



**Department of
Administrative Services**

*Empowering People
Collaboration
Customer Service*

OSHA 300, 300A Forms & Electronic Recordkeeping

Presented By:

Cindy Houlson, HRE Safety Coordinator

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 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 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

Establishment name

City

State

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:						Check the "Injury" column or choose one type of illness:						
						Death	Days away from work	Remained at work		On job transfer or restriction (days)		(M)						
								Job transfer or restriction	Other recordable cases	Away From Work (days)		Injury	Skin Disorder	Respiratory Condition		Poisoning	Hearing Loss	All other illnesses
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)	
Page totals						0	0	0	0	0	0	0	0	0	0	0	0	0

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 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 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-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.



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

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

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Establishment name _____
 City _____ State _____

Identify the person			Describe the case			Classify the case					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 (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:																
						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)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
Page totals						0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

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Page 1 of 1

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Form contains information relating to the confidentiality of employees to the file the information is being used for safety and health purposes.

Year



U.S. Department of Labor

Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Establishment name _____

City _____

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Year

U.S. Department of Labor

Occupational Safety and Health Administration

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

Establishment name

City

State

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 or restriction	Other recordable cases	(I)	(J)	(K)	(L)	(1)	(2)									(3)
Page totals						0	0	0	0	0	0	0	0	0	0	0	0	0

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Identify the person

(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)

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

Log of Work-Related Injuries and Illnesses

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Year

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

Form approved OMB no. 1218-0176

Establishment name _____

City _____ State _____

Identify the person			Describe the case			Classify the case				Classify the injury or illness									
(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 or restriction	Other recordable cases					Injury	Skin Disorder	Respiratory Condition		Poisoning	Hearing Loss
(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)	(1)	(2)	(3)	(4)	(5)	(6)		
Page Totals						0	0	0	0	0	0	0	0	0	0	0	0	0	

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(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)

Classify the case

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

Death	Days away from work	Remained at work	
		Job transfer or restriction	Other recordable cases
(G)	(H)	(I)	(J)

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

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Year _____

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Occupational Safety and Health Administration

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Establishment name _____

City _____

State _____

Identify the person			Describe the case			Classify the case		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 (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:							
						Death	Days away from work	Remained at work	M On job transfer or restriction (days)	N Injury	O Skin Disorder	P Respiratory Condition	Q Poisoning	R Hearing Loss	S All other illnesses
							Job transfer or restriction	Other recordable cases							
(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)				
Page totals						0	0	0	0	0	0	0	0	0	0

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

Away From Work (days) (K)	On job transfer or restriction (days) (L)

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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 (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:				On job transfer or restriction (days)								
						Death	Days away from work	Remained at work		Away From Work (days) (K)	On job transfer or restriction (days) (L)							
						(G)	(H)	Job transfer or restriction (I)	Other recordable cases (J)									
												Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses	
												(1)	(2)	(3)	(4)	(5)	(6)	
Page totals						0	0	0	0	0	0	0	0	0	0	0	0	0

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Check the "injury" column or choose one type of illness:

(M)	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
(1)	(2)	(3)	(4)	(5)	(6)	

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

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Establishment name

City

State

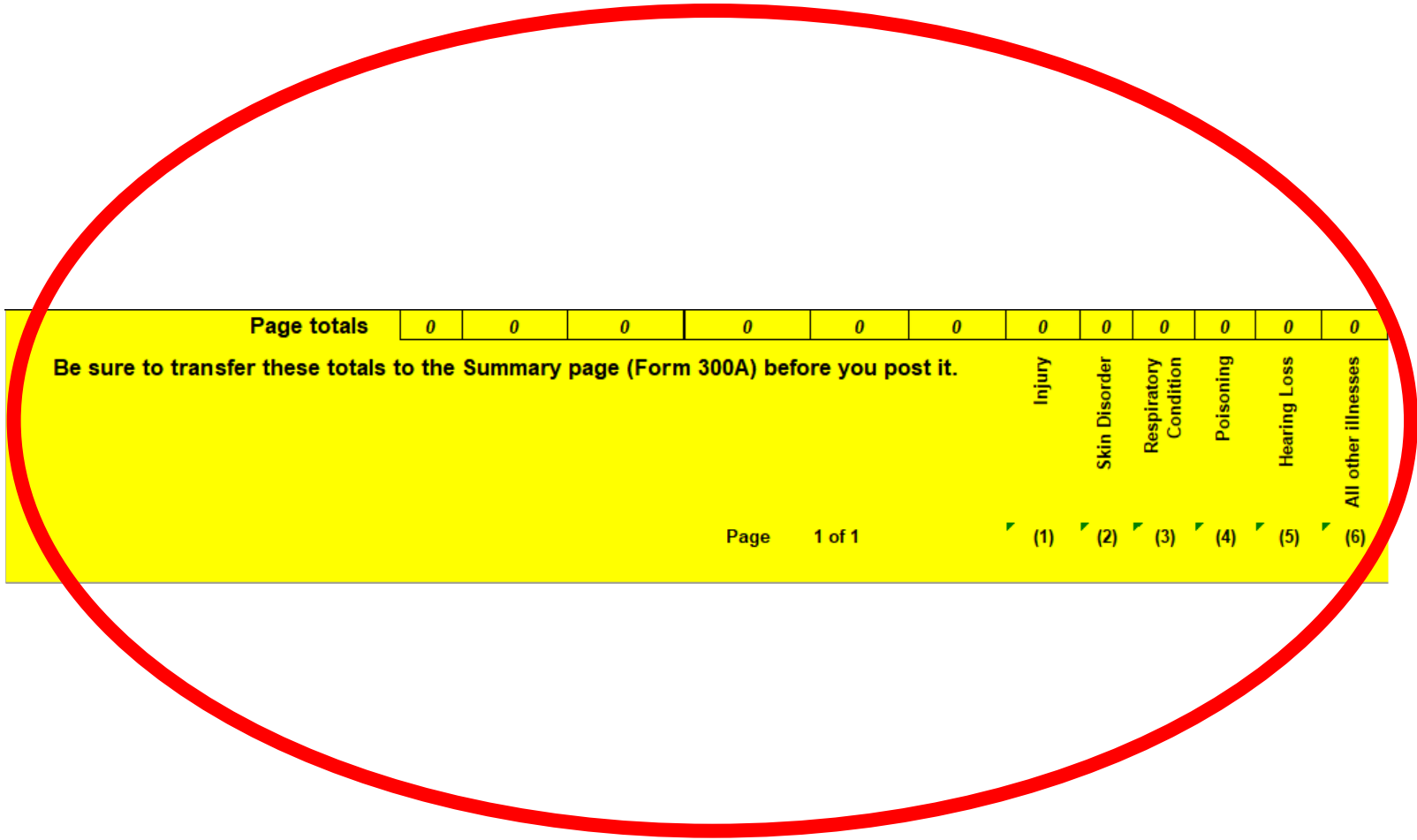
Identify the person			Describe the case			Classify the case				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:							
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Where 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:				Away From Work (days)		On job transfer or restriction (days)		(M) Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
						Death	Days away from work	Remained at work					(1)	(2)	(3)	(4)	(5)	(6)	
								Job transfer or restriction	Other recordable cases	(K)	(L)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	
Page totals						0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

