

In this guide ...

You will find important information needed to complete the OSHA Form 300, and OSHA Form 300A. Information on other required reportable events is also included.

- **Overview: Recording work-related injuries and illnesses** — General instructions for filling out the forms in this guide and definitions of terms you should use when you classify your cases as injuries or illnesses.
- **How to fill out the OSHA 300 Log** — An example to guide you.
- **OSHA 300 Log of Work-Related Injuries and Illnesses** — One page of the log; make copies of the log if you need more. We also have fillable forms online: <https://osha.oregon.gov/Pages/topics/recordkeeping-and-reporting.aspx>. Note that the log is separate from the summary.
- **OSHA 300A Summary of Work-Related Injuries and Illnesses** — A removable summary page for easy posting at the end of the year. Note that you post the summary only, not the log.
- **Worksheet to help you fill out the summary** — A worksheet for figuring the average number of employees who worked for your establishment and the total number of hours worked.
- **Other reportable requirements to Oregon OSHA** — Employers must report certain work-related fatalities, injuries, and illnesses to Oregon OSHA within a certain time period, depending on the event.
- **Updated information regarding the federal OSHA Injury Tracking Application (ITA)** — Requirements and guidance.



OSHA Forms for Recording Work-Related Injuries and Illnesses

Take a few minutes to review this guide. If you have questions, visit osha.oregon.gov or call a local Oregon OSHA field office. We will be happy to help you.



Department of Consumer
and Business Services

Overview: Recording work-related injuries and illnesses

The Log of Work-Related Injuries and Illnesses (OSHA 300 Log) is used to classify work-related injuries and illnesses and to note the extent and severity of each case. When an incident occurs, use the OSHA 300 Log to record specific details about what happened and how it happened.

The summary — a separate form (OSHA Form 300A) — shows the totals for the year in each category. At the end of the year, post the summary or an equivalent form in a visible location so your employees are aware of the injuries and illnesses occurring in their workplace. (Posting required from Feb. 1 to April 30.)

Employers must keep a log for each establishment or site. If you have more than one establishment, you must keep a separate OSHA 300 Log and Summary for each physical location expected to be in operation for one year or longer.

Note: Your employees have the right to review your injury-and-illness records. For more information, read OAR 437-001-0700(21), Employee Involvement.

Cases listed on the OSHA 300 Log are not necessarily eligible for workers' compensation or other insurance benefits. Listing a case on the log does not mean the employer or worker was at fault or an OSHA standard was violated.

When is an injury or illness work-related?

An injury or illness is work-related if an event or exposure in the work environment caused or contributed to the condition or significantly aggravated a pre-existing condition. Work-relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the workplace, unless an exception specifically applies. Read OAR 437-001-0700(6) for the exceptions. The work environment includes the establishment and other locations where one or more employees are working or are present as a condition of their employment.

Which work-related injuries and illnesses should you record?

Record work-related injuries and illnesses resulting in one the following:

- Death
- Loss of consciousness
- Days away from work
- Restricted work activity or job transfer
- Medical treatment beyond first aid

Record any significant work-related injury or illness that is diagnosed by a physician or other licensed health-care professional. You must record

any work-related case involving cancer, chronic irreversible disease, a fractured or cracked bone, or a punctured eardrum. Read OAR 437-001-0700(8).

You must also record the following conditions when they are work-related:

- Any needlestick injury or cut from a sharp object that is contaminated with another person's blood or other potentially infectious material
- Any case requiring an employee to be medically removed under the requirements of an OSHA health standard
- Any standard threshold shift (STS) in hearing (i.e., cases involving an average hearing loss of 10 decibels or more in either ear and total hearing is 25 decibels or more above audiometric zero in the same ear)
- Tuberculosis infection as evidenced by a positive skin test or diagnosis by a physician or other licensed health-care professional after exposure to a known case of active tuberculosis

What do you need to do?

1. Within seven calendar days after you receive information about a case, decide if the case is recordable under the OSHA recordkeeping requirements.
2. Determine whether the incident is a new case or a recurrence of an existing one.
3. Establish whether the case was work-related.
4. If the case is recordable, fill out the Report of Job Injury or Illness (Form 801).

How do you use the OSHA 300 Log?

