

OSHA 300, 300A Forms & Electronic Recordkeeping

Presented By: Cindy Houlson, HRE Safety Coordinator

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.

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

Establishment name

Year

U.S. Department of Labor

Occupational Safety and Health Administration

You must record information about every work-incided injury or liness that involves loss of consciousness, restricted viou abodity or plot bransfer, days away from work, or medical heatment beyond first aid. You must also record significant non-in-incided injuries and linesses that me eliginated by a physiciation injuries and linesses that me eliginated by a physiciation injuries and linesses that me eliginated by a physiciation injuries and linesses that me eliginated by a physiciation injuries and linesses that me eliginated by a physiciation injuries and linesses that me eliginated by a physiciation injury or linesses that me eliginated by a physiciation injury or linesses that me eliginated by a physiciation injury or linesses that me eliginated by a physiciation injury or linesse recorded on this form. If you're not sure whether a case is recordable, call you not cod SNHA diffice or help.

Form approved OMB no. 1218-0176

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aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Page 1 of 1



form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Log of Work-Related Injuries and Illnesses

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-reliated injuries and illnesses that are diagnosed by a physician or idensed health care professional. You must also record work-related injuries and illnesses that meet diagnosed by a physician or idensed health care professional. You must complete an injury and illness indicent report (DSM) Ferm 301 or equivalent from the care injury or illness in part of injury or illness injury and illness indicent report (DSM) Ferm 301 or equivalent from the care injury or illness injury and illness illness injury and illness injury and illness illness injury and illness illness injury and illness illness illness illness illnes

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Year

U.S. Department of Labor

Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Establishment name

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	Identify the person			Descri	be the case	Classify the	e case										
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of	(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		ONE box for e	ach case based o	on the most	Enter the nur days the inju worker was:			he "injur		mn or cho less:	ose one	≥ type of
			illness (mo./day)		forearm from acetylene torch)	Death Days away from work Job transfer or restriction cases (G) (H) (I) (J)				Away From Work (days)	On job transfer or restrictio n (days)	(M)	Skin Disorder	espiratory Conditio	Poisoning	Hearing Loss	All other illnesses
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any aspects of this data collection, contact: US Department of Labor, OSHA Washington, DC 20210. Do not send the completed forms to this office. Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Page 1 of 1

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U.S. Department of Labor

Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Establishment name

City



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

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 brensfer, days array from work, or medical beatment beyond first aid. You must also record software injuries and illnesses that make disposed by a physician or information and one professional. If you must also record work-related injuries and illnesses that make engine or fire specifies recording criterial istated in 29 CFR 1904.3 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've not sure whether a case is recordable, call you've for help.

Form approved OMB no. 1218-0176

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ity	State	

	Identify the person			Descr	ibe the case	Classify the	e case										
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of njury 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 torus.)	CHECK ONLY ONE box for each case based on the most days serious outcome for that case:				Enter the nur days the inju worker was:		Check t	he "inju		mn or cho less:	Jose one	type of
			mo./day)		forearm from acetylene torch	Death	Days away from work	Remained Job transfer or restriction	Other	Away From Work (days)	On job transfer or restriction (days)	Injury	Skin Disorder	Respiratory Conditi	Poisoning	Hearing Loss	All other illnesses
						(G)	(H)	(1)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
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Public reporting burden for this collection of information is estimated to average 44 minutes per response, including time to review the instruction, 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 at Glappiay a currently said ONB control number. If you have any comments about these estimates or any aspects of this data collection, contact. US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DG 2021. Do not send the completed formats to this office.

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

Page 1 of 1

Injury
Skin
Skin
Condition
Condition
Bespiratory
Condition
Bespiratory
Condition
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Identify the person												
(A)	(B)	(C)										
Case No.	Employee's Name	Job Title (e.g., Welder)										



Log of Work-Related Injuries and Illnesses

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, 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 of itsiplays a currently valid OMB control number. If you have any comments about these estimates or any

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Establishment name

Year

U.S. Department of Labor

Occupational Safety and Health Administration

You must record information about every work-valuated (rijery or illness that involves loss of consciousness, restricted rook activity or to be transfer, days array from work, or madical heathment beyond first all. You must also record symbol and the properties of the properties of