Page 1 of 1

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Page totals	0	0	0	0	0	0	0	0	0	0	0	0
Be sure to transfer these totals to the Summary page (Form 300A) before you post it.							Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
Page	1 of 1		(1)	(2)	(3)	(4)	(5)	(6)				

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

Form approved OMB no. 1218-0178

All establishments covered by Part 1904 must complete this Summary page, even if no 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 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) Injury	0	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	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 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 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-3644, 200 Constitution Ave, 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., SIC 3715) _____

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

Employment 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 entries are true, accurate, and complete.

 Company executive Title

 Phone Date



Number of Cases

Total number of deaths

0

(G)

Total number of cases with days away from work

0

(H)

Total number of cases with job transfer or restriction

0

(I)

Total number of other recordable cases

0

(J)

Number of Days

Total number of days away from work

0

(K)

Total number of days of job transfer or restriction

0

(L)

Injury and Illness Types

Total number of...

(M)

(1) Injury

0

(4) Poisoning

0

(2) Skin Disorder

0

(5) Hearing Loss

0

(3) Respiratory Condition

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)

____ _

Employment 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 entries are true,
accurate, and complete.**

Company executive

Title

Phone

Date



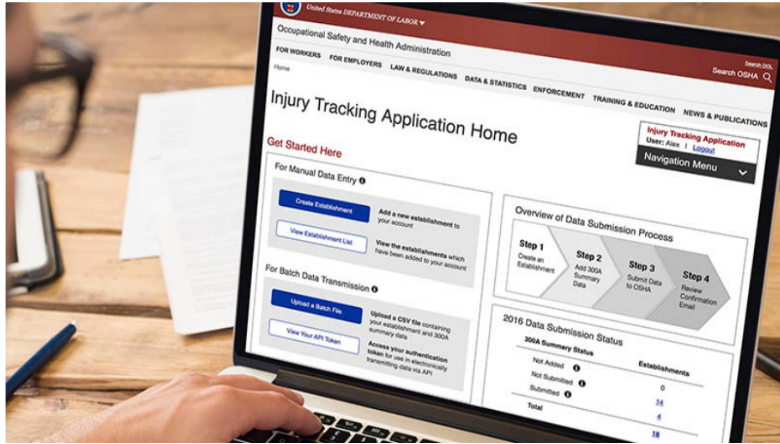
Occupational Safety and Health Administration

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OSHA ▾ STANDARDS ▾ ENFORCEMENT TOPICS ▾ HELP AND RESOURCES ▾ NEWS ▾

[Final Rule](#) / [Injury Tracking Application](#)

Injury Tracking Application



[Launch the Injury Tracking Application](#)

- [Who](#)
- [What](#)
- [When](#)
- [How](#)
- [Job Aids \(How-To documentation\)](#)

Frequently Asked Questions

- [ITA](#)
- [Reporting Requirements](#)
- [OSHA Recordkeeping Requirements](#)

ANNOUNCEMENTS

Remember, not all establishments need to submit their OSHA 300A Data. Review which establishments do not need to provide their data.

Manage your ITA account. Approximately 90% of our Help Desk tickets involve changing contact



QUESTIONS ??

Cindy Houlson, DAS-HRE Safety Coordinator
Cindy.houlson@iowa.gov

515-343-7394