1. Record the employee involved, unless it is a privacy-concern case as described on the next page.
2. Record when and where the case occurred.
3. Describe the case as specifically as you can.
4. Classify the seriousness of the case by recording the **most serious outcome** associated with the case. Column J, other recordable cases, is the least serious and column G, death, is the most serious. (Mark only one column.)
5. Identify whether the case is an injury or illness.

Overview: Recording work-related injuries and illnesses — continued

What is medical treatment?

Medical treatment includes managing and caring for a patient for the purpose of combating disease or disorder. The following are not considered medical treatments and are not recordable:

- Visits to a doctor or health-care professional solely for observation or counseling
- Diagnostic procedures, including administering prescription medications that are used solely for diagnostic purposes
- Any procedure that can be labeled first aid [Read next section for more information about first aid, also read OAR 437-001-0700(8) Table 6]

What is first aid?

If the incident required only the following types of treatment, consider it first aid.

Do not record the following:

- Using nonprescription medications at nonprescription strength
- Administering tetanus immunizations
- Cleaning, flushing, or soaking wounds on the skin surface
- Using wound coverings, such as bandages, adhesive strips, gauze pads, and butterfly bandages
- Using hot or cold therapy

- Using any nonrigid means of support, such as elastic bandages, wraps, and nonrigid back belts
- Using temporary immobilization devices while transporting an accident victim (splints, slings, neck collars, or back boards)
- Drilling a fingernail or toenail to relieve pressure or draining fluids from blisters
- Using eye patches
- Using simple irrigation or a cotton swab to remove foreign bodies not embedded in or adhered to the eye
- Using irrigation, tweezers, cotton swabs, or other simple means to remove splinters or foreign material from areas other than the eye
- Using finger guards
- Using massages
- Drinking fluids to relieve heat stress

How do you decide if the case involved restricted work?

Restricted work activity occurs when, as the result of a work-related injury or illness, an employer or health-care professional keeps, or recommends keeping, employees from doing the routine functions of their jobs or from working the full workday they would

have been scheduled to work before the injury or illness occurred.

How do you count the number of days of restricted work activity or the number of days away from work?

Count the number of calendar days the employee was on restricted work activity or was away from work as a result of the recordable injury or illness. Do not count the day on which the injury or illness occurred in this number.

Begin counting days from the day after the incident occurred. If a single injury or illness involved days away from work and days of restricted work activity, enter the total number of days for each. You may stop counting days of restricted work activity or days away from work once the total of either or their combination reaches 180 days.

Under what circumstances should you not enter the employee's name on the OSHA 300 Log?

The following types of injuries or illnesses are considered privacy cases. Do not enter the employee's name on the OSHA 300 Log:

- An injury or illness to an intimate body part or to the reproductive system.

- An injury or illness resulting from a sexual assault.
- A mental illness.
- A case of HIV infection, hepatitis, or tuberculosis.
- A needlestick injury or cut from a sharp object that is contaminated with blood or other potentially infectious material [Read OAR 437-001-0700(9)].
- Other illnesses, if the employee independently and voluntarily requests that his or her name not be entered on the log.
- Musculoskeletal disorders (MSDs) are not considered privacy cases.

Enter "privacy case" in the space normally used for the employee's name. You must keep a separate, confidential list of the case numbers and employee names for the establishment's privacy cases so you can update the cases and provide information to Oregon OSHA if asked to do so.

If you have a reasonable basis to believe that information describing the privacy-concern case may be personally identifiable even though the employee's name has been omitted, you may use discretion in describing the injury or illness on both the OSHA 300 Log and the DCBS 801 supplemental form. You must enter enough information to identify the cause of the incident and the

Overview: Recording work-related injuries and illnesses — continued

general severity of the injury or illness, but you do not need to include details of an intimate or private nature.

What if the outcome changes after you record the case?

If the outcome or extent of the injury or illness changes after you have recorded the case, draw a line through, delete, or use correction tape over the original entry. Then, write the new entry where it belongs. Remember, you need to record the most serious outcome for each case.

Classifying injuries

An injury is any wound or damage to the body resulting from an event in the work environment.

Examples: Cut; puncture; laceration; abrasion; fracture; bruise; contusion; chipped tooth; 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.

Classifying illnesses

Skin diseases or disorders

Skin diseases or disorders are illnesses involving the worker's skin caused by

work exposure to chemicals, plants, or other substances.

