



Illinois Health and Hospital Association

OSHA Recordkeeping in the Healthcare Setting

Objectives



- 1. Outline OSHA's Recordkeeping Requirements for Hospital and Healthcare Organizations*
- 2. Outline OSHA's recordkeeping rule change and describe how it will impact your recordkeeping program*
- 3. Discuss how to use OSHA recordkeeping and injury data in safety and health management programs*

Brief History of the BLS & OSHA



Brief History of the BLS & OSHA

(continued)



1940's

- BLS (Bureau of Labor Statistics) begins collecting work injury data
- Limited in scope and voluntary for employers



Brief History of the BLS & OSHA (continued)

- December 29, 1970 – Occupational Safety and Health Act (OSH Act) is signed into law by President Richard Nixon
- April 28, 1971 OSHA is formed



OSHA's Mission Statement



“...to assure safe and healthful working conditions for working men and women by.....”

1. Developing job safety and health standards
2. Enforcing them through worksite inspections
3. Providing training programs to increase knowledge

OSHA Injury & Illness Recordkeeping Rule 29 CFR Part 1904

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 20

U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OSHA no. 3229-0176

You must 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. 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 Part 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 it is a recordable injury or illness.

OSHA's Form 300A (Rev. 01/2004)
Summary 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 20

U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OSHA no. 3229-0176

OSHA's Form 301
Injury and Illness Incident Report

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 OSHA no. 3229-0176

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 91-506 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 3 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

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 _____
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 ____/____/____
12) Time employee began work _____ AM / PM
13) Time of event _____ AM / PM Check if time cannot be determined

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. Example: "limbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

15) What happened? Tell us how the injury occurred. Example: "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; be more specific than "hurt," "pain," or "sore." Example: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

17) What object or substance directly harmed the employee? Example: "concrete floor"; "chlorine"; "valve 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 ____/____/____

Completed by _____
Title _____
Phone (____) _____-____ Date ____/____/____

Public reporting burden for this collection of information is estimated to average 27 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate or any other aspect of this data collection, including suggestions for reducing the burden, contact: U.S. Department of Labor, OSHA/OHS-1000, Bureau of Statistical Analysis, Room N-5434, 200 Constitution Avenue, NE, Washington, DC 20030. Do not send the completed forms to this office.

Sections of OSHA's Recordkeeping Rule

Standard Number – 29 CFR 1904

Subpart A - Purpose

Subpart B - Scope

Subpart C - Recordkeeping Forms and Recording Criteria

Subpart D - Other OSHA Injury and Illness Recordkeeping Requirements

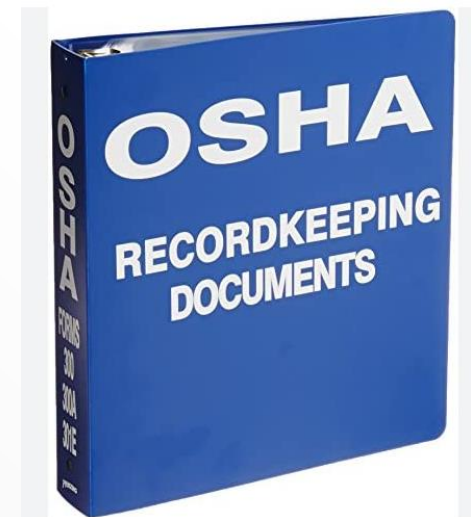
Subpart E - Reporting Fatality, Injury and Illness Information to the Government

Subpart F - Transition From the Former Rule

Subpart G - Definitions

Purpose of the OSHA Recordkeeping Rule 29 CFR Part 1904 – Subpart A

“The purpose of this rule (part 1904) is to require employers to record and report work-related fatalities, injuries, and illnesses.”



<https://www.ecfr.gov/current/title-29/section-1904.0>

29 CFR Part 1904 - Subpart B - Scope

1904.1 – Small employer partial exemptions

- If 10 or fewer employees at all times during the last calendar year

1904.2 – Partially exempt industries

- If establishment classified in specific industry groups, you do not need to keep OSHA injury and illness records

[https://www.ecfr.gov/current/title-29/part-1904/section-1904.1#p-1904.1\(a\)](https://www.ecfr.gov/current/title-29/part-1904/section-1904.1#p-1904.1(a))

<https://www.osha.gov/laws-regs/regulations/standardnumber/1904/1904.2>

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

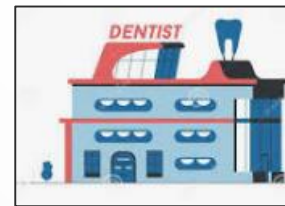
Partially Exempt Healthcare related Industries

Some examples of partially exempt healthcare related industries

1. Offices of Physicians – (NAICS 6211)



2. Offices of Dentists – (NAICS 6212)



3. Offices of Other Health Practitioners – (NAICS 6213)

4. Outpatient Care Centers – (NAICS 6214)

5. Medical and Diagnostic Laboratories – (NAICS 6215)



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

Covered Healthcare Industries That Must Record Injuries and Illnesses

1. General Medical & Surgical Hospitals – (NAICS 622100)
2. Psychiatric and Substance Abuse Hospitals – (NAICS 622200)
3. Specialty (except Psychiatric and Abuse) Hospitals – (NAICS 622310)
4. Nursing Care Facilities (Skilled Nursing Facilities) – (NAICS 623000)
5. Home Health Care Services – (NAICS 621600)



<https://www.osha.gov/recordkeeping/presentations/covered>

Subpart C – Recordkeeping Forms and Recording Criteria 1904.4 – 1904.29

1904.4 – Recording Criteria

1904.5 – Determination of work-relatedness

1904.6 – Determination of new cases

1904.7 – General recording criteria

1904.8 – Recording criteria for needlestick and sharps injuries

1904.9 – Recording criteria for cases involving medical removal under OSHA standards

1904.10 – Recording criteria for cases involving occupational hearing loss

1904.11 – Recording criteria for work-related tuberculosis cases

1904.29 - Forms

The image displays three OSHA forms related to recordkeeping. The top form is OSHA's Form 300 (Rev. 03/06), titled "Log of Work-Related Injuries and Illnesses". The middle form is OSHA's Form 300A (Rev. 03/06), titled "Summary of Work-Related Injuries and Illnesses". The bottom form is OSHA's Form 301 (Rev. 03/06), titled "Injury and Illness Incident Report". Each form includes instructions, attention points, and various fields for recording information.

Recording Criteria

1904.4

Basic requirement

Each employer required by this part to keep records of fatalities, injuries, and illnesses must record each fatality, injury and illness that:

1. Is **work-related**; and
2. Is a **new case**; and
3. Meets one or more of the **criteria** contained in section 1904.7 or the application to specific cases in 1904.8 through 1904.12.

<https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904/subpart-C/section-1904.4>

Recording Criteria – (continued)

1. Work-related

“event or exposure in the work environment either caused or contributed to the resulting condition or significantly aggravated a pre-existing injury or illness.”

[https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.5\(a\)](https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.5(a))

Recording Criteria – (continued)

2. New case

- A new work related injury or illness

or

- A work related injury or illness to the same part of the body as a prior injury or illness. But the employee has recovered completely of signs and symptoms from that prior work related injury or illness

[https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.6\(a\)](https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.6(a))

Recording Criteria – (continued)

Must record all new cases of work related fatalities, injuries, and illnesses that meet one or more of the criteria contained in sections 1904.7 through 1904.11.

General Recording Criteria

1. Death
2. Days away from work
3. Restricted work or job transfer
4. Medical treatment beyond first aid
5. Loss of consciousness
6. Other significant injuries or illnesses

<https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904/subpart-C/section-1904.7>

Days Away Cases

1904.7(b)(3)

Record case if it involves one or more calendar days away from work (excluding day of injury or illness)

Check the box for days away cases and count the number of calendar days

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

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

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

Away from work	On job transfer or restriction
(K)	(L)
_____ days	_____ days

[https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.7\(b\)\(3\)](https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.7(b)(3))

Days Away Cases

1904.7(b)(3) (continued)

- Cap day count at 180 days away and/or days restricted

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

Away from work	On job transfer or restriction
(K)	(L)
180	
_____ days	_____ days

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

Away from work	On job transfer or restriction
(K)	(L)
145	35
_____ days	_____ days

- May stop day count if employee leaves company for a reason unrelated to the injury or illness

[https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.7\(b\)\(3\)\(vii\)\(3\)](https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.7(b)(3)(vii)(3))

Job Transfer or Restricted Work Cases

1904.7(b)(4)

Record case involves one or more calendar days of restricted work or job transfer (excluding day of injury or illness)

Check the box for restricted/transfer cases and count the number of days of restricted work

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

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

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

Away from work	On job transfer or restriction
(K)	(L)
___ days	___ days

[https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.7\(b\)\(4\)](https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.7(b)(4))

Restricted Work Case - Definitions

1904.7(b)(4) (continued)

Restricted work means the employee is:

- Unable to work the full workday he or she would otherwise have been scheduled to work; or
- Unable to perform one or more routine job functions

Routine Job Functions: those activities the employee regularly performs at least once per week



[https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.7\(b\)\(4\)\(i\)](https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.7(b)(4)(i))

[https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.7\(b\)\(4\)\(i\)\(A\)\)\(4\)](https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.7(b)(4)(i)(A))(4))

Job Transfer

1904.7(b)(4)

Definition of Job Transfer

An injured or ill employee is assigned to a job other than his or her regular job for all or part of the day

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

Away from work	On job transfer or restriction
(K)	(L)
_____ days	_____ days

A red arrow points from the instruction text down to the 'On job transfer or restriction' section of the form.

[https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.7\(b\)\(4\)\(ix\)\)\(4\)](https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.7(b)(4)(ix))(4))

Medical Treatment

1904.7(b)(5)(i)

Definition of Medical Treatment

“The management and care of a patient to combat disease or disorder.”



