



OSHA Reporting and Recordkeeping Requirements

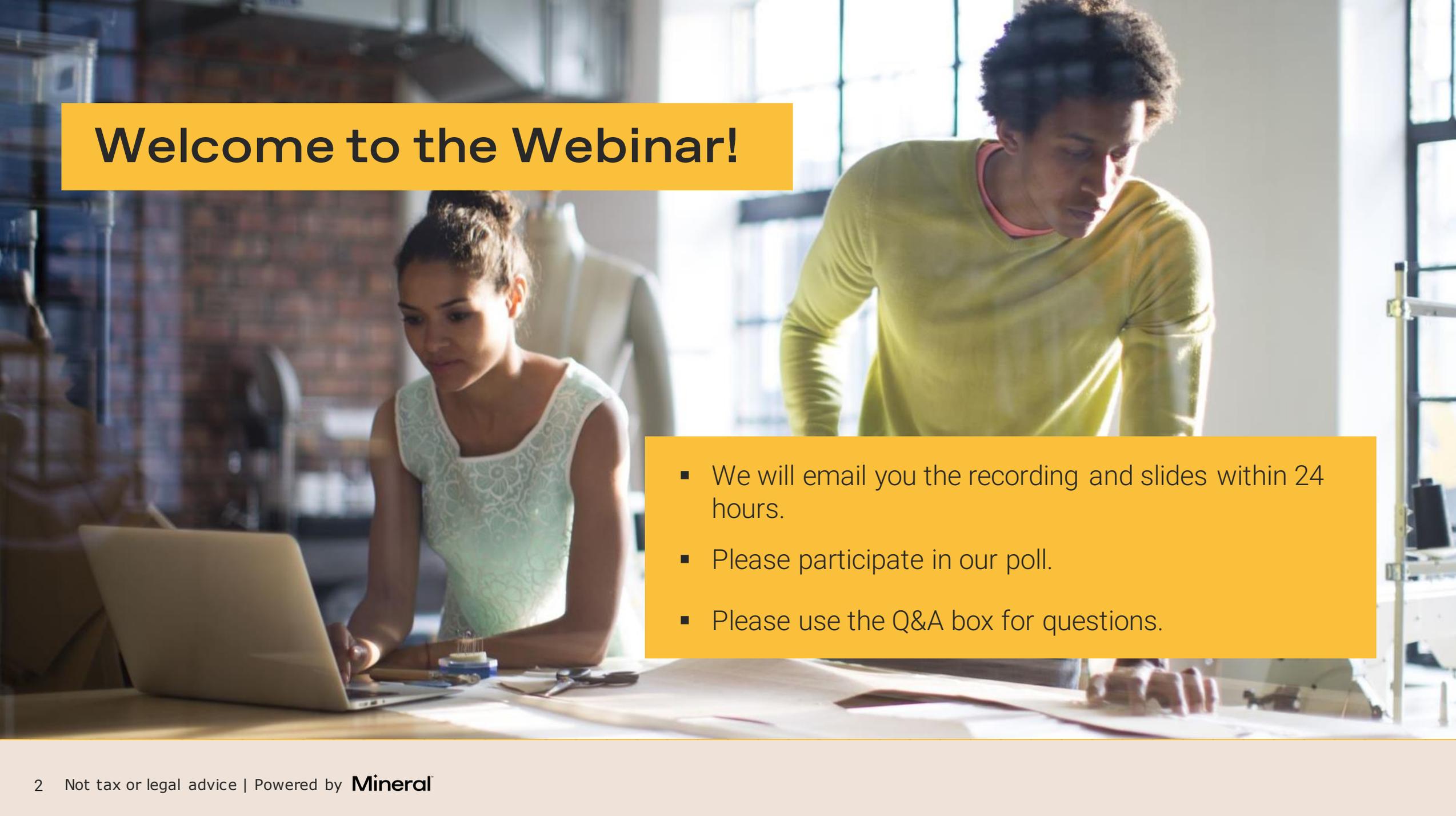
Presented by Monica S., SPHR, SHRM-CP

January 20, 2022

Not tax or legal advice | Powered by **Mineral**