Examples: Contact dermatitis, eczema, or rash caused by primary irritants, and sensitizers or poisonous plants; oil acne; and friction blisters, chrome ulcers, or inflammation of the skin.

Respiratory conditions

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

Examples: Silicosis; asbestosis; pneumonitis; pharyngitis; rhinitis; acute congestion; farmer's lung; beryllium disease; tuberculosis; occupational asthma; reactive airways dysfunction syndrome (RADS); chronic obstructive pulmonary disease (COPD); hypersensitivity pneumonitis; toxic inhalation injury, such as metal fume fever; chronic obstructive bronchitis; and other pneumoconiosis.

Poisoning

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

Examples: Poisoning by lead,

mercury, cadmium, arsenic, or other metals; poisoning by carbon monoxide, hydrogen sulfide, or other gases; poisoning by benzene, benzol, carbon tetrachloride, or other organic solvents; poisoning by insecticide sprays, such as parathion or lead arsenate; and poisoning by other chemicals, such as formaldehyde.

Hearing loss

Noise-induced hearing loss is defined for recordkeeping purposes as a change in hearing threshold relative to the baseline audiogram of an average of 10 decibels or more in either ear at 2,000, 3,000, and 4,000 hertz, and the employee's total hearing level is 25 decibels or more above audiometric zero (also averaged at 2,000, 3,000, and 4,000 hertz) in the same ear.

All other illnesses

All other occupational illnesses.

Examples: Heatstroke, sunstroke, heat exhaustion, heat stress, and other effects of environmental heat; freezing, frostbite, and other effects of exposure to low temperatures; decompression sickness; effects of ionizing radiation (isotopes, X-rays, radium); effects of nonionizing radiation (welding flash, ultraviolet rays, lasers); anthrax; bloodborne pathogenic diseases such as AIDS, HIV, hepatitis B, or hepatitis C; brucellosis;

malignant or benign tumors; histoplasmosis; coccidioidomycosis; and musculoskeletal disorders (MSDs).

When must you post the summary?

You must post the (OSHA Form 300A) summary only — not the 300 Log — by Feb. 1 of the year following the year covered by the form and keep it posted until April 30 of that year.

How long must you keep the log and summary on file?

You must keep the OSHA Form 300 Log and OSHA Form 300A Summary for five years following the year to which they pertain.

Do you have to send these forms to Oregon OSHA at the end of the year?

Certain employers must submit their OSHA Form 300, OSHA 300A Summary form, and DCBS Form 801 to OSHA through the Injury Tracking Application (ITA) at [osha.gov/injuryreporting](https://www.osha.gov/injuryreporting). Read [osha.oregon.gov/Pages/topics/recordkeeping-and-reporting.aspx](https://www.osha.gov/Pages/topics/recordkeeping-and-reporting.aspx) for more information. Otherwise, you are required to submit the completed forms only when you are specifically asked to do so.

Optional: Calculating injury and illness incidence rates

What is an incidence rate?

An incidence rate is the number of recordable injuries and illnesses occurring among a given number of full-time workers (usually 100 full-time workers) over a given period (usually one year). To evaluate your firm's injury-and-illness experience over time or to compare your firm's experience with that of your industry as a whole, you need to compute your incidence rate. Incidence rates can help you identify problems in your workplace or progress made toward preventing work-related injuries and illnesses. This is also the information used by Oregon OSHA to calculate potential penalty reductions.

How do I calculate an incidence rate?

You can quickly and easily compute an occupational-injury-and-illness incidence rate for all recordable cases or for cases that involved days away from work and days of restricted work. Follow instructions in paragraph (a) below for the total recordable cases, follow those in paragraph (b) for cases that involved days away from work and days of restricted work, and follow instructions in paragraph (c) for both rates.

(a) To find out the total number of recordable injuries and illnesses that occurred during the year — count the number of line entries on your OSHA Form 300 Log or refer to the OSHA Form 300A and sum the entries for columns (G), (H), (I), and (J).

(b) To find out the number of injuries and illnesses that involved days away from work and days of restricted work (DART) — count the number of line entries on your OSHA Form 300 Log that received a check mark in columns (H) and (I), or refer to the entry in columns (H) and (I) on the OSHA Form 300A.

(c) The number of hours all employees actually worked during the year — refer to OSHA Form 300A and optional worksheet to calculate this number.