[https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.7\(b\)\(5\)](https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.7(b)(5))

Medical Treatment

1904.7(b)(5)(i)(A) & (B)

Medical Treatment DOES NOT include:

- Visits to a Medical Provider solely for observation or counseling
- Diagnostic procedures



[https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.7\(b\)\(5\)](https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.7(b)(5))

What is “First Aid”

1904.7(b)(5)(ii)



- Using nonprescription medication at nonprescription strength
- Tetanus immunizations
- Cleaning, flushing, or soaking surface wounds
- Wound coverings, butterfly bandages, Steri-Strips
- Hot or cold therapy
- Non-rigid means of support
- Temporary immobilization device used to transport accident victims

[https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.7\(b\)\(5\)](https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.7(b)(5))

First Aid (continued)

1904.7(b)(5)



- Drilling of fingernail or toenail, draining fluid from blister
- Eye patches
- Removing foreign bodies from eye using irrigation or cotton swab
- Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means
- Finger guards
- Massages
- Drinking fluids for relief of heat stress

[https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.7\(b\)\(5\)](https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.7(b)(5))

Loss of Consciousness

1904.7(b)(6)

All work-related cases involving loss of consciousness must be recorded



[https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.7\(b\)\(6\)](https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.7(b)(6))

Significant Diagnosed Injury or Illness

1904.7(b)(7)

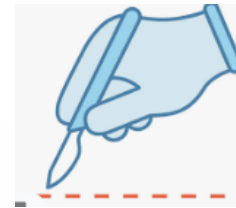
Always record the following work related conditions:
(even if no treatment rendered)

- Cancer
- Chronic irreversible disease
- Punctured eardrum
- Fractured or cracked bone or tooth

[https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.7\(b\)\(7\)](https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.7(b)(7))

Recording Criteria for Needlesticks and sharps injuries - 1904.8

All work-related “**contaminated sharps**” i.e. needlesticks and cuts from sharp objects that are contaminated with another person’s blood or OPIM must be recorded on the OSHA 300 Log



OPIM = Other Potentially Infectious Material

[https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.8\(a\)](https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.8(a))

Non-Sharps Recording Criteria - 1904.8(b)(4)

Only record work-related splashes or “**non-sharp**” related exposures to blood or OPIM **if it results in a diagnosis of a bloodborne disease** or meets the general recording criteria



[https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.8\(b\)\(4\)](https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.8(b)(4))

Medical Removal

1904.9

- Work Exposures in which an employee is medically removed under the medical surveillance requirements of an OSHA standard, must be recorded on the OSHA 300 Log.

Examples: Lead, cadmium, methylene chloride, formaldehyde, benzene etc.



[https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.9\(a\)](https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.9(a))

Hearing Loss

1904.10

Must record all work-related hearing loss cases:

- If an employee's hearing test (audiogram) reveals that the employee has experienced a work-related Standard Threshold Shift (STS) in hearing in one or both ears, and the employee's total hearing level is 25 decibels (dB) or more above audiometric zero (averaged at 2000, 3000, and 4000 Hz) in the same ear(s) as the STS.



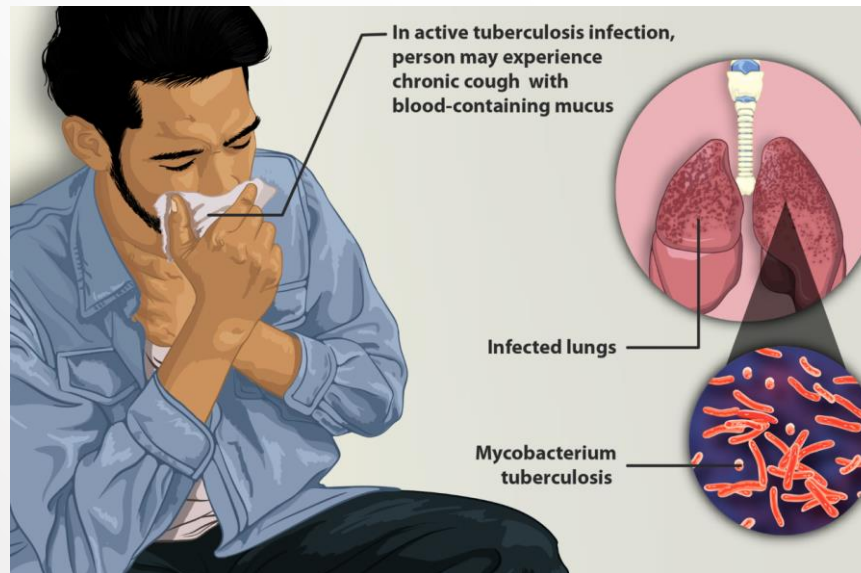
See OSHA Standard Number 1904.10 for complete details

[https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.10\(a\)](https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.10(a))

Tuberculosis

1904.11

Work related exposures to someone with a known case of active TB **that develops into a TB infection** must be recorded on the OSHA Log.



[https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.11\(a\)](https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.11(a))

OSHA Recordkeeping Forms - 1904.29

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

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Year 20

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

OSHA's Form 300A (Rev. 01/2004)
Summary 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 20

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

OSHA's Form 301
Injury and Illness Incident Report

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

Information about the employee

1) Full name _____
 2) Street _____
 City _____ State _____ ZIP _____
 3) Date of birth ____/____/____
 4) Date hired ____/____/____
 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 workplace, where was it given?
 Facility _____
 Street _____
 City _____ State _____ ZIP _____

Information about the case

8) Case number from the Log _____ (Transfer the case number from the Log after you record the case.)
 9) Date of injury or illness ____/____/____
 10) Time employee began work _____ AM/PM
 11) Time of event _____ AM/PM Check if time cannot be determined
 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: "limbing 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. Be more specific than "hurt," "pain," or "sore." Example: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
 17) **What object or substance directly harmed the employee?** Examples: "concrete block"; "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 ____/____/____

Completed by _____
 Title _____
 Phone (____) _____-____ Date ____/____/____

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this data collection, including suggestions for reducing the burden, to Washington, DC 20503. Do not send the completed forms to this office.

<https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904/subpart-C/section-1904.29>

OSHA Form 300 Log of 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 22
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 ABC Hospital
City Cityville State IL

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)	Remained at Work				Enter the number of days the injured or ill worker was:		Select one column:							
						Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)	Away from work (K)	On job transfer or restriction (L)	Illness							
												(M) Injury	Standard (1)	Days away from work (2)	Job transfer or restriction (3)	Medical treatment beyond first aid (4)	Loss of consciousness (5)	Transfer to another hospital (6)	
Reset 1	John Doe	Maintenance	3 / 12	Hospital Roof	Death, fell off of ladder to ground	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ days	___ days	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset 2	Jane Smith	RN	4 / 3	Med Surg Rm 242	strain, back, boost heavy patient	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	23 days	14 days	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset 3	Brenda Johnson	CNA	5 / 19	ED #12	concussion, head, violent patient	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	___ days	12 days	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset 4	Privacy Case	Lab Tech	6 / 4	ICU Rm 134	bbp exposure, L ring finger, needlestick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	___ days	___ days	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset 5	Jim Spiccoli	EVS	7 / 12	Front Hallway	contusion, left knee, slipped in water	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	___ days	86 days	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset 6	Betty Crocker	Cook	8 / 10	Kitchen	tear, L shoulder, lift heavy cake	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	123 days	57 days	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset 7	Barney Fyfe	Security	9 / 28	ED Parking Lot	laceration, head, violent patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	___ days	___ days	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset 8	Susie Snowflake	Therapist	10 / 31	Sidewalk by entrance	sprain, right wrist, slip on ice	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	___ days	20 days	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset 9	Steve Austin	RN	11 / 12	Tele Rm 211	COVID-19, lungs, exp to COVID patient	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	14 days	___ days	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset 10	Dr. John Welby	Physician	12 / 5	Operating Room	contusion, head, hit OR light	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	___ days	___ days	<input checked="" 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.

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Page totals ▶ 1 3 3 3 160 189
Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

9 0 1 0 0 0
(1) (2) (3) (4) (5) (6)

[https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.29\(b\)\(1\)](https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.29(b)(1))

OSHA 300 Log - Establishment Name

Establishment: “a single physical location where business is conducted or where services or industrial operations are performed”

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 employee information as far as possible while the information is being collected for occupational safety and health purposes.

Year 20 22
U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OMB no. 1218-0176

Establishment name ABC Hospital
City Cityville State IL

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.

Step 1. Identify the person
Step 2. Describe the case
Step 3. Classify the case
SELECT ONLY ONE circle based on the most serious outcome.

(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 7/10)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe the injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burn on right forearm from arc/welder torch)	Remained at Work						Enter the number of days the injured or ill worker was: impaired		Select one column:						
						Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other record- able cases (J)	Away from work (K)	On job transfer or restriction (L)	(M) Days (1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Reset 1	John Doe	Maintenance	3/12	Hospital Roof	Death, fell off of ladder to ground	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			23	14					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset 2	Jane Smith	RN	4/3	Med Surg Rm 242	strain, back, boost heavy patient	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>			12						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset 3	Brenda Johnson	CNA	5/19	ED #12	concussion, head, violent patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>									<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset 4	Privacy Case	Lab Tech	6/4	ICU Rm 134	tbp exposure, L ring finger, needles/tick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>									<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset 5	Jim Spiccoli	EVS	7/12	Front Hallway	contusion, left knee, slipped in water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>			86						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset 6	Betty Crocker	Cook	8/10	Kitchen	tear, L shoulder, lift heavy cake	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>			123	57					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset 7	Barney Fyfe	Security	9/28	ED Parking Lot	laceration, head, violent patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>									<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset 8	Susie Snowflake	Therapist	10/31	Sidewalk by entrance	sprain, right wrist, slip on ice	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>			20						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset 9	Steve Austin	RN	11/12	Tele Rm 211	COVID-19, lungs, exp to COVID patient	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>			14						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset 10	Dr. John Welby	Physician	12/5	Operating Room	contusion, head, hit OR light	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 existing data sources, 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 this collection or any other aspect of this data collection, contact the OMB Office of Statistical Policy, Room N-3644, 120 Constitution Avenue, NW, Washington, DC 20503. Do not send the completed forms to this office.

Page totals **1 3 3 3 160 189**
Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Add a Form Page

Information relating to establishment name must be entered in a manner that protects the confidentiality of employee information as far as possible while the information is being collected for occupational safety and health purposes.

Year 20 22
U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OMB no. 1218-0176

Establishment name ABC Hospital
City Cityville State IL

<https://www.osha.gov/laws-regs/regulations/standardnumber/1904/1904.46>

OSHA 300 Log - Step One: Identify the person

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 **22**

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

Form approved OMB no. 1218-0176

Establishment name: **ABC Hospital**
 City: **Cityville** State: **IL**

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.

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.

