



Brief Tutorial on Completing the OSHA Recordkeeping Forms



OSHA presentation from
<http://www.osha.gov/recordkeeping/tutorial.html>



Brief Tutorial on Completing the OSHA Recordkeeping Forms

A review of the recordkeeping requirements and forms at a high level:

- Requirement to complete the forms and evaluate specific exceptions
- The forms in OSHA's recordkeeping package
- Recordability criteria for injuries and illnesses
- Recording injuries/illnesses on the forms

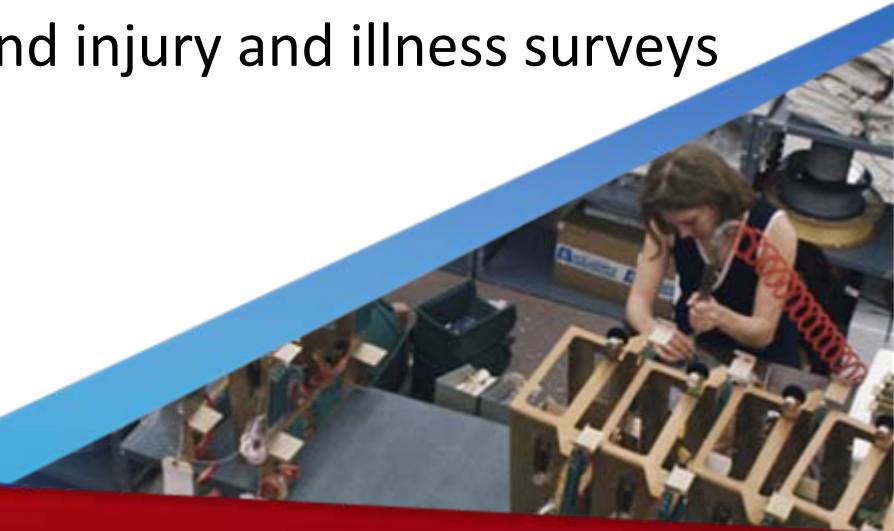




Who has to complete the OSHA injury and illness recordkeeping forms?

Many but not all employers. Exceptions are based on:

- Small employer exemption – 10 or fewer employees at all times during the year
- Low-hazard industry exemption – [see list of Partially Exempt Industries](#)
- Fatality/catastrophe reporting and injury and illness surveys



What forms must be completed?

- **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

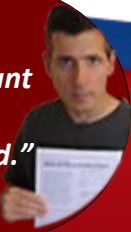




What cases need to be recorded on the forms?

- Injuries and illnesses
- Work related
- Meet certain severity criteria

*"It's
important
and
required."*





What is considered an injury or illness?

- An abnormal condition or disorder
- Not an exposure, unless it results in signs or symptoms



What cases are work related?

- Cases caused by events or exposures in the work environment
- Cases contributed to by events or exposures in the work environment
- Cases significantly aggravated by events or exposures in the work environment

(For a list of activities that are not work related, see section [1904.5\(b\)\(2\)](#).)






What are the severity criteria for recording a work-related injury or illness?

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




OSHA Form 300: Recording a Fatality

OSHA's Form 300 (Rev. 01/2004)						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 <input type="text"/>											
Log of Work-Related Injuries and Illnesses								U.S. Department of Labor		Occupational Safety and Health Administration									
You must record information 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 1904.8 through 1904.12. Feel free to use two						Form approved OMB no. 1218-0176		Establishment name <input type="text"/>		City <input type="text"/> State <input type="text"/>									
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)	(B)	(C)	(D)	(E)	(F)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Away From Work (days)		On job transfer or restriction (days)		(M)					
Case No.	Employee's Name	Job Title (e.g., Welder)	Date of injury or onset of illness (mo./day)	Where the event occurred (e.g. Loading dock north end)	Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses:		
						(G)	(H)	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"/>							




"It's important and required."