You can compute the total case incidence rate (TCIR) for all recordable cases of injuries and illnesses using the following formula:

Total number of injuries and illnesses ÷ number of hours worked by all employees x 200,000 hours = TCIR.

(The 200,000 figure in the formula represents the number of hours 100 employees working 40 hours per week, 50 weeks per year would work and provides the standard base for calculating incidence rates.)

You can compute the incidence rate for recordable cases involving days away from work, days of restricted work activity, or job transfer using the following formula:

(Number of entries in column H + number of entries in column I) ÷ number of hours worked by all employees x 200,000 hours = DART incidence rate.

You can use the same formula to calculate incidence rates for other variables, such as cases involving

restricted work activity (column (I) on OSHA Form 300A); and cases involving skin disorders (column (M-2) on OSHA Form 300A). Just substitute the appropriate total for these cases, from OSHA Form 300A, into the formula in place of the total number of injuries and illnesses.

What can I compare my incidence rate to?

The Bureau of Labor Statistics (BLS) conducts a survey of occupational injuries and illnesses each year and publishes incidence-rate data by various classifications (e.g., industry and employer size). You can get the data at bls.gov, calling a BLS regional office, or by visiting osha.oregon.gov/pubs/reports to look at OSHA reports.

Sample worksheet for TCIR & DART rate

Total number of recordable injuries and illnesses in your establishment

2

÷

154987

x 200,000 =

2.58

Total case incidence rate (TCIR)

Hours worked by all your employees

Total number of recordable injuries and illnesses with days away from work and restricted work

3

÷

154987

x 200,000 =

3.87

Cases involving days away from work and restricted work (DART) incidence rate

Hours worked by all your employees

How to fill out the OSHA 300 Log

How to fill out the OSHA 300 Log

The Log of Work-Related Injuries and Illnesses is used to classify work-related injuries and illnesses and to note the extent and severity of each case. When an incident occurs, use the log to record details about what happened and how it happened.

If your company has more than one establishment or site, you must keep separate records for each physical location that is expected to remain in operation for one year or longer.

We have given you one copy of the OSHA 300 Log in this guide. If you need more than we provided, you may make photocopies.

The summary — a separate form — shows the work-related injury and illness totals for the year in each category. At the end of the year, total each column and transfer the totals from the OSHA 300 Log to the summary. Complete the establishment information then post the summary in a visible location so that your employees are aware of injuries and illnesses occurring in their workplace.

You don't post the log. You post only the summary at the end of the year.

OSHA's Form 300 Log of Work-Related Injuries and Illnesses

Year 20 22

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.



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 OAR 437-001-0700. Use two lines for a single case if you need to. You must complete the Report of Injury or Illness (Form 801) 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 Oregon OSHA office for help.

Establishment name: X Y Z Company

City: Anywhere State: OR

Identify the person			Describe the case			Classify the case											
(A) Case no.	(B) Employee's name	(C) Job title (e.g., "welder")	(D) Date of injury or of illness	(E) Where the event occurred (e.g., "loading dock -north end")	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., "second-degree burns on right forearm from acetylene torch")	Using these four categories, check only the most serious result for each case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness: (M)					
						Death	Days away from work	Job transfer or restriction	Other recordable cases	Away from work	Onjob transfer or restriction	Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
	<u>Mark Bagin</u>	<u>Welder</u>	<u>5 / 2</u> month day	<u>basement</u>	<u>Fracture left hand, left leg</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>15</u> days <u>12</u> days		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<u>Fell from ladder</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ days ___ days		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Shane Alexander</u>	<u>Foundryman</u>	<u>7 / 12</u> month day	<u>pouring deck</u>	<u>Poisoning from lead fumes</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	___ days <u>30</u> days		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Sam Sander</u>	<u>Electrician</u>	<u>8 / 23</u> month day	<u>2nd floor storeroom</u>	<u>Broken left foot, fell over box</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>30</u> days <u>7</u> days		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Ralph Boccella</u>	<u>Laborer</u>	<u>10 / 7</u> month day	<u>packing dept.</u>	<u>Back strain lifting boxes</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>3</u> days ___ days		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>James Daniels</u>	<u>Machine opr</u>	<u>11 / 19</u> month day	<u>production flr.</u>	<u>Dust in eye</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	___ days ___ days		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