Step 1. Identify the person

(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)
Reset 1	John Doe	Maintenance
Reset 2	Jane Smith	RN
Reset 3	Brenda Johnson	CNA
Reset 4	Privacy Case	Lab Tech
Reset 5	Jim Spiccoli	EVS
Reset 6	Betty Crocker	Cook
Reset 7	Barney Fyfe	Security
Reset 8	Susie Snowflake	Therapist
Reset 9	Steve Austin	RN
Reset 10	Dr. John Welby	Physician

Step 2. Describe the case

(D) Date of injury or 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 acetone torch)
3/12	Unit 1B	
4/5	Med Surg Rm 242	strain, back, boost heavy patient
5/19	ED #12	concussion, head, violent patient
6/4	ICU Rm 134	bbp exposure, L ring finger, needlestick
7/12	Front Hallway	contusion, left knee, slipped in water
8/10	Kitchen	tear, L shoulder, lift heavy cake
9/28	ED Parking Lot	laceration, head, violent patient
10/31	Sidewalk by entrance	sprain, right wrist, slip on ice
11/12	Tele Rm 211	COVID-19, lungs, exp to COVID patient
12/5	Operating Room	contusion, head, hit OR light

Step 3. Classify the case

SELECT ONLY ONE circle based on the most serious outcome:

Remained at Work			
Death (G)	Days away from work or restriction (H)	Job transfer or restriction (I)	Other recordable cases (J)
<input type="radio"/>	<input checked="" 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)
23 days	14 days
_____ days	12 days
_____ days	86 days
123 days	57 days
_____ days	20 days
_____ days	14 days
_____ days	_____ days

Step 5. Select one column:

Illness					
(M) Injury (1)	(N) Skin (2)	(O) Respiratory (3)	(P) Poisoning (4)	(Q) Hearing loss (5)	(R) All other (6)
<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"/>

Page totals: 1 3 3 160 189 9 0 1 0 0 0

Add a Form Page

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

(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)
Reset 1	John Doe	Maintenance
Reset 2	Jane Smith	RN

OSHA 300 Log: Step 2: Describe the case

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 **22**
 U.S. Department of Labor
 Occupational Safety and Health Administration

Form approved OSHA no. 1214-0170

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) on 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 **ABC Hospital**
 City **Cityville** State **IL**

Step 1. Identify the person

(A) Case no.	(B) Employee's name	(C) Job title (e.g., If filler)	(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)
1	John Doe	Maintenance	3 / 12	Hospital Roof	Death, fell off of ladder to ground
2	Jane Smith	RN	4 / 3	Med Surg Rm 242	strain, back, boost heavy patient
3	Brenda Johnson	CNA	5 / 19	ED #12	concussion, head, violent patient
4	Privacy Case	Lab Tech	6 / 4	ICU Rm 134	bbp exposure, L ring finger, needlestick
5	Jim Spiccoli	EVS	7 / 12	Front Hallway	contusion, left knee, slipped in water
6	Betty Crocker	Cook	8 / 10	Kitchen	tear, L shoulder, lift heavy cake
7	Barney Fyfe	Security	9 / 28	ED Parking Lot	laceration, head, violent patient
8	Susie Snowflake	Therapist	10 / 31	Sidewalk by entrance	sprain, right wrist, slip on ice
9	Steve Austin	RN	11 / 12	Tele Rm 211	COVID-19, lungs, exp to COVID patient
10	Dr. John Welby	Physician	12 / 5	Operating Room	contusion, head, hit OR light

Step 2. Describe the case

Step 3. Classify the case

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

Step 5. Select one column:

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search existing data sources, 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 burdens or any other aspect of this data collection, contact the U.S. 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.

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

Step 2. Describe the case

(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)

3 / 12
month / day

4 / 3
month / day

Hospital Roof

Med Surg Rm 242

Death, fell off of ladder to ground

strain, back, boost heavy patient

OSHA 300 Log: Step3: Classify the case

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 **22**

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

Form approved OMB no. 1218-0176

Establishment name: **ABC Hospital**
City: **Cityville** State: **IL**

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

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

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

Case no.	Employee's name	Job title (e.g., If Elder)	Date of injury or onset of illness (e.g., -2/10)	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 burn on right forearm from acetylene torch)	Step 3. Classify the case				Days away from work (K)	On job (L)	Step 5. Illness							
						Death (G)	Days away from work or restriction (H)	Job transfer or restriction (I)	Other recordable cases (J)			(1)	(2)	(3)	(4)	(5)	(6)		
1	John Doe	Maintenance	3/12	Hospital Roof	Death, fell off of ladder to ground	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	Jane Smith	RN	4/3	Med Surg Rm 242	strain, back, boost heavy patient	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	23	14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Brenda Johnson	CNA	5/19	ED #12	concussion, head, violent patient	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>		12	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	Privacy Case	Lab Tech	6/4	ICU Rm 134	bbp exposure, L ring finger, needlestick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	Jim Spicolli	EVS	7/12	Front Hallway	contusion, left knee, slipped in water	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>		86	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	Betty Crocker	Cook	8/10	Kitchen	tear, L shoulder, lift heavy cake	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	123	57	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	Barney Fyfe	Security	9/28	ED Parking Lot	laceration, head, violent patient	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>			<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	Susie Snowflake	Therapist	10/31	Sidewalk by entrance	sprain, right wrist, slip on ice	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>		20	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	Steve Austin	RN	11/12	Tele Rm 211	COVID-19, lungs, exp to COVID patient	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	14		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	Dr. John Welby	Physician	12/5	Operating Room	contusion, head, hit OR light	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>			<input checked="" 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 existing data sources, 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 aspect 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

Page totals: 1 3 3 3 160 189 9 0 1 0 0 0

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

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

Remained at Work

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

OSHA 300 Log - Step 4: Counting days away & job transfer or restriction

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 **22**
U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Establishment name **ABC Hospital**
City **Citerville** State **IL**

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.

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 burn on right forearm from acetylene torch)				Enter the number of days the injured or ill worker was:		Select one column:						
				REMAINED AT WORK				Away from work	On job transfer or restriction	Illness							
								(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)		
								Days away from work	Days	Days away from work	Days	Skid loader	Hand saw	Power saw	Pressing	Hoisting	Other
Reset 1	John Doe	Maintenance	3 / 12	Hospital Roof	Death, fell off of ladder to ground				0	0	0	0	0	0	0	0	0
Reset 2	Jane Smith	RN	4 / 3	Med Surg Rm 242	strain, back, boost heavy patient				0	0	23	14	0	0	0	0	0
Reset 3	Brenda Johnson	CNA	5 / 19	ED #12	concussion, head, violent patient				0	0	0	12	0	0	0	0	0
Reset 4	Privacy Case	Lab Tech	6 / 4	ICU Rm 134	bbp exposure, L ring finger, needlestick				0	0	0	0	0	0	0	0	0
Reset 5	Jim Spicoll	EVS	7 / 12	Front Hallway	contusion, left knee, slipped in water				0	0	0	86	0	0	0	0	0
Reset 6	Betty Crocker	Cook	8 / 10	Kitchen	tear, L shoulder, lift heavy cake				0	0	123	57	0	0	0	0	0
Reset 7	Barney Fyfe	Security	9 / 28	ED Parking Lot	laceration, head, violent patient				0	0	0	0	0	0	0	0	0
Reset 8	Susie Snowflake	Therapist	10 / 31	Sidewalk by entrance	sprain, right wrist, slip on ice				0	0	0	20	0	0	0	0	0
Reset 9	Steve Austin	RN	11 / 12	Tele Rm 211	COVID-19, lungs, exp to COVID patient				0	0	14	0	0	0	0	0	0
Reset 10	Dr. John Welby	Physician	12 / 5	Operating Room	contusion, head, hit OR light				0	0	0	0	0	0	0	0	0

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 this estimate 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.

Page totals ▶ 1 3 3 3 160 189 9 0 1 0 0 0

Add a Form Page

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

Step 4.

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

Away from work	On job transfer or restriction
(K)	(L)
23 days	14 days

OSHA 300 Log - Step 5: Select Injury or Illness

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 22**
 U.S. Department of Labor
 Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Establishment name **ABC Hospital**
 City **Cityville** State **IL**

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.

Step 1. Identify the person

(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)
1	John Doe	Maintenance	3 / 12	Hospital Roof	Death, fell off of ladder to ground
2	Jane Smith	RN	4 / 3	Med Surg Rm 242	strain, back, boost heavy patient
3	Brenda Johnson	CNA	5 / 19	ED #12	concussion, head, violent patient
4	Privacy Case	Lab Tech	6 / 4	ICU Rm 134	bbp exposure, L ring finger, needlestick
5	Jim Spicolli	EVS	7 / 12	Front Hallway	contusion, left knee, slipped in water
6	Betty Crocker	Cook	8 / 10	Kitchen	tear, L shoulder, lift heavy cake
7	Barney Fyfe	Security	9 / 28	ED Parking Lot	laceration, head, violent patient
8	Susie Snowflake	Therapist	10 / 31	Sidewalk by entrance	sprain, right wrist, slip on ice
9	Steve Austin	RN	11 / 12	Tele Rm 211	COVID-19, lungs, exp to COVID patient
10	Dr. John Welby	Physician	12 / 5	Operating Room	contusion, head, hit OR light

Step 2. Describe the case

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

Remained at Work			
Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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)
23 days	14 days
12 days	12 days
86 days	86 days
123 days	57 days
14 days	20 days
14 days	14 days

Step 5. Select one column:

(M) Injury	(1) Skin disorder	(2) Respiratory condition	(3) Poisoning	(4) Hearing loss	(5) All other illnesses
<input checked="" 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 existing data sources, 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 aspect 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.

Page totals: 1 3 3 3 160 189 9 0 1 0 0 0

Add a Form Page

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

Step 5.

Select one column:

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

Classifying the Injury and Type of Illness


Column (M) - OSHA 300 Log

Definition of “Injury”

Any wound or damage to the body resulting from an event in the work environment. Cut, puncture, laceration, abrasion, fracture, bruise, amputation, insect bite, electrocution, or a thermal, chemical, electrical, or radiation burn. Sprain and strain injuries to muscles, joints, and connective tissues are classified as injuries when they result from a slip, trip, fall or other similar accidents.

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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



https://www.osha.gov/recordkeeping/osha-rkforms-winstr_fillable.pdf

Classifying the Injury and Type of Illness


Column (M) - OSHA 300 Log

Skin disorders

illnesses involving the worker's skin that are caused by work exposure to chemicals, plants, or other substances.

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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



https://www.osha.gov/recordkeeping/osha-rkforms-winstr_fillable.pdf

Classifying the Injury and Type of Illness


Column (M) - OSHA 300 Log

Respiratory condition

illnesses associated with breathing hazardous biological agents, chemicals, dust, gases, vapors, or fumes at work.

