Application. See <https://www.osha.gov/recordkeeping/presentations/exempttable> for more information.
 - State = Florida
 - Firm has 11 or more employees = Yes
 - Peak establishment employment = 100
 - Government = Non-government
 - NAICS code = 811210: Electronic and Precision Equipment Repair and Maintenance

Reset

<https://www.osha.gov/itareportapp>

How to Submit Data

- The data must be electronically submitted through OSHA's [Injury Tracking Application \(ITA\)](#). There are 3 ways to submit the data: (1) Webform on the ITA, (2) submission of a CSV file to the [ITA Injury Tracking Application CSV Documentation \(osha.gov\)](#), or (3) use of an application programming interface (API) feed [Injury Tracking Application API Documentation \(osha.gov\)](#)
- The ITA will begin accepting 2023 injury and illness data on **January 2, 2024**. The due date to complete this submission is **March 2, 2024**. The submission requirement is annual, and the deadline for timely submission of the previous year's injury and illness data will be on March 2 of each year.

Protection of Worker Privacy

- OSHA will remind employers not to submit information that could directly identify workers, such as names, addresses, telephone numbers, etc.;
- OSHA will withhold from publication the information on age, gender, date hired, and whether the worker was treated in an emergency room and/or hospitalized overnight as an in-patient;
- OSHA will use automated information technology to detect and remove any remaining information that could directly identify workers.

Some Benefits of the Final Rule

- Improve OSHA's ability to use its enforcement and compliance assistance resources by enabling OSHA to identify the workplaces where workers are at high risk.
- Increase OSHA's effectiveness and efficiency by providing establishment-specific, case-specific injury and illness data for analyses that are not currently possible.
- Increase OSHA's ability to identify and respond to emerging hazards.
- Improve the ability of employers, employees, employee representatives, and researchers to identify and mitigate workplace hazards and thereby prevent worker injuries and illnesses.

To Learn More:

- OSHA Forms for Recording Work-Related Injuries and Illnesses
- Recordkeeping web page (<https://www.osha.gov/recordkeeping>) and check:1904.7: <https://www.osha.gov/laws-regs/regulations/standardnumber/1904/1904.7#:~:text=You%20must%20consider%20an%20injury,aid%2C%20or%20loss%20of%20consciousness>
- Q&A Search web page (https://www.osha.gov/recordkeeping/faq_search/index.html)
- Local OSHA Offices (<https://www.osha.gov/html/RAmap.html>)
- E-correspondence/Contact us (https://www.osha.gov/html/Feed_Back.html)

Resources:

- [Improve Tracking of Workplace Injuries and Illnesses \(osha.gov\)](#) –fact sheet
- [Help for Employers | Occupational Safety and Health Administration \(osha.gov\)](#)
- [Federal Register: Improve Tracking of Workplace Injuries and Illnesses](#)

Frequently Asked Questions

[How do I create an ITA account?](#)

The steps to create an ITA account and connect it to a Login.gov account are explained in the [Create an ITA Account](#) and [Create a Login.gov Account](#) job aids. You can also watch our [How To Video](#), which covers the account creation process.

[I missed the March 2nd deadline for submitting my Form 300A data. Can I still submit the data?](#)

Yes, the ITA will accept your Form 300A data through the end of the calendar year (December 31). You must electronically submit the data if you are required to do so.

...Frequently Asked Questions

- I submitted my Form 300A data before the due date but I have subsequently learned of a new recordable case that occurred last year. Do I need to edit and resubmit my information?

You are not required to submit updated information after your original submission, but you may do so if you wish. (**Note** that you are required to update your OSHA Form 300 to reflect the new information). To edit the data follow these steps:

1. Login to the ITA and choose View Establishment List
2. Click on the establishment name link of the facility you want to edit
3. Click on Edit 300A Summary
4. Make your changes and save them
5. Re-submit the data.

...Frequently Asked Questions

- Does OSHA notify employers that they need to report their Form 300A data? And if not, where do I get my Username and Password to login and provide my data?