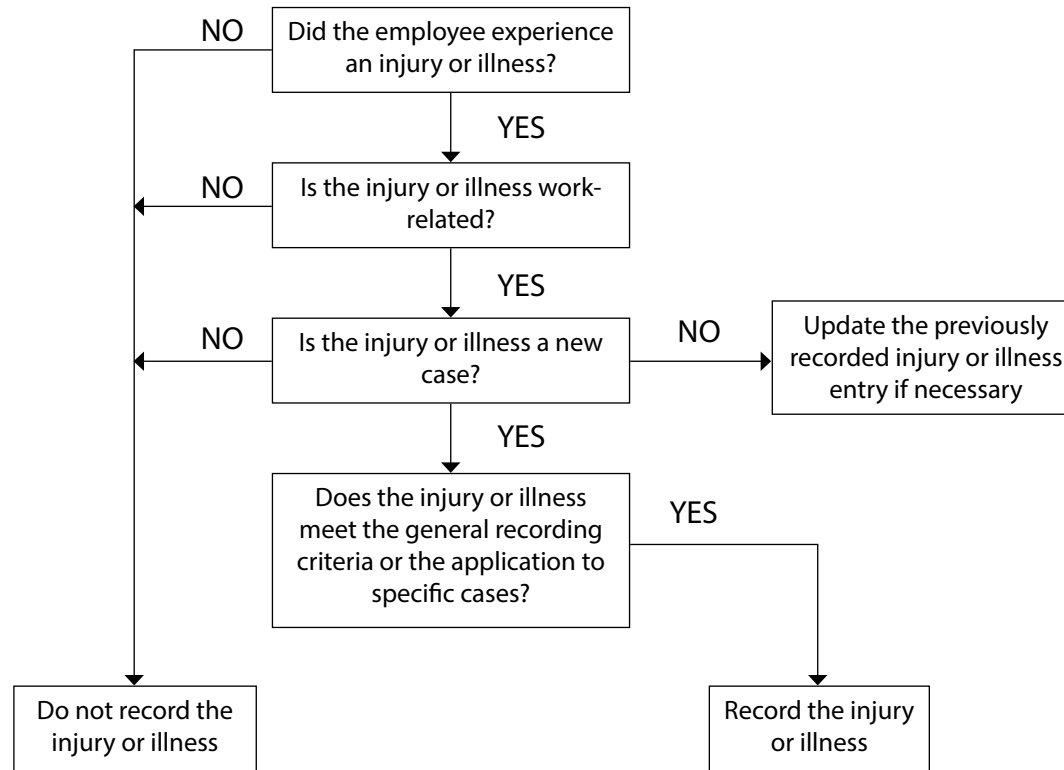
Be as specific as possible. You can use two lines if you need more room.

Revise the log if the injury or illness progresses and the outcome is more serious than you originally recorded for the case. Cross out, erase, or use correction fluid on the original entry.

Choose ONE of these categories. Classify the case by recording the most serious outcome of the case, with column J, Other recordable cases, being least serious, and column G, Death, being most serious.

Note whether the case involves an injury or an illness.

The below decision tree for recording work-related injuries and illnesses shows the steps involved in making this determination.



OSHA's Form 300

Log of Work-Related Injuries and Illnesses

Year 20 _____

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.



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 OAR 437-001-0700. Use two lines for a single case if you need to. You must complete the Report of Injury or Illness (Form 801) 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 Oregon OSHA office for help.

Establishment name: _____

City: _____ State: _____

Identify the person		Describe the case				Classify the case												
(A) Case no.	(B) Employee's name	(C) Job title (e.g., "welder")	(D) Date of injury or of illness	(E) Where the event occurred (e.g., "loading dock -north end")	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., "second-degree burns on right forearm from acetylene torch")	Using these four categories, check only the most serious result for each case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:						
						Death	Days away from work	Remained at work	Job transfer or restriction	Other recordable cases	Away from work	On job transfer or restriction	Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses
						(G)	(H)	(I)	(J)	(K)	(L)	(M)	(1)	(2)	(3)	(4)	(5)	(6)
_____	_____	_____	_____/_____ month day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ days ___ days	___ days ___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	_____	_____	_____/_____ month day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ days ___ days	___ days ___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	_____	_____	_____/_____ month day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ days ___ days	___ days ___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	_____	_____	_____/_____ month day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ days ___ days	___ days ___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	_____	_____	_____/_____ month day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ days ___ days	___ days ___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	_____	_____	_____/_____ month day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ days ___ days	___ days ___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	_____	_____	_____/_____ month day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ days ___ days	___ days ___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	_____	_____	_____/_____ month day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ days ___ days	___ days ___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	_____	_____	_____/_____ month day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ days ___ days	___ days ___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	_____	_____	_____/_____ month day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ days ___ days	___ days ___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	_____	_____	_____/_____ month day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ days ___ days	___ days ___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Page totals