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

(M)	Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses
(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



https://www.osha.gov/recordkeeping/osha-rkforms-winstr_fillable.pdf

Classifying the Injury and Type of Illness

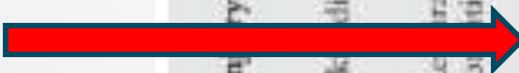
Column (M) - OSHA 300 Log

Poisoning

includes disorders evidenced by abnormal concentrations of toxic substances in blood, other tissues, other bodily fluids, or the breath that are caused by the ingestion or absorption of toxic substances into the body.

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

(M)	Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses
(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



https://www.osha.gov/recordkeeping/osha-rkforms-winstr_fillable.pdf

Classifying the Injury and Type of Illness


Column (M) - OSHA 300 Log

Hearing Loss

is defined for recordkeeping purposes as a change in hearing threshold relative to the baseline audiogram of an average of 10dB or more in either ear at 2000, 3000, and 4000 hertz, and the employee's total hearing level is 25 decibels (dB) or more above audiometric zero (also averaged at 2000, 3000, and 4000 hertz) in the same ear(s).

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)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Classifying the Injury and Type of Illness


Column (M) - OSHA 300 Log

All other illnesses

include heatstroke, sunstroke, heat exhaustion, heat stress and other effects of environmental heat; effects of ionizing radiation (isotopes, x-rays, radium); effects of nonionizing radiation (welding flash, ultra-violet rays, lasers); anthrax; blood borne pathogenic diseases, such as AIDS, HIV, Hepatitis B or Hepatitis C; brucellosis; malignant or benign tumors; histoplasmosis; coccidioidomycosis.

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)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



OSHA Form 301

“Injury and Illness Incident Report”

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 (HEMM) _____ AM PM
- 13) Time of event (HEMM) _____ 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

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate or any other aspects of this data collection, including suggestions for reducing this burden, 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.

OSHA 301 Form (alternative form options)

1904.29(b)(4) continued

- Forms that have all of the same information that is on the OSHA 301 Form may be used

Example: work accident or incident reports



**MUST HAVE ALL
OF THE SAME
INFORMATION AS**

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

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

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

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.



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

Information about the physician or other health care professional

5) Name of physician or other health care professional: _____
6) If treatment was given away from the worksite, where was it given?
Facility: _____
Street: _____
City: _____ State: _____ ZIP: _____

7) Was employee treated in an emergency room?
 Yes No
8) Was employee hospitalized overnight as an in-patient?
 Yes No

Information about the case

9) 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 (00:00): _____ AM PM
13) Time of event (00:00): _____ AM PM Check if time cannot be determined

* In fields 14 to 17: Please do not include any personally identifiable information (PI) 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: "Shifting a ladder while carrying roofing materials"; "graying 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 necrosis 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"; "vapour burned respiratory."

17) What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "rusted 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

Public reporting burden for this collection of information is estimated to average 37 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a control label OMB control number. If you have any comments about this estimate or any other aspect of this data collection, including suggestions for reducing the burden, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room 7-3044, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

[https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.29\(b\)\(4\)](https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.29(b)(4))

OSHA 300 Log & 301 Form (electronic records) 1904.29(b)(5) continued

- Computer records are permitted
- if they can be produced when needed



[https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.29\(b\)\(5\)](https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.29(b)(5))

How quickly must each Injury or illness be recorded?

- Record case in OSHA 300 log and complete OSHA 301 form within 7 calendar days of receiving information.

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 OSHA 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.

Remember:

- Complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. You're not sure whether a case is recordable, call your local OSHA office for help.
- Don't list an injury or illness on this single case if you need help.
- Complete the steps for each case.

Step 1. Identify the person

(A) Case no.	(B) Employee's name	(C) Job title (or, if Worker)	(D) Date of injury or onset of illness (M/D/YY)	(E) Where the event occurred (e.g., Loading dock work area)	(F) Describe injury or illness, parts of body affected, and object/instrument that directly injured or made person ill (e.g., Second degree burn on right forearm from acetylene torch)
Reset					
Reset					
Reset					
Reset					
Reset					
Reset					
Reset					
Reset					
Reset					
Reset					

Step 2. Describe the case

Step 3. Classify the case

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

Step 5. Select one column:

Form approved OSHA no. 1218-0176

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to provide information unless it is required by law. Send comments regarding this burden estimate or any other aspect of this data collection, including suggestions for reducing the burden, to Washington, DC 20503. Do not send this information to the Office of Management and Budget.

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 OSHA no. 1218-0176

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 _____

7) If treatment was given away from the worksite, where was it given? _____

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 _____

12) Time employee began work (M/D/YY) _____ AM PM Check if time cannot be determined

13) Time of event (M/D/YY) _____

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: "Lifting a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "slidy composite key-way."

15) What happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was struck with chlorine when gas tank 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"; "spray fume inhalation."

17) What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "rotated saw case." If this question does not apply to the incident, leave it blank.

18) If the employee died, when did death occur? _____

Buttons: Add a Form Page, Reset

[https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.29\(b\)\(3\)](https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.29(b)(3))

OSHA Log - Privacy Concern Cases

1904.29(b)(6)

- Do not enter the name of an employee on the OSHA 300 Log for “privacy concern cases”
- Enter “privacy case” in the name column

Identify the person		
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)
1	Privacy Case	RN

- Keep a separate confidential list of the case numbers and employee names

[https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.29\(b\)\(6\)](https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.29(b)(6))

Privacy Case Determination

1904.29(b)(7)

Privacy concern cases are:

- Injuries or illnesses to an intimate body part or reproductive system
- Injury or illness from a sexual assault
- Mental illness
- HIV infection, hepatitis, tuberculosis
- Needlestick or sharps injuries contaminated with another person's blood or OPIM
- Employee requests to keep their name off

[https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.29\(b\)\(6\)](https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.29(b)(6))

Sharps Injury Log

1910.1030(h)(5)

Establishment/Facility Name: ABC Hospital

Sample Sharps Injury Log

Year 2022

Date	Case/ Report No.	Type of Device <small>(e.g., syringe, suture needle)</small>	Brand Name of Device	Work Area where injury	Brief description of how the incident occurred <small>[i.e., procedure being done, action being performed (disposal, injection, etc.), body part injured]</small>
6/4/2022	4	butterfly needle	XYZ Company	ICU Rm 134	Drawing blood on patient when patient moved causing contaminated needle to come in contact with left middle finger.

29 CFR 1910.1030, OSHA's Bloodborne Pathogens Standard, in paragraph (h)(5), requires an employer to establish and maintain a Sharps Injury Log for recording all percutaneous injuries in a facility occurring from contaminated sharps. The purpose of the Log is to aid in the evaluation of devices being used in healthcare and other facilities and to identify problem devices or procedures requiring additional attention or review. This log must be kept in addition to the injury and illness log required by 29 CFR 1904. The Sharps Injury Log should include all sharps injuries occurring in a calendar year. The log must be retained for five years following the end of the year to which it relates. The Log must be kept in a manner that preserves the confidentiality of the affected employee.

Sharps Injury Log – (continued)

1910.1030(h)(5)

Sharps Injury Log Requirements

- The employer shall establish and maintain a sharps injury log recording of percutaneous injuries from contaminated sharps
- Information in sharps injury log shall be recorded in such manner as to protect the confidentiality of the injured employee

[https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1910/subpart-Z/section-1910.1030#p-1910.1030\(h\)\(5\)](https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1910/subpart-Z/section-1910.1030#p-1910.1030(h)(5))

Sharps Injury Log – (continued)

29 CFR 1910.1030(h)(5)

Minimum information required on sharps injury log

- (A) The type and brand of device involved in the incident,
- (B) The department or work area where the exposure incident occurred, and
- (C) An explanation of how the incident occurred.

Establishment/Facility Name: _____

Sample Sharps Injury Log Year 2 _____

Date	Case/Report No.	Type of Device <small>(e.g., syringe, suture needle)</small>	Brand Name of Device	Work Area where injury occurred <small>(e.g., Statistics Lab)</small>	Brief description of how the incident occurred <small>(i.e., procedure being done, action being performed (disposal, injection, etc.), body part injured)</small>

29 CFR 1910.1030, OSHA's Bloodborne Pathogens Standard, in paragraph (h)(5), requires an employer to establish and maintain a Sharps Injury Log for recording all percutaneous injuries in a facility occurring from contaminated sharps. The purpose of the Log is to aid in the evaluation of devices being used in healthcare and other facilities and to identify problem devices or procedures requiring additional attention or review. This log must be kept in addition to the injury and illness log required by 29 CFR 1904. The Sharps Injury Log should include all sharps injuries occurring in a calendar year. The log must be retained for five years following the end of the year to which it relates. The Log must be kept in a manner that preserves the confidentiality of the affected employee.

[https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1910/subpart-Z/section-1910.1030#p-1910.1030\(h\)\(5\)](https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1910/subpart-Z/section-1910.1030#p-1910.1030(h)(5))

Subpart D – Other OSHA Injury and Illness Recordkeeping Requirements

- 1904.30 – Multiple business establishments
- 1904.31 – Covered employees
- 1904.32 – Annual summary
- 1904.33 – Retention and updating
- 1904.35 – Employee involvement
- 1904.36 – Prohibition against discrimination

Multiple Business Establishments

1904.30 & 1904.46

Employers must keep OSHA Recordkeeping Records for each covered “Establishment”:

"An establishment is a single physical location where business is conducted or where services or industrial operations are performed. For activities where employees do not work at a single physical location, such as construction; transportation; communications, electric, gas and sanitary services; and similar operations, the establishment is represented by main or branch offices, terminals, stations, etc. that either supervise such activities or are the base from which personnel carry out these activities."

[https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.30\(a\)](https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.30(a))

[https://www.ecfr.gov/current/title-29/part-1904#p-1904.46\(Establishment\)](https://www.ecfr.gov/current/title-29/part-1904#p-1904.46(Establishment))

Multiple Business Establishments (continued)

1904.30

Example of health system with multiple establishments:

ABC Health System

Establishments:

1. ABC Hospital – NAICS 622110
2. ABC Nursing Home – NAICS 623110
3. ABC Laundry Service – NAICS 812320
4. ABC Medical Group – NAICS 621111

[https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.30\(a\)](https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.30(a))

Covered Employees

1904.31

Who is a “**Covered Employee**” that must be recorded on the OSHA 300 Log?

Covered Employees:

- All employees on your payroll
- Temporary employees you supervise on a day-to-day basis i.e. Agency RN, CNA, etc.
- Contractor employees you supervise on a day-to-day basis

[https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.31\(a\)](https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.31(a))

Annual Summary of Work-Related Injuries and Illnesses - OSHA Form 300A - 1904.32

At the end of each calendar year you must prepare and post form OSHA 300A.