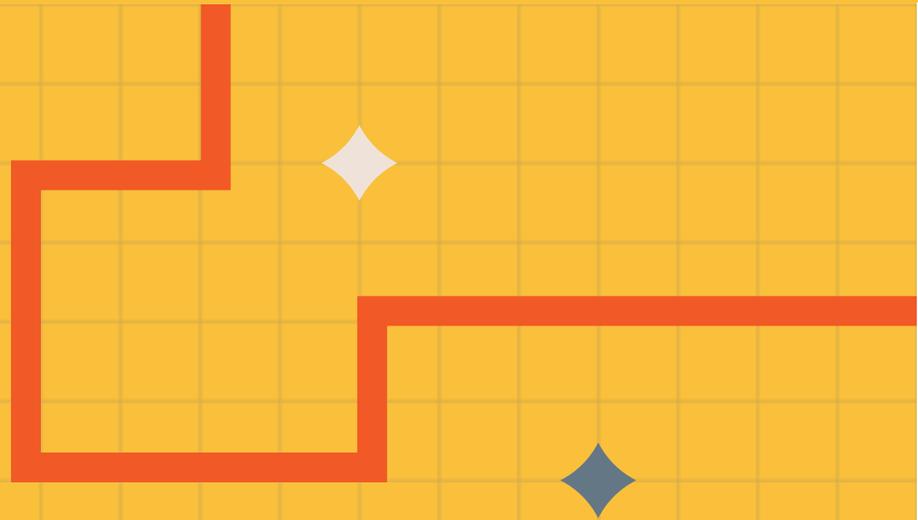


Welcome to the Webinar!



- We will email you the recording and slides within 24 hours.
- Please participate in our poll.
- Please use the Q&A box for questions.