(G) _____ (H) _____ (I) _____ (J) _____ (K) _____ (L) _____ (1) (2) (3) (4) (5) (6)

OSHA Form 300A

Summary of Work-Related Injuries and Illnesses



Year 20 _____

All establishments covered by OAR 437-001-0700 must complete this Summary of Work-Related Injuries and Illnesses, 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 DCBS Form 801 or its equivalent. Read OAR 437-001-0700(21).

Number of cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfers 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 ...	(1) Injuries	(2) Skin disorders	(3) Respiratory conditions	(4) Poisonings	(5) Hearing loss	(6) All other illnesses
(M)	_____	_____	_____	_____	_____	_____

Establishment information

Your establishment name:

Street: _____

City: _____

State: _____ Zip: _____

Industry description

(e.g., manufacturer of motor truck trailers)

North American Industrial Classification System (NAICS)

if known (e.g., NAICS 4441)

Employment information (If you don't have these figures, see the worksheet on the back of this 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.

The highest ranking manager at the location where the Log is compiled must sign the OSHA Form 300A.

Company executive (highest ranking manager)

Title

Phone: _____

Date: ____/____/____

Keep this summary posted from Feb. 1 to April 30 of the year following the year covered by this form.

Optional: Worksheet to help you fill out the summary

At the end of the year, OSHA requires you to enter on the summary the average number of employees and the total hours worked by your employees. If you don't have these figures, you can use the information on this page to estimate the numbers you will need to enter on the summary at the end of the year.

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

- 1** **Add** the total number of employees your establishment paid in all pay periods during the year. Include all employees: full-time, part-time, temporary, seasonal, salaried, and hourly.

The number of employees paid in all pay periods = **1** _____
- 2** **Count** the number of pay periods your establishment had during the year. Be sure to include any pay periods when you had no employees.

The number of pay periods during the year = **2** _____
- 3** **Divide** the number of employees by the number of pay periods.

$\frac{\mathbf{1}}{\mathbf{2}} = \mathbf{3}$ _____
- 4** **Round** the answer to the next highest whole number. Write the rounded number in the blank marked *Annual average number of employees*.

The number rounded = **4** _____

For example, Acme Construction figured its average employment this way:

For pay period...	Acme paid this number of employees ...	
1	10	Number of employees paid = 830 1
2	0	Number of pay periods = 26 2
3	15	
4	30	$\frac{830}{26} = 31.92$ 3
5	40	
▼	▼	
24	20	31.92 rounds to 32 4
25	15	
26	+10	
	830	32 is the annual average number of employees

How to figure the total hours worked by all employees:

Include hours worked by salaried, hourly, part-time, and seasonal workers, as well as hours worked by other workers subject to day-to-day supervision by your establishment (e.g., temporary-help-services workers).

Do not include vacation, sick leave, holidays, or any other non-work time, even if employees were paid for it. If your establishment keeps records of only the hours paid or if you have employees who are not paid by the hour, estimate the hours that the employees actually worked.

If this number is not available, you can use this optional worksheet to estimate it.

Optional worksheet

- _____ **Find** the number of full-time employees in your establishment for the year.
- x _____ **Multiply** by the number of work hours for a full-time employee in a year.
- _____ This is the number of full-time hours worked.
- + _____ **Add** any overtime hours and hours worked by other employees (part-time, temporary, seasonal)
- _____ **Round** the answer to the next highest whole number. Write the rounded number in the blank marked *Total hours worked by all employees last year*.

Oregon OSHA Services

Oregon OSHA offers a wide variety of safety and health services to employers and employees:

Appeals

503-947-7426; 800-922-2689; admin.web@dcbs.oregon.gov

- Provides the opportunity for employers to hold informal meetings with Oregon OSHA on concerns about workplace safety and health.
- Discusses Oregon OSHA's requirements and clarifies workplace safety or health violations.
- Discusses abatement dates and negotiates settlement agreements to resolve disputed citations.