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 **22**



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
1	3	3	3
(G)	(H)	(I)	(J)

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
160	189
(K)	(L)

Injury and Illness Types			
Total number of . . . (M)			
(1) Injuries	9	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditions	1	(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 38 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 **ABC Hospital**

Street **123 main Street**

City **Cityville** State **IL** Zip **60000**

Industry description (e.g., *Manufacture of motor truck trailers*)
General Medical & Surgical Hospitals

North American Industrial Classification (NAICS), if known (e.g., 336212)
6 2 2 1 1 0

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees **523**

Total hours worked by all employees last year **987,213.00**

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.

Michael Benedeck

Company executive Title
Phone **(555) 555-5555** Date **1/31/2023**

Reset

Preparing the Annual Summary of Work-Related Injuries and Illnesses - OSHA 300A (continued)

- Review & Update OSHA 300 Log to verify that the entries are complete and accurate

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.

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.

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.

Year 20 **22**
 U.S. Department of Labor
 Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Establishment name **ABC Hospital**
 City **Cityville** State **IL**

Step 1. Identify the person

(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 1	John Doe	Maintenance	3 / 12 month / day	Hospital roof	fell off of ladder to ground
Reset 2	Jane Smith	RN	4 / 3 month / day	Med Surg Rm 242	back strain, boosting heavy patient
Reset 3	Brenda Johnson	CNA	5 / 19 month / day	ED #12	concussion, struck by violent patient
Reset 4	Privacy Case	Lab Tech	6 / 4 month / day	ICU Rm 134	BBP exposure, drawing blood on patient
Reset 5	Jim Spicolli	EVS	7 / 12 month / day	Front Hallway	contusion left knee, slipped on water
Reset 6	Betty Crocker	Cook	8 / 10 month / day	Kitchen	tear, left shoulder, lifting heavy cake
Reset 7	Barney Fyfe	Security	9 / 28 month / day	ED Parking Lot	laceration, restraining patient
Reset 8	Susie Snowflake	Therapist	10 / 31 month / day	Sidewalk by entrance	sprain, right wrist, slip on ice
Reset 9	Steve Austin	RN	11 / 12 month / day	Med Surg hallway	strain, right knee, running to a code
Reset 10	Dr. Welby	physician	12 / 5 month / day	Operating room	contusion, hit head on OR light

Step 2. Describe the case

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

(G) Death	Remained at Work				(K) Away from work	(L) On job transfer or restriction
	(H) Days away from work	(I) Job transfer or restriction	(J) Other recordable cases			
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ days	___ days
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	23 days	14 days
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ days	23 days
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	___ days	86 days
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	123 days	___ days
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ days	___ days
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	___ days	20 days
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ days	45 days
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	___ days	___ days

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

Step 5. Select one column:

(M) Injury	Illness					
	(1) Skin disorder	(2) Respiratory condition	(3) Poisoning	(4) Hearing loss	(5) All other	(6) Illness
<input checked="" 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"/>	<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 Page totals ▶ 1 2 4 3 146 188 4 0 0 0 0 0

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

incomplete ←

[https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.32\(a\)\(1\)](https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.32(a)(1))

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

- Create annual summary of injuries and illnesses using the OSHA 300A form and data from the OSHA 300 Log

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 22
 U.S. Department of Labor
 Occupational Safety and Health Administration

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
1	2	4	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
146	188
(K)	(L)

Injury and Illness Types

Total number of . . . (M)			
(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditions	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 valid OMB control number. If you have any comments about these estimates or any other aspect 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: ABC Hospital
 Street: 123 Mainstreet
 City: Cityville State: IL Zip: 60000
 Industry description (e.g., Manufacture of motor truck trailers): General Medical & Surgical Hospitals
 North American Industrial Classification (NAICS), if known (e.g., 336212): 622110

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Total hours worked by all employees last year: 123,568,921.00

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: (555)555-5555 Date: 1/31/2023

Reset

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
1	2	4	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
146	188
(K)	(L)

Injury and Illness Types

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

Do you notice any errors on this form?

[https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.32\(a\)\(2\)](https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.32(a)(2))

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

- Establishment Name
- Industry Description
- NAICS number (located on the BLS Survey Form)

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 22
 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
1	3	3	3
(G)	(H)	(I)	(J)

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
160	189
(K)	(L)

Injury and Illness Types			
Total number of ...			
(M)			
(1) Injuries	9	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditions	1	(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 38 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 aspect of this data collection, contact US Department of Labor, OSHA Office of Statistical Analysis, Room N-3648, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name ABC Hospital

Street 123 Main Street

City Cityville State IL Zip 60000

Industry description (e.g., *Manufacture of motor truck trailers*)
General Medical & Surgical Hospitals

North American Industrial Classification (NAICS), if known (e.g., 336212)
622110

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

Annual average number of employees 523

Total hours worked by all employees last year 1,208,561.00

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 (555) 555-5555 Date 1/31/2023

Reset

Establishment information

Your establishment name ABC Hospital

Street 123 Mainstreet

City Cityville State IL Zip 60000

Industry description (e.g., *Manufacture of motor truck trailers*)
General Medical & Surgical Hospitals

North American Industrial Classification (NAICS), if known (e.g., 336212)
622110

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

- Annual average number of employees
- Total hours worked by all employees

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 22

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
1	3	3	3
(G)	(H)	(I)	(J)

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
160	189
(K)	(L)

Injury and Illness Types			
Total number of ...			
(1) Injuries	9	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditions	1	(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 the collection of information is estimated to average 38 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Send comments on this burden estimate and any other aspect of this data collection, including suggestions for reducing the burden, to Washington, DC 20503. Do not send the completed form to this office.

Establishment information

Your establishment name: ABC Hospital

Street: 123 Main Street

City: Cityville State: IL Zip: 60000

Industry description (e.g., Manufacture of motor track trailers): General Medical & Surgical Hospitals

North American Industrial Classification (NAICS), if known (e.g., 336212): [62221116]

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees: 523

Total hours worked by all employees last year: 1,236,521.00

Company executive: _____ Title: _____
Phone: (555) 555-5555 Date: 1/31/2023

Reset

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees: 523

Total hours worked by all employees last year: 123,568,521.00

[https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.32\(b\)\(2\)\(ii\)](https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.32(b)(2)(ii))

Annual Average Number of employees calculation - OSHA 300A (continued)

How to figure the average number of employees who worked for your establishment during the year:

1 **Add up** and then enter the number of employees your establishment paid **IN EACH PAY PERIOD** during the year. Be sure to include all employees: full-time, part-time, temporary, seasonal, salaried, and hourly.

The total number of employees paid in all pay periods throughout the year = **1**

2 **Count** and then enter the number of pay periods your establishment had during the year. Be sure to include any pay periods when you had no employees. For example, enter 26 if you have biweekly pay periods or 52 if you have weekly pay periods.

The number of pay periods during the year = **2**

3 **Divide** the number of employees by the number of pay periods. (See auto-calc.)

1 0 **=** **3** 0.00
2 0

4 **Round the answer** to the next highest whole number (See auto-calc.). Write the rounded number in the blank on the Summary page marked *Annual average number of employees*.

The number rounded = **4**

<https://www.osha.gov/sites/default/files/OSHA-RK-Forms-Package.pdf>

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

Annual average number of employees calculation

Example:

Hospital A - calculating average number of employees	
Pay Period	Number of EE's Paid
Pay Period 1	345
Pay Period 2	328
Pay Period 3	316
Pay Period 4	388
Pay Period 5	344
Pay Period 6	299
Pay Period 7	326
Pay Period 8	347
Pay Period 9	333
Pay Period 10	308
Pay Period 11	311
Pay Period 12	319
Pay Period 13	325
Pay Period 14	366
Pay Period 15	351
Pay Period 16	347
Pay Period 17	336
Pay Period 18	327
Pay Period 19	316
Pay Period 20	319
Pay Period 21	328
Pay Period 22	336
Pay Period 23	346
Pay Period 24	358
Pay Period 25	367
Pay Period 26	368
Total	8,754

Number of employees paid = 8,754
Number of pay periods = 26
8,754/26 = 336.69
336.69 round to 337
337 is the annual average number of employees

<https://www.osha.gov/sites/default/files/OSHA-RK-Forms-Package.pdf>

Certifying the Annual Summary of Work-Related Injuries and Illnesses Form OSHA 300A

29 CFR 1904.32(b)(3) - A company executive must certify that he or she has examined the OSHA 300 Log and that he or she reasonably believes, based on his or her knowledge of the process by which the information was recorded, that the annual summary is correct and complete.

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 22

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

Form approved OMB no. 1215-0176

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
1	3	3	3
(G)	(H)	(I)	(J)

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
160	189
(K)	(L)

Injury and Illness Types			
Total number of ...			
(M)			
(1) Injuries	9	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditions	1	(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 30 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 aspect 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 ABC Hospital

Street 123 Main Street

City Cityville State IL Zip 60000

Industry description (e.g., *Manufacture of motor truck trailers*)
General Medical & Surgical Hospitals

North American Industrial Classification (NAICS), if known (e.g., 336212)
622110

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees 523

Total hours worked by all employees last year 1,238,541.00

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 (555) 555-5555 Date 1/31/2023

Reset

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
Phone (555) 555-5555

Title
Date 1/31/2023

[https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.32\(b\)\(3\)](https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.32(b)(3))

Who is considered a company executive?

29 CFR 1904.32(b)(4)

Company Executive who certifies the OSHA Form 300A:

Company Executive can be:

- An Officer of the hospital or health system i.e. CEO, Compliance Officer
- The highest ranking company official of the hospital or health system
- The highest ranking company official working at the establishment

[https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.32\(b\)\(4\)](https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.32(b)(4))

Posting the Annual Summary (OSHA Form 300A) 1904.32

Where should it be posted?

“...in each establishment in a conspicuous place or places where notices to employees are customarily posted.”



[https://www.ecfr.gov/current/title-29/part-1904#p-1904.32\(b\)\(5\)](https://www.ecfr.gov/current/title-29/part-1904#p-1904.32(b)(5))

Mandatory Posting Period

OSHA 300A - 1904.32

When do I have to post the annual summary?

You must post the summary no later than February 1st of the year following the year covered by the records and keep the posting in place until April 30th.