Form approved OMB no. 1218-0176

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	Identify the person			Descri	be the case	lassify the	e case										
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g Welder)	(D) Date of injury or onset of	(E) Where the event occurred (e.g. Loading dook 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	HECK ONLY		ach case based o		Enter the nur days the inju worker was:			he "inju		ımn or oh ness:	noose one	e type of
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Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Page 1 of 1

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(D)	(E)	(F)
Date of	Where the event occurred	Describe injury or illness, parts of body
		affected, and object/substance that directly
onset of	l .	injured or made person ill (e.g. Second
illness	l .	degree burns on right forearm from
(mo./day)		acetylene torch)



Log of Work-Related Injuries and Illnesses

the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3544, 200 Constitution Ave, NW,

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Occupational Safety and Health Administration

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Form approved OMB no. 1218-0176

Identify the person Describe the case Classify the case (A) (B) (C) (D) (E) (F) CHECK ONLY ONE box for each case based on the most of rs the injured or ill Check the	the "injury" column or choose one illness:	
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Case No. Employee's Name Job Title (e.g., Welder) Welder) Where the event occurred (e.g. Date of injury or loading dock north end) onset of onset of special section of the control of the		ine type of
illness Torearm from acetylene torch) Days away On job Transfer Common days On job On job Common days On job O	rder ondition	esses
Job transfer or restriction record-able cases Other restriction record-able cases ork (days) (days)	Skin Diso espiratory C Poisoni	Hearing L
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(1) (2) (3) (4) (5) (6)

Classify the case

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

Death	Days away from work	Remaine	ed at work
		Job transfer or restriction	
(G)	(H)	(1)	(J)



Log of Work-Related Injuries and Illnesses

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Page 1 of 1

Year

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 meet any of the specific recording, criteria listed in 29 CFR 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.

Form approved OMB no. 1218-0176

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(1) (2) (3) (4) (5) (6)

Enter the number of days the injured or ill worker was: On job Away transfer or From restriction Work (days) (days) (K)



OSHA's Form 300 (Rev. 01/2004) Log of Work-Related Injuries and Illnesses

Public reporting burden for this collection of information is estimated to severage (4 minutes per response, including time to review the instruction, search and gather the data needed, and complete and meives the collection of information. Persons are not required to respond to the collection of information unless at displays a currently valid OMB control number. If you have any comments about these estimates or any sepects of this data collection, contact OLI Separament of Labor, OSHAO (Time of Statistics, Como. 14344, 200 Constitution Ave, NIV,

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Form approved OMB no. 1218-0176

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	Identify the person			Descri	ibe the case	Classify the	case										
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	injury or onset of	(E) Where the event occurred (e.g. Loading dook 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	CHECK ONLY		ach case based o e:	n the most	Enter the nu days the inju worker was:			the "inju		mn or cho ness:	oose one	type of
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Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesse
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Log of Work-Related Injuries and Illnesses

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Form approved OMB no. 1218-0176

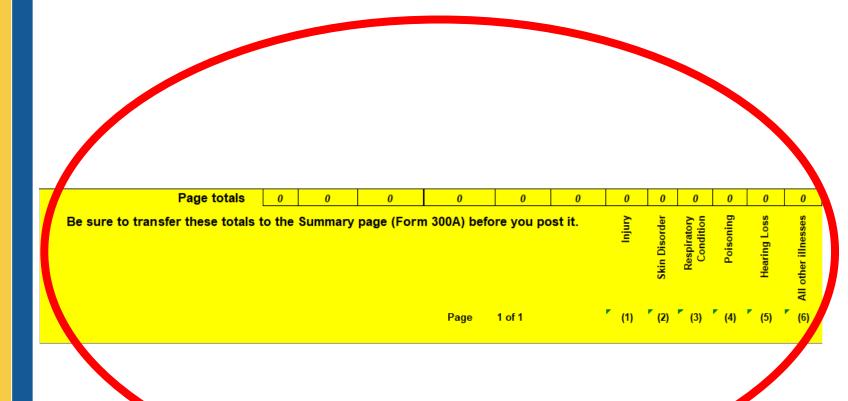
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ity	State	

	ldentify the person			Descri	ibe the case	Classify th	e case										
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)		(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 or right	serious outc	Y ONE box for e ome for that cas	ach case based o e:		Enter the nun days the inju worker was:		Check ti	he "injur		ımn or ch ness:	oose one	e type of
			illness (mo./day)		person in (e.g., second degree durits on right forearm from acetylene torch)	Death	Days away from work	Remained Job transfer or restriction	Other	Away From	On job transfer or restriction	(M)	n Disorder	tery Condition	oisoning	ring Loss	ner illnesses
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be sure to transfer triese totals to the Summary page (Form 500A) before you