Agenda



- Overview
- Reporting
- Recordkeeping
- Electronic Submission Requirements

Overview



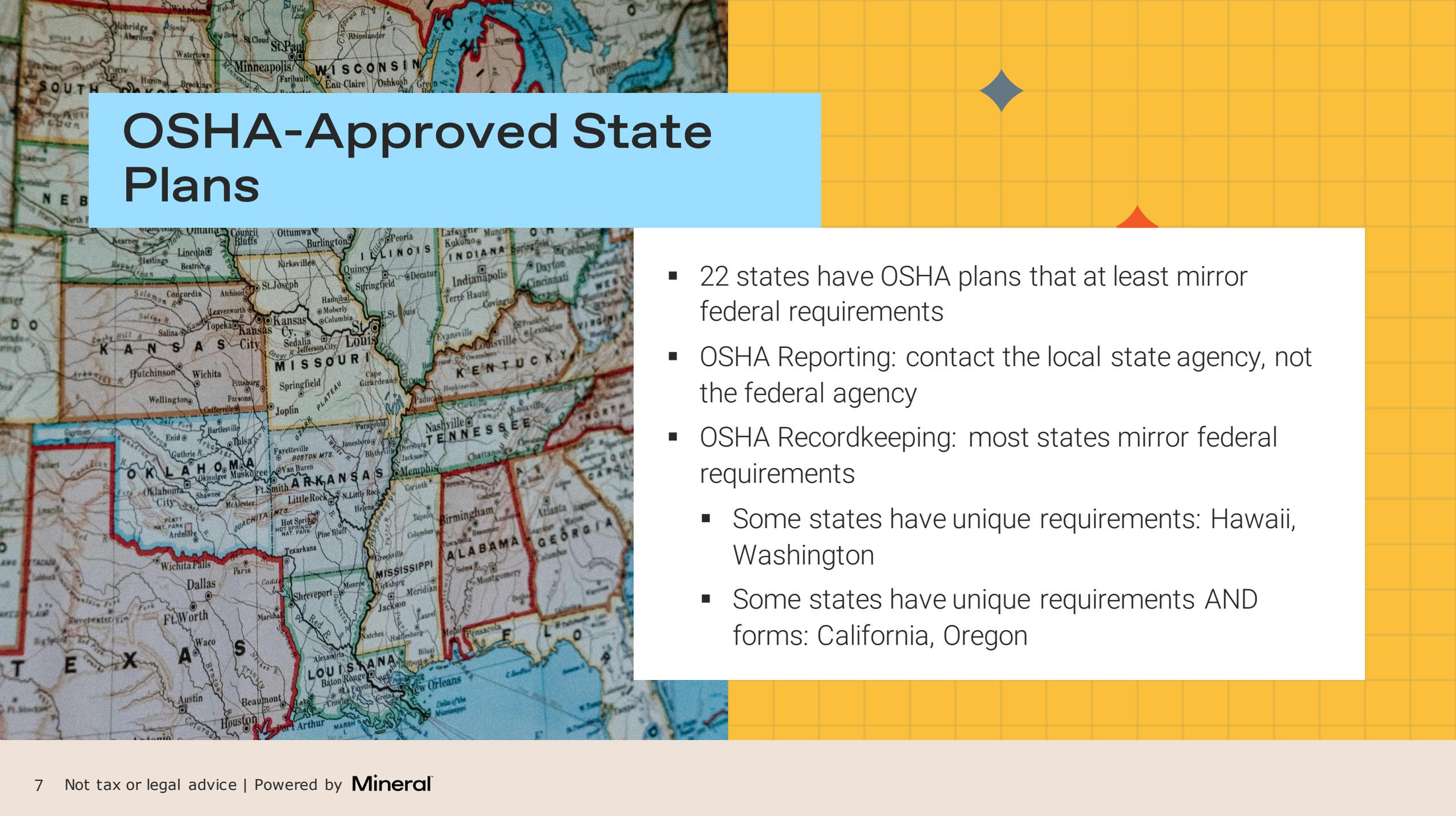
What is OSHA?

- OSHA “general duty” clause: “Each employer shall furnish to each of his employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees.”
- Employee rights: file a complaint with OSHA, participate in an OSHA inspection, and be free from retaliation



Reporting vs. Recordkeeping

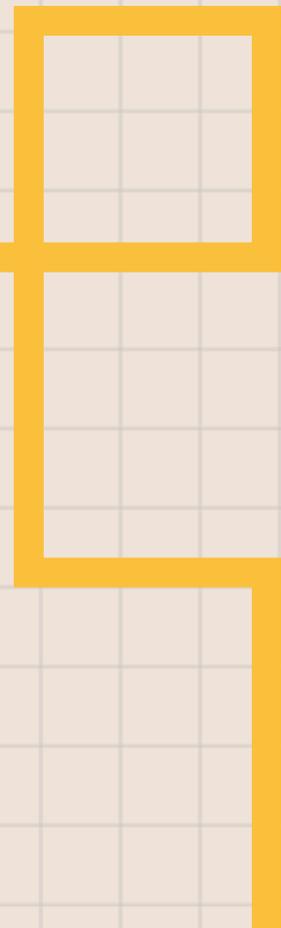
	Who	What
Reporting	All employers	Contact OSHA to report certain on-the-job injuries or illnesses
Recordkeeping	Employer with 11+ employees, unless classified as a low-risk industry	Internally maintain certain records of on-the-job injuries and illnesses



OSHA-Approved State Plans

- 22 states have OSHA plans that at least mirror federal requirements
- OSHA Reporting: contact the local state agency, not the federal agency
- OSHA Recordkeeping: most states mirror federal requirements
 - Some states have unique requirements: Hawaii, Washington
 - Some states have unique requirements AND forms: California, Oregon