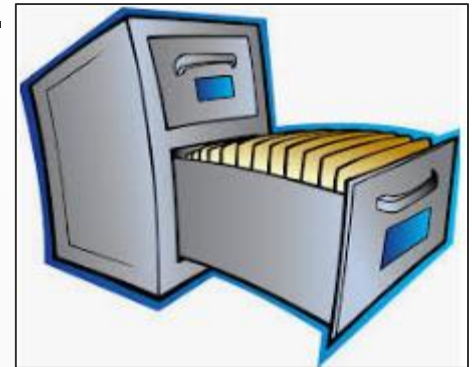
[https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.32\(b\)\(6\)](https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.32(b)(6))

Retention & Updating

1904.33

5 Year Retention Requirement

You MUST save the OSHA 300 Log, the privacy case list (if one exists), the annual summary, and the OSHA 301 incident report forms for five (5) years following the end of the calendar year that these records cover.



[https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.33\(a\)](https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.33(a))

Retention & Updating (continued)

1904.33

Which OSHA Recordkeeping documents must employers update during five-year retention period?

- OSHA 300 Log - **YES!**
- OSHA 301 Incident Reports - **NO!**
- Annual Summary of Injuries & Illnesses - **NO!**

During storage period you MUST UPDATE your stored OSHA 300 Logs to include newly discovered recordable cases and to show any changes that have occurred in the classification of previously recorded cases.

<https://www.ecfr.gov/current/title-29/section-1904.33>

Subpart E - Reporting Information to the Government

1904.39 Fatality and catastrophe reporting

1904.40 Access for Government representatives

1904.41 OSHA Survey

1904.42 BLS Survey

Reporting fatalities, hospitalizations, amputations, and losses of an eye

1904.39

Report a Fatality or Severe Injury

- All employers are required to notify OSHA when an employee is killed on the job or suffers a work-related hospitalization, amputation, or loss of an eye.
- A fatality must be reported within 8 hours.
- An in-patient hospitalization, amputation, or eye loss must be reported within 24 hours.



Important Note: OSHA's definition of amputation includes fingertip amputations with or without bone loss. 29 CFR 1904.39(b)(11)

[https://www.osha.gov/report#:~:text=To%20Make%20a%20Report&text=Call%20the%20OSHA%2024%2Dhour,321%2D6742%20\(OSHA\)](https://www.osha.gov/report#:~:text=To%20Make%20a%20Report&text=Call%20the%20OSHA%2024%2Dhour,321%2D6742%20(OSHA))

Reporting fatalities, hospitalizations, amputations, and losses of an eye

29 CFR 1904.39 - continued

How to make a Report to OSHA



To Make a Report

- Call the nearest OSHA office.
- Call the OSHA 24-hour hotline at 1-800-321-6742 (OSHA).
- [Report online](#)

Be prepared to supply: Business name; names of employees affected; location and time of the incident, brief description of the incident; contact person and phone number.

[https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.39\(a\)\(3\)](https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.39(a)(3))

Fatalities, hospitalizations, amputations, and losses of an eye - 1904.39 - continued

*****Important OSHA Fatality & Serious Injury Reporting Condition*****

Must Report Incident to OSHA only if:

Fatality

Must have occurred within (30) days of work related incident

In-patient hospitalization, amputation, or loss of an eye

Must have occurred within (24) hours of the work related incident.”

[https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.39\(b\)\(6\)](https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.39(b)(6))

Electronic Submission of Injury and Illness Summary to OSHA – 1904.41

Submission of OSHA 300A Summary of Injury & Illness data must be made **by March 2** of each year

OSHA's Form 300A (Rev. 04/2004) Year 20

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/unfillable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

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.

Form approved OSHA no. 1218-0176

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
(a)	(b)	(c)	(d)

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
0	0
(e)	(f)

Injury and Illness Types			
Total number of ...			
(g)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditions	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 the collection of information is estimated to average 18 minutes per response, including time to review the instructions, search existing data sources, gather the data needed, and complete and review the collection of information. Send comments to Washington, DC 20503. The year and the employment form to the office.

Establishment information

Your establishment name:

Street:

City: State: Zip:

Industry description (e.g., *Manufacture of motor trucks and trailers*):

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

Employment information (If you don't have these figures, use the placeholders on the next page or estimate.)

Annual average number of employees:

Total hours worked by all employees last year:

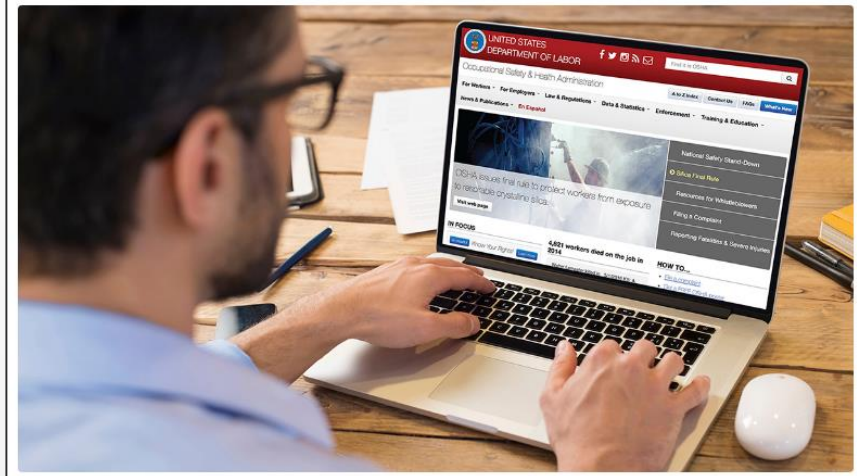
Sign here

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:

Injury Tracking Application



[https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.41\(a\)](https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.41(a))

Electronic Submission of Injury and Illness Summary to OSHA – (continued)

Data submission process

OSHA provides a secure website where employers create an account, enter, and submit their data.

Injury Tracking Application Login

Log in or [create an account](#).

Username or Email Address

Password

[Forgot Password?](#)

Attention, not all establishments are covered by this reporting requirement. To review which establishments need to provide their data, click [here](#).

*Attention, there is a new requirement to provide your Employer Identification Number (EIN) along with your Form 300A Summary data. Returning ITA account holders will be prompted to provide this number when you login.

[FAQ](#) | If you have questions, please complete the [Help Request Form](#)

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

Electronic Submission of Injury and Illness Summary to OSHA – (continued)

Which healthcare organizations must submit records?

- Establishments with 250 or more employees that are required to keep OSHA Injury & Illness Records
- Establishments with 20-249 employees that are classified in certain industries

Determine if your establishment is required to electronically submit OSHA Recordkeeping documents to OSHA:

ITA Coverage Application site - <https://www.osha.gov/itareportapp>

[https://www.ecfr.gov/current/title-29/part-1904/subpart-E#p-1904.41\(a\)](https://www.ecfr.gov/current/title-29/part-1904/subpart-E#p-1904.41(a))

OSHA ITA - (Injury Tracking Application) New Secure Website

- The new website to submit 300A injury data to OSHA is (Login.gov)
- Current & new account holders must connect their ITA account to a Login.gov account using the same email address to access ITA
- Due date to submit Form 300A data to OSHA is still March 2nd, 2024

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

OSHA Revised Recordkeeping Rule for 2024

On March 30, 2022 OSHA published its intent to amend the recordkeeping regulation to require certain employers to electronically submit injury and illness information to OSHA that employers are already required to keep under the recordkeeping regulation.

On July 21, 2023 published the final rule that will go into effect on January 1, 2024.

<https://www.federalregister.gov/documents/2022/03/30/2022-06546/improve-tracking-of-workplace-injuries-and-illnesses>

<https://www.federalregister.gov/documents/2023/07/21/2023-15091/improve-tracking-of-workplace-injuries-and-illnesses>

OSHA Revised Recordkeeping Rule for 2024 (continued)

Requirements of the new rule

OSHA will require certain employers to submit the following information annually:

1. OSHA Form 300 Log of Work-Related Injuries and Illnesses
2. OSHA Form 301 Injury and Illness Incident Report Data

OSHA Revised Recordkeeping Rule for 2024 (continued)

The following are the employers who will be required to submit their previous calendar year data to OSHA annually:

1. Establishments with a peak employment of 100 or more employees in designated high-hazard industries listed in ([Appendix B to Subpart E of 29 CFR Part 1904](#))

[Appendix B to Subpart E to Part 1904 - \[Effective 1/1/2024\] Designated Industries for § 1904.41\(a\)\(2\) Annual Electronic Submission of Information From OSHA Form 300 Log of Work-Related Injuries and Illnesses and OSHA Form 301 Injury and Illness Incident Report by Establishments With 100 or More Employees in Designated Industries, 29 C.F.R. § 1904 app B to Subpart E to Part 1904 | Casetext Search + Citor](#)

OSHA Revised Recordkeeping Rule for 2024 (continued)

Establishments with 100 or more employees in the highest hazard industries must:

1. Electronically submit to OSHA detailed information about each recordable injury and illness entered on their previous calendar year's OSHA Form 300 Log and Form 301 Incident Report
2. Continue to electronically submit Form 300A Annual Summary once a year to OSHA

OSHA intends to post the data from the proposed annual electronic submission requirement on a public website after identifying and removing information that reasonably identifies individuals directly, such as individuals' names and contact information.

OSHA Revised Recordkeeping Rule for 2024 (continued)

Privacy of Injured Worker Information

In order to protect the privacy of injured workers, OSHA **will not** collect the following information from the OSHA Forms 300 and 301:

1. Employee Names
2. Healthcare Provider Names and Addresses
3. Other personal identifiers

OSHA Revised Recordkeeping Rule for 2024 (continued)

OSHA will continue to require the following employers submit their OSHA 300A Summary of Work Related Injury and Illness data annually:

1. All establishments with 250 or more employees that are required to keep records under OSHA's injury and illness standard
2. Establishments with 20 to 249 employees in certain industries

OSHA Revised Recordkeeping Rule for 2024 (continued)

Healthcare Industries Included in new rule

OSHA is updating appendix A which designates the industries required to submit their Form 300A data. OSHA is adding appendix B that designates industries required to submit Form 300 and Form 301 data.

OSHA Revised Recordkeeping Rule for 2024 (continued)

The following are healthcare related NAICS industry codes that are included in OSHA's appendix A and appendix B:

NAICS	Healthcare Industry
6219	Other Ambulatory Health Care Services
6221	General Medical and Surgical Hospitals
6222	Psychiatric and Substance Abuse Hospitals
6223	Specialty (except Psychiatric and Substance Abuse) Hospitals
6231	Nursing Care Facilities (Skilled Nursing Facilities)
6232	Residential Intellectual and Developmental Disability, Mental Health, and Substance Abuse Facilities
6233	Continuing Care Retirement Communities and Assisted Living Facilities for the Elderly
6239	Other Residential Care Facilities

OSHA Revised Recordkeeping Rule for 2024 (continued)

Submission deadline

The submission deadline will be March 2, 2024 which is the same date that the OSHA 300A has been due each year.

