



OSHA 300, 300A Forms & Electronic Recordkeeping

PRESENTED BY:

Cindy Houlson, Safety Officer/ Department of Administrative Services - HRE

OSHA 300 Log

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																	
(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 record-able cases			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.

Page 1 of 1

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 300 Log ...

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 300 A (ANNUAL) SUMMARY

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. 1218-0176

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

Company executive

Phone



OSHA 300 A (ANNUAL) SUMMARY

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

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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

Phone

Title

Date



OSHA ELECTRONIC RECORDKEEPING

JULY 1, 2018 DEADLINE

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

Apps Google Contact WorkSafeBC P HREDAS Health Create Mainte Welcome to he Sedgwick viaC Home - DAS E IAM Self Servic http--www.ncs



UNITED STATES
DEPARTMENT OF LABOR



Find it in OSHA



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Injury Tracking Application

Electronic Submission of Injury and Illness Records to OSHA

[Launch ITA](#)

ANNOUNCEMENTS

Employers can now begin to electronically report their Calendar Year (CY) 2017 Form 300A data to OSHA. All covered establishments must submit the information by July 1, 2018. Employers can view their submitted CY 2016 Form 300A summary information, but they cannot edit or submit additional 2016 data on this website. **Remember, not all establishments are covered by this requirement.** To review which establishments need to provide their 2017 data, [click here](#).

Covered establishments with 250 or more employees are only required to provide their 2017 Form 300A summary data. **OSHA is not accepting Form 300 and 301 information this time.** OSHA announced that it will issue a notice of proposed rulemaking (NPRM) to reconsider, revise, or remove provisions of the "Improve Tracking of Workplace Injuries and Illnesses" final rule, including the collection of the Forms 300/301 data. The Agency is currently drafting that NPRM and will seek comment on those provisions.

Click on "Launch ITA" to provide OSHA your 2017 OSHA Form 300A information.



QUESTIONS ??

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