Reporting

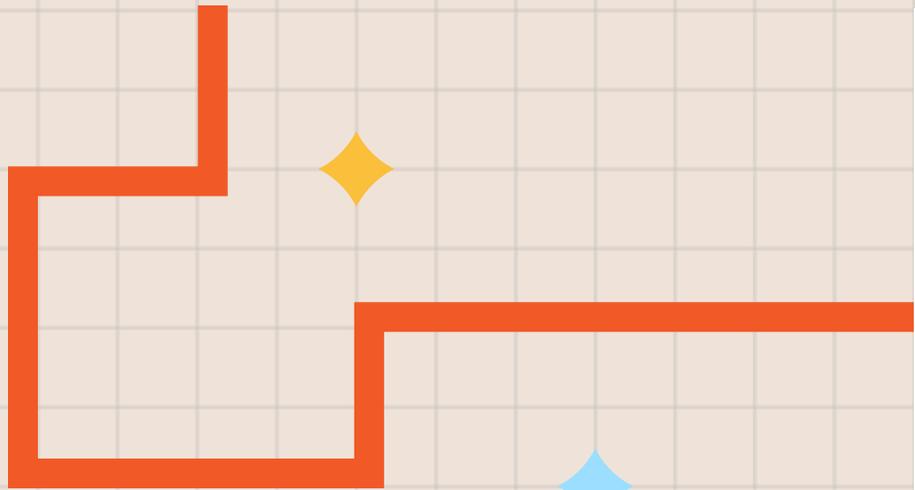




Who Must Report

- All employers under OSHA jurisdiction
- Even if exempt from recordkeeping requirements
- Definition of an employee

What to Report



- *Fatalities* occurring within 30 days of a workplace incident: report within 8 hours of discovery
- *In-patient hospitalizations, amputations, or eye losses* occurring within 24 hours of a workplace incident: Report within 24 hours of discovery

Don't Report

- Vehicle accidents on a public road (except in construction zones);
- Accidents on commercial or public transit, such as an airplane or bus;
- Hospitalization that was for diagnostic testing or observation only;
- Accidents occurring outside the reporting timeframe



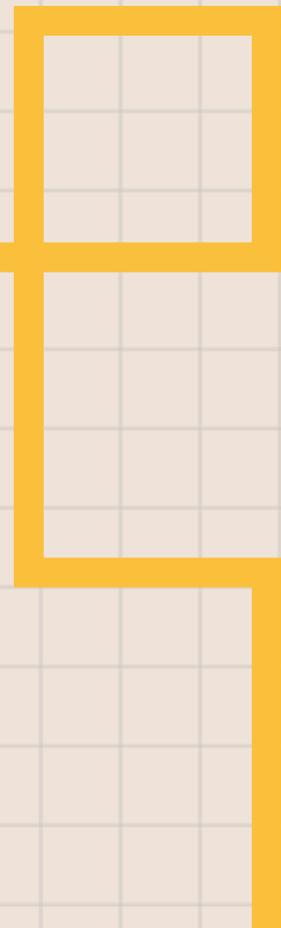


Where to Report

- Your [nearest OSHA office](#)
- OSHA's 24-hour hotline: 800-321-OSHA
- [Online reporting portal](#)



Recordkeeping





Poll Question

**Which form(s)
must covered
employers post at
their work
establishments
each year?**



Form Overview

- 301: Injury and Illness Incident Report
- 300: Log of Work-Related Injuries and Illnesses
- 300A: Summary of Work-Related Injuries and Illnesses