The method of submitting the data will continue to be the OSHA ITA.

OSHA will begin accepting 2023 injury and illness data on January 2, 2024.

ITA Coverage Application Site

Determine if your establishment is required to electronically submit Form 300A data to OSHA:

ITA Coverage Application site - <https://www.osha.gov/itareportapp>

The screenshot shows the OSHA website's ITA Coverage Application page. At the top, it says 'Occupational Safety and Health Administration' with navigation links for 'CONTACT US', 'FAQ', 'A TO Z INDEX', and 'LANGUAGES'. A search bar is also present. Below this is a blue navigation bar with links for 'OSHA', 'STANDARDS', 'ENFORCEMENT', 'TOPICS', 'HELP AND RESOURCES', and 'NEWS'. The main heading is 'ITA Coverage Application' with a breadcrumb trail 'Injury Tracking Application (ITA) > ITA Coverage Application'. The text explains that covered establishments must submit OSHA injury and illness data (Forms 300A, 300, and 301) by March 2 of the year following the covered year. It provides instructions on how to determine if an establishment is required to submit data electronically. The form includes several fields: 'State' (a dropdown menu), 'Did your firm have 11 or more employees during the previous year?' (radio buttons for 'No' and 'Yes'), 'Peak establishment employment from the previous year' (a text input field), 'Is the establishment a government facility?' (radio buttons for 'No', 'Yes, Federal Government', and 'Yes, State or Local Government'), and 'NAICS Code' (a dropdown menu with the placeholder text 'Start typing a code or keyword to search...'). At the bottom left of the form are 'Submit' and 'Reset' buttons.

[https://www.ecfr.gov/current/title-29/part-1904/subpart-E#p-1904.41\(a\)](https://www.ecfr.gov/current/title-29/part-1904/subpart-E#p-1904.41(a))

Electronic Submission of Injury and Illness Summary to OSHA – (continued)

Examples #1 using the ITA Coverage Application Site:

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

Illinois

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

Peak establishment employment from the previous year

20

Is the establishment a government facility?

No Yes, Federal Government Yes, State or Local Government

NAICS Code

622110: General Medical and Surgical Hospitals

Submit

Reset

ITA Coverage Application

• Reporting is required for this establishment.

- Based on your entries, you are required to report your **Form 300A** summary data to OSHA through the [Injury Tracking Application](#). You are NOT required to report Forms 300 and 301 data.
 - State = Illinois
 - Firm has 11 or more employees = Yes
 - Peak establishment employment = 20
 - Government = Non-government
 - NAICS code = 622110: General Medical and Surgical Hospitals

[https://www.ecfr.gov/current/title-29/part-1904/subpart-E#p-1904.41\(a\)](https://www.ecfr.gov/current/title-29/part-1904/subpart-E#p-1904.41(a))

Electronic Submission of Injury and Illness Summary to OSHA – (continued)

Example #2 using the ITA Coverage Application Site:

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	<input type="text" value="Illinois"/>
Did your firm have 11 or more employees during the previous year?	<input type="radio"/> No <input checked="" type="radio"/> Yes
Peak establishment employment from the previous year	<input type="text" value="100"/>
Is the establishment a government facility?	<input checked="" type="radio"/> No <input type="radio"/> Yes, Federal Government <input type="radio"/> Yes, State or Local Government
NAICS Code	<input type="text" value="622110: General Medical and Surgical Hospitals"/>
<input type="button" value="Submit"/>	<input type="button" value="Reset"/>

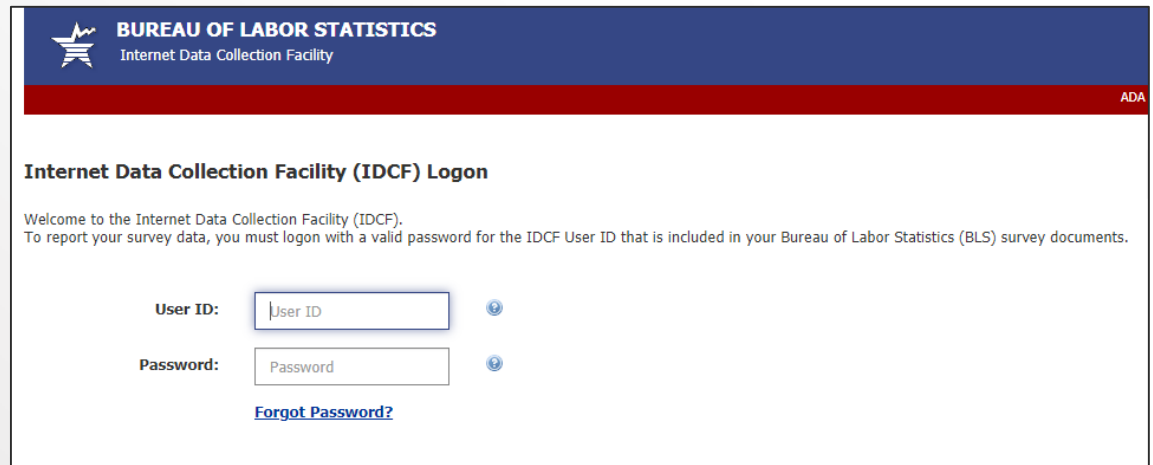
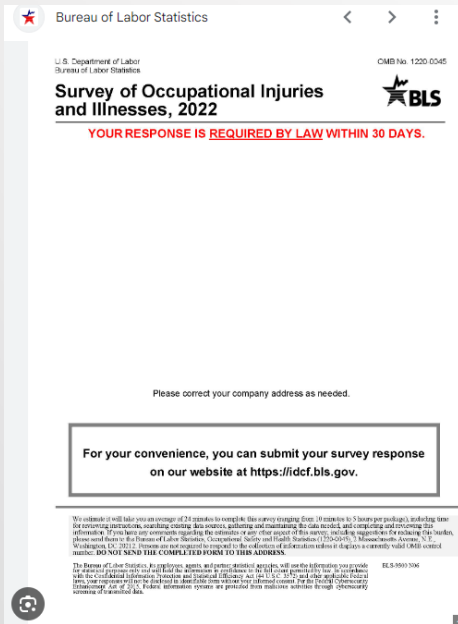
ITA Coverage Application

- 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 = Illinois
 - Firm has 11 or more employees = Yes
 - Peak establishment employment = 100
 - Government = Non-government
 - NAICS code = 622110: General Medical and Surgical Hospitals

[https://www.ecfr.gov/current/title-29/part-1904/subpart-E#p-1904.41\(a\)](https://www.ecfr.gov/current/title-29/part-1904/subpart-E#p-1904.41(a))

BLS Survey of Occupational Injuries and Illnesses - 1904.42

Basic requirement. If you receive a Survey of Occupational Injuries and Illnesses Form from the Bureau of Labor Statistics (BLS), or a BLS designee, you must promptly complete the form and return it following the instructions contained on the survey form.



[https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.42\(a\)](https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.42(a))

BLS Survey of Occupational Injuries and Illnesses - 1904.42

- Step 1: Complete survey only for establishment(s) noted on the front cover of survey ex. ABC Hospital
- Step 2: Check “Your Company Name” printed on the front cover and make any necessary corrections.
- Step 3: Have OSHA Forms 300, 301, & 300A ready to use when completing online survey

[https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.42\(a\)](https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1904#p-1904.42(a))

COVID-19 Cases

OSHA Recordkeeping Directives

Criteria to Record COVID-19 Cases on OSHA 300 Log

- Confirmed case of COVID-19 as defined by the CDC
- Case is work related as defined by 29 CFR § 1904.5
- Case involves one or more general recording criteria set for in 29 CFR § 1904.7



<https://www.osha.gov/laws-regs/standardinterpretations/2020-05-19>

COVID-19 Type of Injury or Illness

“COVID-19 is a respiratory illness and should be coded as such on the OSHA Form 300.”

Select one column:

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

A red arrow points to the "Respiratory condition" option in column (3).



<https://www.osha.gov/memos/2020-04-10/enforcement-guidance-recording-cases-coronavirus-disease-2019-covid-19>

COVID-19 Cases

OSHA Reporting Directives

OSHA's COVID-19 Emergency Temporary Standard (ETS) has ended.

Employers are required to follow the reporting requirements in 29 CFR 1904.39(b)(6) in regards to work related COVID-19 fatalities and in-patient hospitalizations.

- Fatality (report within 8hrs of notice)
- Inpatient Hospitalizations (report within 24hrs of notice)



<https://www.osha.gov/coronavirus/faqs#reporting>

COVID-19 Log – 1910.502

COVID-19 Log

The OSHA COVID-19 Healthcare Emergency Temporary Standard (ETS) requires employers to keep a COVID-19 Log if they have more than 10 employees on June 21, 2021 (the effective date of the ETS) (See 29 CFR 1910.502(q)). Employers are required to record on the COVID-19 Log each instance of an employee being confirmed COVID-19 positive (i.e., case that tested positive or was diagnosed by a licensed healthcare provider), whether it was contracted at work or elsewhere.