OSHA does not send out notifications to report the Form 300A data. If your establishment meets the industry and size reporting criteria, you must create an account in the Injury Tracking Application (ITA) and connect the ITA account to a Login.gov account with the same email address. Once you create your account, you can login and report your Form 300A data on an annual basis. Each year the data are due by March 2nd. To create an ITA account, go to the Injury Tracking Application Login page and select the Create an ITA Account link that is right below the Injury Tracking Application banner. Follow the instructions from there.

...Frequently Asked Questions

- 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.

...Frequently Asked Questions

- My firm has multiple establishments that do different things. Which determines whether I have to submit data for those establishments: the industry classification of the firm or the industry classification of the establishment?

The electronic reporting requirements are based on the industry classification of the establishment, not the industry classification of the firm. 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.

...Frequently Asked Questions

- My company operates multiple facilities on a campus setting. Each facility has less than 250 employees, but the campus has more than 250 employees. How should I count my employees to determine if I have to electronically provide OSHA with my injury and illness records?
 - The recording and reporting requirements of Part 1904 are establishment-based. Under most circumstances, a campus is a single physical location and is considered a single establishment. Under limited conditions, you may consider two or more separate facilities that share a single location to be separate establishments. You may divide one location into two or more establishments only when: 1) each facility represents a distinctly separate business; 2) each facility is engaged in a different economic activity; 3) no one industry description applies to the joint activities of the establishments; and 4) separate reports are routinely prepared for each establishment concerning each establishment's number of employees, employee wage and salary rates, sales or receipts, and other business information.

...Frequently Asked Questions

- I am submitting the required data for multiple establishments. All of my establishments have the same name, but the system will not allow me to use a name more than once. What can I do?

-Each establishment name must be unique. You can make each unique by adding a number or a city/town name to the end of the establishment name. For example, if your establishment name is XYZ, you can make each location unique in the following manners: XYZ – 1, XYZ – 2, XYZ – 3; or XYZ Atlanta, XYZ Smyrna, XYZ Savannah.

...Frequently Asked Questions

- May a firm with multiple establishments make a single submission of the data from the multiple establishments?
 - A firm with more than one establishment must submit establishment-specific 300A data for each establishment that meets the size and industry reporting criteria. These data may be submitted using one ITA account. It is important to note that the electronic reporting requirements are for data at the establishment level, not the firm 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. The submitted data must be specific for each individual establishment.

...Frequently Asked Questions

- May a third party submit data for an establishment or firm?

-Yes, just as a third party is allowed to maintain the injury and illness records for an employer, a third party is allowed to submit the data for that employer. However, as with recordkeeping, responsibility for the completeness and accuracy of the data lies with the employer, not the third party.

...Frequently Asked Questions

- I want multiple staff members to access the information in my account. How do I give them access?

- To provide an ITA account holder access to your establishment data, follow these steps:

[Note: Before these steps are taken, ensure that the staff member has already created an ITA account.]

1. Login to the ITA and choose "View Establishment List"
2. Select on the establishment name link
3. Then select "Assign User"
4. Enter the e-mail address of the other ITA account holder
5. Select "User Role"
6. Then, select Save

...Frequently Asked Questions

- A company is located with multiple buildings within one complex. Can I produce one log for the complex or do I need to have one log for each building?
-You may complete one log for the complex. Generally, there should be one log per "establishment". An establishment is defined as a single physical location and can include campus and complex type locations.

...Frequently Asked Questions

- A supervisor was shouting at an employee. The employee felt stressed and his general doctor told him to take some time off from work. Is this an OSHA 300 recordable case?
 - Mental illnesses, such as depression or anxiety disorder, that have work-related stress as a contributing factor, are recordable if the employee voluntarily provides the employer 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, and the case meets one or more of the general recording criteria.

Questions?



Fort Lauderdale Area Office

1000 S Pine Island Rd. Ste 100. 33324.

Duty Officer - 954-424-0242

Email: FT-Lauderdale.OSHA@Dol.Gov

Toll Free Hotline: 1-800-321-OSHA (6742)

Email questions via OSHA's website at www.OSHA.Gov

Compliance Assistance Questions:

Leny Chango, Compliance Assistance Specialist

Email: Chango.Leny@Dol.Gov

Direct - 954-423-0382

Thank You !