Employers with 10 or Fewer Employees

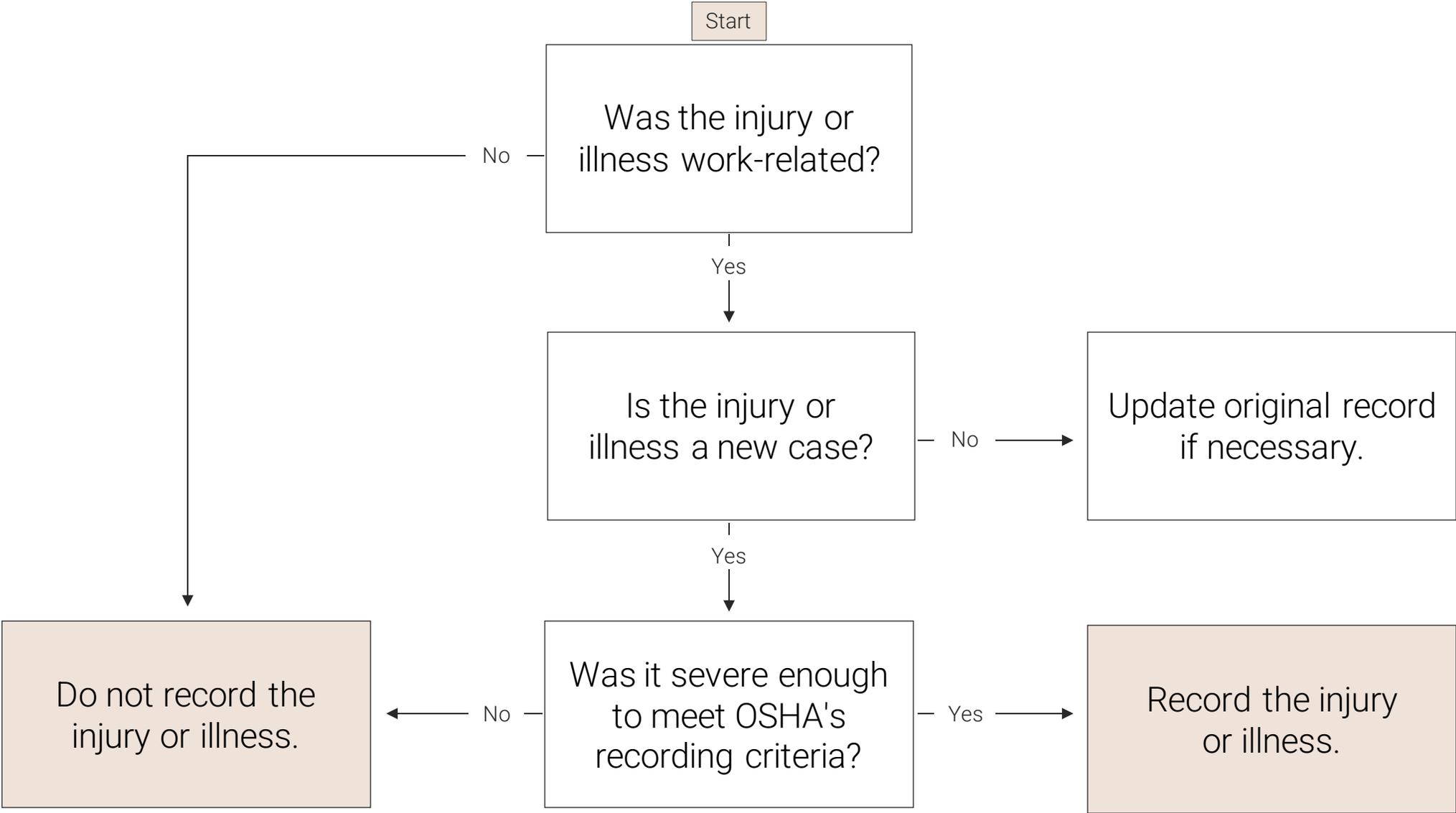
- Recordkeeping is not required
- Exception: if asked directly by OSHA or the BLS
- Based on *all* company employees



Employers with 11 or More Employees

- Routine recordkeeping required
- Exceptions for low-risk industry as classified by the North American Industry Classification System (NAICS)
- Examples: some retail stores, eating and drinking venues, many professional service industries, etc.
- Based on individual business establishments

Is an Injury or Illness Recordable?



Is It Work-Related?