(Employers may use this form or any other form containing similar information)

Name of Business/Employer: _____

Address: _____

Name and Contact information of Employer's Contact Person: _____

Employee Name and Occupation (Job Title)	Employee Contact Information (Address, Phone Number, or email address)	Employee Work Location (Address, Department, Floors, or Room Numbers)	Most Recent Day the Employee Was Present in the Workplace (Date)	Date of COVID-19 Diagnosis or Positive Test for COVID-19	Date of Onset of Symptoms (If Applicable)	Brief Description or Additional Information

<https://www.osha.gov/sites/default/files/publications/OSHA4130.pdf>

[https://www.ecfr.gov/current/title-29/part-1910/subpart-U#p-1910.502\(q\)\(2\)\(ii\)](https://www.ecfr.gov/current/title-29/part-1910/subpart-U#p-1910.502(q)(2)(ii))

COVID-19 Log (continued)

- Employers who were covered under the COVID-19 ETS still must establish and maintain a COVID-19 Log
- The log must record each instance identified by the employer in which an employee is COVID-19 positive regardless of whether it is from an exposure at work

- <https://www.osha.gov/sites/default/files/publications/OSHA4130.pdf>

Important Updates with OSHA Recordkeeping

April 5, 2022 OSHA Trade Release Memo

“OSHA initiates enforcement program to identify employers failing to submit injury, illness data”


- OSHA Injury Tracking Application (ITA) enhanced enforcement procedure
- Citations for failure to submit OSHA Form 300A Data
- OSHA has posted ITA data to the public

<https://www.osha.gov/news/newsreleases/trade/04052022>

<https://www.osha.gov/Establishment-Specific-Injury-and-Illness-Data>


OSHA Recordkeeping & Hospital Safety and Health Management Systems

Caring for Our Caregivers



**Safety and Health Management Systems:
A Road Map for Hospitals**

September 2013

 **OSHA**
Occupational Safety
and Health Administration
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SIX MAJOR ELEMENTS OF AN EFFECTIVE INJURY & ILLNESS PREVENTION PROGRAM

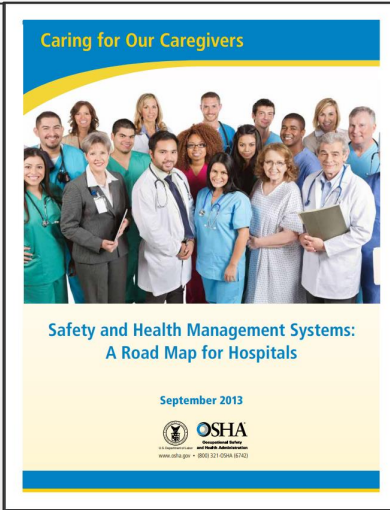
- Management Leadership
- Worker Participation
- Hazard Identification and Assessment
- Hazard Prevention and Control
- Education and Training
- Program Evaluation and Improvement

OSHA FACT SHEET – INJURY & ILLNESS PREVENTION PROGRAMS
<http://www.mssc.org/wp-content/uploads/2013/06/OSHA3665.pdf>

Hazard Identification and Assessment

SHMS Roadmap Table 2-1

Hazard Identification and Assessment Example of Information Source



“Data and reports on injuries, illnesses
.....(OSHA Forms 300, 300A and 301)”.

OSHA Form 300
Log of Work-Related Injuries and Illnesses

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

OSHA Form 301
Injury and Illness Incident Report

https://www.osha.gov/sites/default/files/2.4_SHMS_roadmap_508.pdf p. 22

OSHA 300 Log

Hazard Identification and Assessment

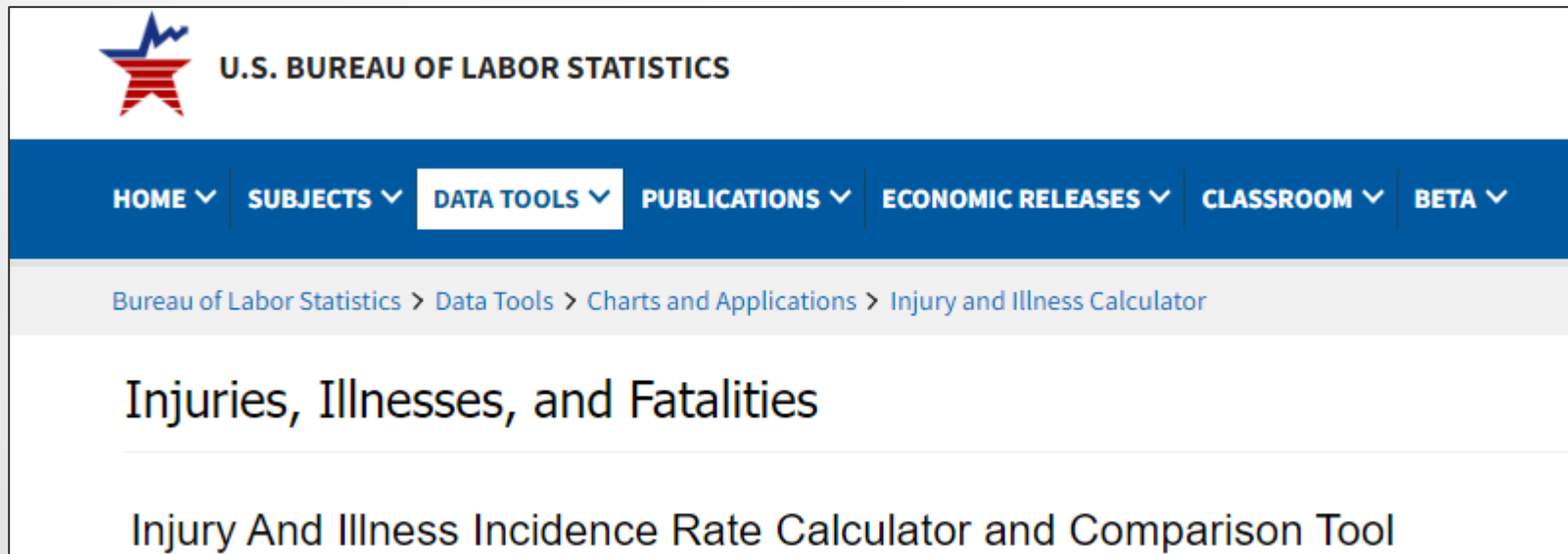
Provides the opportunity to identify:

1. Hazards identified that caused the incidents
2. Occupations with the most incidents
3. Work area or Departments with the most incidents
4. Incidents and hazards resulting in the most severe outcomes

https://www.osha.gov/sites/default/files/Activity_Hazard_Identification_2_Hazard_Information.pdf

BLS Incident Rate Calculator & Comparison Tool

The information collected by the BLS is available to review for benchmarking purposes.



The screenshot displays the U.S. Bureau of Labor Statistics website. At the top left is the BLS logo, a stylized red star with a blue line graph above it, followed by the text "U.S. BUREAU OF LABOR STATISTICS". Below this is a dark blue navigation bar with white text and dropdown arrows for "HOME", "SUBJECTS", "DATA TOOLS", "PUBLICATIONS", "ECONOMIC RELEASES", "CLASSROOM", and "BETA". The "DATA TOOLS" menu item is highlighted with a white background. Below the navigation bar is a breadcrumb trail: "Bureau of Labor Statistics > Data Tools > Charts and Applications > Injury and Illness Calculator". The main content area features the heading "Injuries, Illnesses, and Fatalities" in a large, dark font, followed by a horizontal line and the sub-heading "Injury And Illness Incidence Rate Calculator and Comparison Tool" in a smaller, dark font.

<https://data.bls.gov/iirc/>

BLS Incident Rate Calculator & Comparison Tool

Example using Incident Rate Calculator & Comparison Tool

Injuries, Illnesses, and Fatalities

Incidence Rate Calculator and Comparison Tool

[\(For more information or help\)](#)

STEP 1 - Enter the number of hours actually worked by all employees at your establishment in the given year

1239850

[\[where to find this number\]](#)

STEP 2 - Enter a value for at least one of the following data elements

Total number of non-fatal work-related injury and illness cases

23

[\[where to find this number\]](#)

Number of cases involving days away from work

5

[\[where to find this number\]](#)

Number of cases involving job transfer or restricted work activity only

7

[\[where to find this number\]](#)

STEP 3 - Select Year and then Area, Supersector and Industry

Select a **Year**: 2021

Select an **Area**:

All ownerships, All U.S.
Private industry, All U.S.
State and local government combined, All U.S.
State government, All U.S.
Local government, All U.S.
All ownerships, Alabama
Private industry, Alabama
State and local government combined, Alabama

Select a **Supersector**:

Construction
Manufacturing
Service providing
Trade, transportation, and utilities
Information
Financial activities
Professional and business services
Education and health services

Select an **Industry**:

621900 Other ambulatory health care services
621910 Ambulance services
621990 All other ambulatory health care services
622000 Hospitals
622100 General medical and surgical hospitals
622200 Psychiatric and substance abuse hospitals
622300 Specialty (except psychiatric and substance abuse) hospitals
623000 Nursing and residential care facilities

BLS Incident Rate Calculator & Comparison Tool

Sample result using the BLS Injury and Illness Rate Calculator and Comparison Tool for General Medical and Surgical Hospitals (NAICS 622100).

Injuries, Illnesses, and Fatalities iif

Injury And Illness Incidence Rate Calculator and Comparison Tool

Year:	2021
Area:	Private industry, All U.S.
Supersector:	Education and health services
Industry:	General medical and surgical hospitals

Case Type	Your Establishment	Private industry, All U.S.
Total	3.7	6.1
Days Away	0.8	2.2
Job Transfer/Restriction	1.1	0.9
DART	1.9	3.1

<https://data.bls.gov/iirc/>

Incident Rate Definitions

Incidence Rate of Injuries and Illnesses

Total recordable injury & illness cases/Employee Hours x 200,000 work hours

Days Away Rate

Cases involving days away from work/Employee Hours x 200,000 work hours

Job Transfer/Restriction Rate

Cases involving job transfer or restricted work activity only/Employee Hours x 200,000 work hours

Days Away/Restricted or Transfer Rate (DART)

Total cases involving days away from work, days of restricted work activity, and/or job transfer x 200,000 work hours

<https://www.bls.gov/bls/glossary.htm>

HOSPITAL BENCHMARKING EXAMPLE

NAICS 622100 - General Medical and Surgical Hospitals

TOTAL INCIDENT RATE		
Year	General Medical and Surgical Hospitals	Hospital A
2018	5.6	5.5
2019	5.5	6.1
2020	7.7	8.1
2021	6.1	5.8
2022	6.1	6.3
DAYS AWAY RATE		
Year	General Medical and Surgical Hospitals	Hospital A
2018	1.3	1.1
2019	1.3	1.2
2020	3.7	2.9
2021	2.2	2.4
2022	2.3	2.4
JOB TRANSFER/RESTRICTION		
Year	General Medical and Surgical Hospitals	Hospital A
2018	0.9	0.9
2019	0.9	1.2
2020	0.9	0.7
2021	0.9	0.6
2022	0.8	0.9
DART RATE		
Year	General Medical and Surgical Hospitals	Hospital A
2018	2.2	2.0
2019	2.2	2.4
2020	4.6	3.6
2021	3.1	3.0
2022	3.2	3.3

QUESTIONS?

Please email all questions to Mike Benedeck at
mbenedeck@team-iha.org

For More Help

**For any OSHA Recordkeeping assistance needed
Contact the IRMS/ICT Loss Control Department.**

Mike Benedeck – Senior Director of Loss Control
mbenedeck@team-iha.org (630) 276-5646

Deidre Harris – Senior Loss Control Specialist
dharris@team-iha.org (630) 276-5414



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