Conferences

503-378-3272; 888-292-5247, Option 1; oregon.conferences@dcbs.oregon.gov

- Co-hosts conferences throughout Oregon that enable employees and employers to learn and share ideas with local and nationally recognized safety and health professionals.

Consultative Services

503-378-3272; 800-922-2689; consult.web@dcbs.oregon.gov

- Offers no-cost, on-site safety and health assistance to help Oregon employers recognize and correct workplace safety and health problems.
- Provides consultations in the areas of safety, industrial hygiene, ergonomics, occupational safety and health programs, assistance to new businesses, the Safety and Health Achievement Recognition Program (SHARP), and the Voluntary Protection Program (VPP).

Enforcement

503-378-3272; 800-922-2689; enforce.web@dcbs.oregon.gov

- Offers pre-job conferences for mobile employers in industries such as logging and construction.
- Inspects places of employment for occupational safety and health hazards and investigates workplace complaints and accidents.
- Provides abatement assistance to employers who have received citations and provides compliance and technical assistance by phone.

Public Education

503-947-7443; 888-292-5247, Option 2; ed.web@dcbs.oregon.gov

- Provides workshops and materials covering management of basic safety and health programs, safety committees, accident investigation, technical topics, and job safety analysis.

Standards and Technical Resources

503-378-3272; 800-922-2689; tech.web@dcbs.oregon.gov

- Develops, interprets, and gives technical advice on Oregon OSHA's safety and health rules.
- Publishes safe-practices guides, pamphlets, and other materials for employers and employees.
- Manages the Oregon OSHA Resource Center, which offers safety videos, books, periodicals, and research assistance for employers and employees.

Need more information? Call your nearest Oregon OSHA office.

Salem Central Office

350 Winter St. NE
Third Floor
Salem, OR 97301-3882
Phone: 503-378-3272
Toll-free: 800-922-2689
Fax: 503-947-7461
en Español: 800-843-8086
Website: osha.oregon.gov

Bend

Red Oaks Square
1230 NE Third St., Suite A-115
Bend, OR 97701-4374
541-388-6066
Consultation: 541-388-6068

Eugene

1500 Valley River Dr., Suite 150
Eugene, OR 97401-4643
541-686-7562
Consultation: 541-686-7913

Medford

1840 Barnett Road, Suite D
Medford, OR 97504-8293
541-776-6030
Consultation: 541-776-6016

Pendleton

200 SE Hailey Ave., Suite 306
Pendleton, OR 97801-3072
541-276-9175
Consultation: 541-276-2353

Portland/Tigard area

Durham Plaza
16760 SW Upper Boones Ferry Road,
Suite 200
Tigard, OR 97224-7696
503-229-5910
Consultation: 503-229-6193

Salem

1340 Tandem Ave. NE, Suite 160
Salem, OR 97301-80803
503-378-3274
Consultation: 503-373-7819

Reporting Fatalities and Injuries to Oregon OSHA OAR 437-001-0704

Reporting fatalities, catastrophes, injuries, and illnesses

Employers must report certain work-related fatalities, injuries, and illnesses. This standard covers all employers covered by the Oregon Safe Employment Act. Employers must report fatalities and catastrophes within eight hours of their knowledge by phone or in person. Since employers are required to report all fatalities, they must report fatal heart attacks. Report a fatal heart attack only if death occurs within 30 days of the incident.

A catastrophe is an incident in which two or more employees are fatally injured or three or more employees are admitted to a hospital or an equivalent medical facility (for example, a clinic) as a result of the same incident.

In-patient hospitalization, loss of an eye, amputations, or avulsions that result in bone loss must be reported to Oregon OSHA within 24 hours of the work-related occurrence or employer knowledge. Employers need to make only a single report when an amputation, avulsion, or loss of an eye involves in-patient hospitalization.

- In-patient hospitalization. In-patient hospitalization is the formal admission to the in-patient service of a hospital or clinic

for care or medical treatment (includes first-aid).