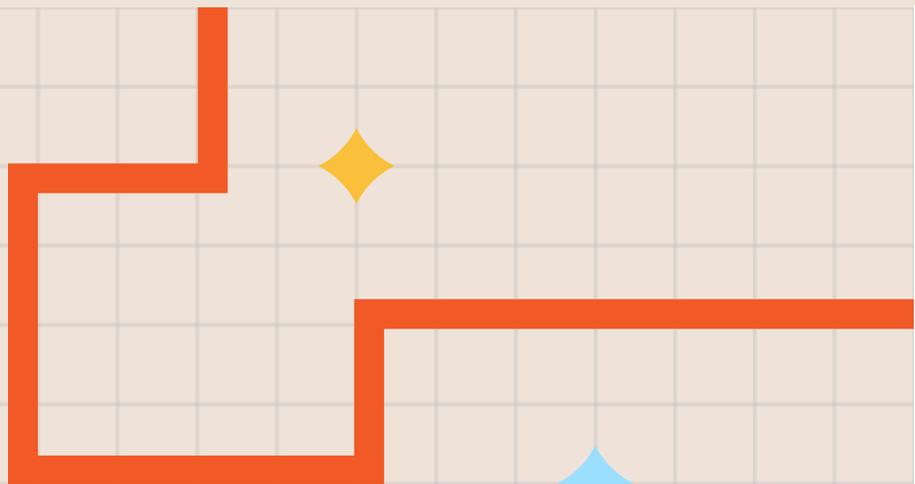
Work-Related

- Caused or contributed to the resulting condition
- Significantly aggravated a pre-existing injury or illness

Not Work-Related

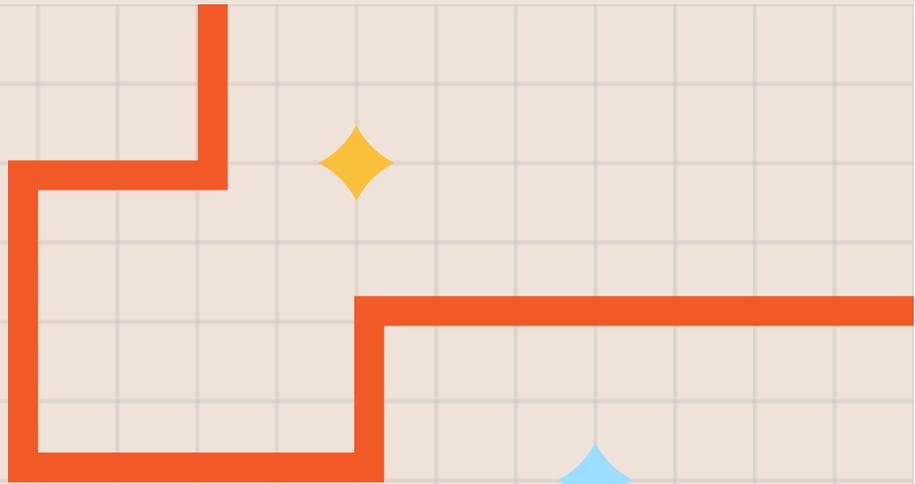
- Present in workplace as a member of the general public
- Voluntary participation in a medical, fitness, or recreational activity
- Personal tasks, such as food preparation or consumption
- Intentionally inflicted

Definition of Severe Injuries and Illnesses



- Death
- Days away from work
- Restricted work activity or job transfer
- Medical treatment beyond first aid
- Loss of consciousness
- Significant injuries/illnesses diagnosed by a medical professional

Recording COVID-19 Cases



- Confirmed case of COVID-19, as defined by the Centers for Disease Control and Prevention (CDC);
- The case is work-related as defined by 29 CFR § 1904.5; *and*
- The case involves one or more of the general recording criteria set forth in 29 CFR § 1904.7.