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OSHA's Form 300A (Rev. 01/2004) Summary of Work-Related Injuries and Illnesses

Year___

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

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or litnesses 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 20 CFR 1004.35, in OSHA's Record

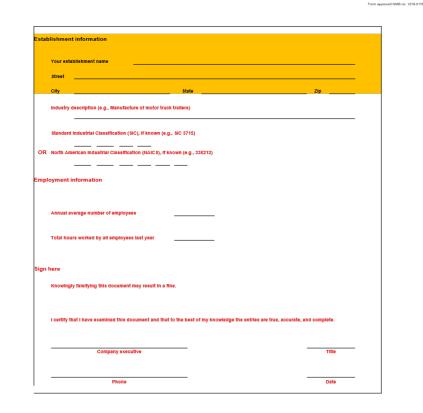
Number of Cases			
Total number of deaths		Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(1)	(J)

Number of Days		
Total number of days away from work	Total number of days of job transfer or restriction	
0		

(K)			
Injury and Illness Types			
Total number of (M) (1) Injury	0	(4) Poisoning	0
(2) Skin Disorder (3) Respiratory Condition	0	(5) Hearing Loss	0
_	0	(6) All Other Illnesses	0



Public reporting burden for this collection of information is estimated to everage 55 minutes per responses, including time to review the instruction, search and gather the data needed, and complete and review the collection. Frintmation. Persons are not required to response to the collection of information unless it displays a currently self of Control number. Fry to these any comments about these self-insteas or any aspects of this data collection, cancer U.S. Department of Laber, CSHA Citizen Edistrial, CRAM - MSAC, QCO Constitution May, MI, Washington, CC 2021-CD. On ot search de control instea their office.





		Cas	

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)	(1)	(J)

Number of Days

Total	number	of	days	away
from	work			

Total number of days of job transfer or restriction

0	
(K)	

_____0 (L)

Injury and Illness Types

Total number of...

(M)

- (1) Injury
- (2) Skin Disorder
- (3) Respiratory Condition



0 (5) Hearing Loss

0

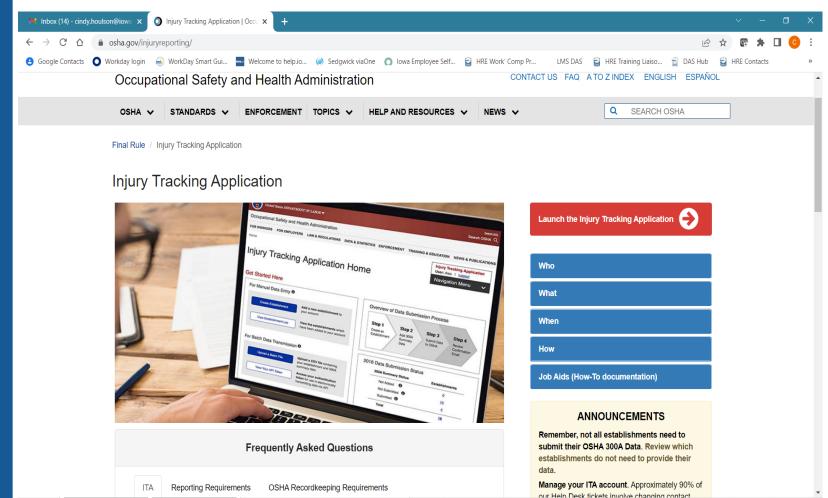
(6) All Other Illnesses

0



	Industry description (e.g., Manufacture of motor truck trailers)	
	Standard Industrial Classification (SIC), if known (e.g., SIC 3715)	
OR	North American Industrial Classification (NAICS), if known (e.g., 336212)	
≣mpl	oyment information	
	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 enaccurate, and complete.	tries are true,
	Company executive	Title
	Phone	Date





QUESTIONS ??

Cindy Houlson, DAS-HRE Safety Coordinator <u>Cindy.houlson@iowa.gov</u>