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

OSHA's Form 300 (Rev. 01/2004)						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 <input type="text"/>											
Log of Work-Related Injuries and Illnesses								U.S. Department of Labor		Occupational Safety and Health Administration									
You must record information 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 1904.8 through 1904.12. Feel free to use two						Form approved OMB no. 1218-0176		Establishment name <input type="text"/>		City <input type="text"/> State <input type="text"/>									
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:		
						(G)	(H)	Job transfer / restriction	Other recordable cases	(I)	(J)	(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 Form 300: Recording a Case with Restricted Work Activity or Job Transfer

OSHA's Form 300 (Rev. 01/2004)						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 <input type="text"/>									
Log of Work-Related Injuries and Illnesses								U.S. Department of Labor		Occupational Safety and Health Administration							
You must record information 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 1904.8 through 1904.12. Feel free to use two								Form approved OMB no. 1218-0176									
						Establishment name <input type="text"/>											
						City <input type="text"/>		State <input type="text"/>									
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)	(B)	(C)	(D)	(E)	(F)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:											
Case No.	Employee's Name	Job Title (e.g., Welder)	Date of injury or onset of illness (mo./day)	Where the event occurred (e.g. Loading dock north end)	Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses:
						(G)	(H)	Job transfer / restriction	Other recordable cases	(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	✓					





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

OSHA's Form 300 (Rev. 01/2004)						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									
Log of Work-Related Injuries and Illnesses								U.S. Department of Labor		Occupational Safety and Health Administration							
You must record information 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 1904.8 through 1904.12. Feel free to use two								Form approved OMB no. 1218-0176									
						Establishment name											
						City		State									
Identify the person			Describe the case			Classify the case				Check the "injury" column or choose one type of illness:							
(A)	(B)	(C)	(D)	(E)	(F)	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:		(M)					
Case No.	Employee's Name	Job Title (e.g., Welder)	Date of injury or onset of illness (mo./day)	Where the event occurred (e.g. Loading dock north end)	Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	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"/>		
3	Sam Sander	Electrician	8/5	2nd floor storeroom	sprained left foot, fell over box			<input checked="" type="checkbox"/>			10						
4	Ralph Boccella	Laborer	9/17	packaging department	back strain lifting a box		<input checked="" type="checkbox"/>			5	14						
5	Jarrold Daniels	Machine operator	10/23	production floor	dust in eye				<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					

(For a list of specific treatments considered to be first aid, see section [1904.7\(b\)\(5\)](#).)

Other Recording Criteria

- Significant diagnosed injury or illness
- Needlestick and sharps injuries – section [1904.8](#)
- Medical removal – section [1904.9](#)
- Hearing loss – section [1904.10](#)
- Tuberculosis – section [1904.11](#)



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OSHA Form 301: Injury and Illness Incident Report

OSHA's Form 301 **Injury and Illness Incident Report**

Attention: This form contains information about employee health and must be used in a manner that protects the confidentiality of employees to the maximum possible while the information is being used for occupational safety and health purposes.

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

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 _____

Information about the case

- 10) Case number from the *Log* _____
- 11) Date of injury or illness ____/____/____
- 12) Time employee began work _____
- 13) Time of event _____
- 14) **What was the employee doing just before the injury?** "Worker was carrying roofing materials"; "spraying"
- 15) **What happened?** Tell us how the injury occurred. "Worker fell 20 feet"; "Worker was sprayed with paint and developed soreness in wrist over time."



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

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

Summary of Work-Related Injuries and Illnesses

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

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

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

Number of Cases			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
_____	_____	_____	_____
(G)	(H)	(I)	(J)

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

Injury and Illness Types
Total number of ...
(M)

Estab

Your o

Street

City

Industry

Standar

OR

North A

Empl

Work

Annual

Total ho

Sign I

Knowi



"It's easy and beneficial."



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

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.



Keep the Forms on File

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

(For a details on access provisions, see section [1904.35](#) and [1904.40](#).)



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Resources

- Recordkeeping web page
(<http://www.osha.gov/recordkeeping>)
- Local OSHA Offices
<http://www.osha.gov/html/RAmap.html>)
- E-correspondence/Contact us
(http://www.osha.gov/html/Feed_Back.html)

UNITED STATES DEPARTMENT OF LABOR

OSHA

Occupational Safety & Health Administration

Home Workers Regulations Enforcement

Contact Us

Do You Have Workplace Safety & Health Related Questions?:

[By Email]:
You can contact OSHA via [email](#).

To submit an information inquiry by [Electronic Mail Form](#).

[By Phone]:
1-800-321-OSHA (6742) Toll Free U.S.