OSHA Form 301

OSHA's Form 301 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 _____
- 3) City _____ State ZIP _____
- 4) Date of birth _____
Month Day Year
- 5) Date hired _____
Month Day Year
- 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 _____ 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. *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; be more specific than "hurt," "pain," or "sore." *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

Page 1 of 1

Save Input

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 Form 300

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

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 OMB no. 1218-0176

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

Establishment name _____
 City _____ State _____

Identify the person		Describe the case				Classify the case	Enter the number of days the injured or ill worker was:		Select the "Injury" column or choose one type of illness:	
(A) Case no.	(B) Employee's name	(C) Job title <i>(e.g., Welder)</i>	(D) Date of injury or onset of illness <i>(e.g., 2/10)</i>	(E) Where the event occurred <i>(e.g., Loading dock north end)</i>	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill <i>(e.g., Second degree burns on right forearm from acetylene torch)</i>	SELECT ONLY ONE box for each case based on the most serious outcome for that case: Remained at Work	Away	On job	(M)	

Counting Days

- Begin the day *after* the injury or illness
- Estimate days when needed
- Count all calendar days
- Cap at 180 days (missed work + restricted)



OSHA Form 300A

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

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 _____



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
_____	_____	_____	_____
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

Total number of . . . (M)

(1) Injuries _____	(4) Poisonings _____
(2) Skin disorders _____	(5) Hearing loss _____
(3) Respiratory conditions _____	(6) All other illnesses _____

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 50 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 _____

Street _____

City _____ State _____ Zip _____

Industry description (e.g., *Manufacture of motor truck trailers*) _____

Standard Industrial Classification (SIC), if known (e.g., 3715) _____

OR _____

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

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

Annual average number of employees _____

Total hours worked by all employees last year _____

Sign here

Knowingly falsifying this document may result in a fine.

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 ____/____/____

Save Input



Form 300A Employer Certification

- An owner of the company;
- An officer of the corporation;
- The highest-ranking company official working at the establishment; or
- The immediate supervisor of the highest-ranking company official working at the establishment.





Retention Requirements

- Maintain records for *5 years* following the end of the calendar year the records pertain to
- Keep the 300 log up-to-date during this period
- Updating the 300A and 301 are not required



Electronic Submission Requirements





Purpose



- Use records already maintained to increase safety
- Inform employers, the public, and the government about workplace hazards
- Encourage employers to increase safety efforts
- Enable researchers to examine the data and identify workplace safety hazards

Who Must Report

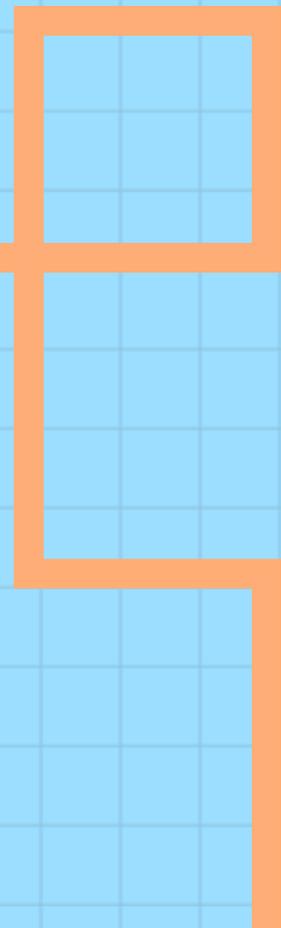
- Establishments with *250+ employees* that are currently required to keep records
- Establishments with *20–249 employees* in industries with historically high rates of injuries and illnesses

A top-down photograph of a desk setup. In the top left, a small woven basket contains several cinnamon sticks. To its right is a white coffee cup filled with dark coffee on a matching saucer. Below these items is a calendar page with a grid of dates. The word 'THURSDAY' is printed in white on a dark red background across the top of the calendar. The dates 1 through 30 are visible in a red, handwritten-style font. Some dates are marked with small red squares. Text on the calendar includes 'EARLY MAY BANK HOLIDAY (UK)' and 'ARMED FORCES DAY'.

Where and When to Report

- General deadline March 2nd
- Collection this year began January 2, 2022
- [OSHA's Injury Tracking Application \(ITA\) website](#)

Q+A



Thank you!