Hospitalization for observation only is not reportable, nor is emergency room treatment. In-patient hospitalization for any reason after emergency room treatment is reportable. You must report all incidents that result in in-patient hospitalization, including heart attacks and motor vehicle accidents. Report in-patient hospitalizations only if they occur within 24 hours of the incident that caused the hospitalization.

- Loss of an eye. Report the loss of an eye only if it occurs within 24 hours of the incident that caused the loss.
- Amputations and avulsions.
 - An amputation is the traumatic loss of a limb or other external body part, including a fingertip. Amputations include loss of a body part due to a traumatic incident, a gunshot wound, and medical amputations due to irreparable traumatic injuries.
 - An avulsion is the tearing away or forcible separation of any body part by trauma.
 - Report an amputation or avulsion only if it includes bone loss, cartilage loss, or both.
 - Report an amputation or

avulsion only if it occurs within 24 hours of the incident that caused the amputation or avulsion.

There are additional reporting requirements for injuries relating to Mechanical Power Presses, 1910.217(g). Employers must report, within 30 days of the occurrence, all point-of-operation injuries to operators or other employees to either the director of the Directorate of Standards and Guidance at OSHA, U.S. Department of Labor, Washington, D.C. 20210 or electronically at [osha.gov/pls/oshaweb/mechanical.html](https://www.osha.gov/pls/oshaweb/mechanical.html); or to Oregon OSHA.

Oregon OSHA office locations and telephone numbers are:

Salem Central Office

350 Winter St. NE, Third Floor
Salem, OR 97301-3882
503-378-3272
Toll-free in Oregon: 800-922-2689

Bend

Red Oaks Square
1230 NE Third St., Suite A-115
Bend, OR 97701-4374
541-388-6066

Eugene

1500 Valley River Dr., Suite 150
Eugene, OR 97401-4643
541-686-7562

Medford

1840 Barnett Road, Suite D
Medford, OR 97504-8293
541-776-6030

Pendleton

200 Hailey Ave., Box 9, Suite 306
Pendleton, OR 97801-3072
541-276-9175

Portland Area Durham Plaza

16760 SW Upper Boones Ferry Road
Suite 200
Tigard, OR 97224-7696
503-229-5910

Salem

1340 Tandem Avenue NE, Suite 160
Salem, OR 97301-8080
503-378-3274

Annual Electronic Submission of Injury and Illness Data to OSHA

Some employers are required to submit an electronic copy of their OSHA recordkeeping data OSHA Form 300A through the federal website. If your establishment had 250 or more employees at any time during the previous calendar year, and you are required to maintain an OSHA Form 300 Log, then you must electronically submit information from the OSHA Form 300A Summary of Work-Related Injuries and Illnesses to OSHA. You must submit the information once a year, no later than March 2 of the year after the calendar year covered by the forms.

If your establishment had 100 or more employees at any time during the previous calendar year, and your establishment is classified in an industry listed in **Table 8 of the rule**, then you must electronically submit information from OSHA Forms 300, OSHA form 300A, and DCBS Form 801 to OSHA or OSHA's designee. You must submit the information once a year, no later than March 2 of the year after the calendar year covered by the forms.

If your establishment had 20 or more employees, but fewer than 250 employees at any time during the previous calendar year, and your establishment is classified in an industry listed in **Table 7 of the rule**, then you must electronically submit information from OSHA Form 300A

Summary of Work-Related Injuries and Illnesses to OSHA or OSHA's designee. You must submit the information once a year, no later than March 2 of the year after the calendar year covered by the form.

For each establishment that is subject to these reporting requirements, you must provide your company's legal name and the Employer Identification Number (EIN) used by the establishment.

Note: Each person employed in the establishment at any time during the calendar year counts as one employee, including full-time, part-time, seasonal, and temporary workers.

If you are required to submit information under paragraph (24)(a), (24)(b), or (24)(c) then you must submit the information once a year, no later than March 2 of the year after the calendar year covered by the form or forms. If you are submitting information because OSHA notified you to submit information as part of an individual data collection under paragraph (24)(g), then you must submit the information as often as specified in the notification.

You must submit the information electronically at **[osha.gov/injuryreporting](https://www.osha.gov/injuryreporting)**.

If your enterprise or corporate office had ownership of or control over one or more establishments required to submit information under paragraph (24)(a), (24)(b), or (24)(c) then the enterprise or corporate office may collect and electronically submit the information for the establishments.

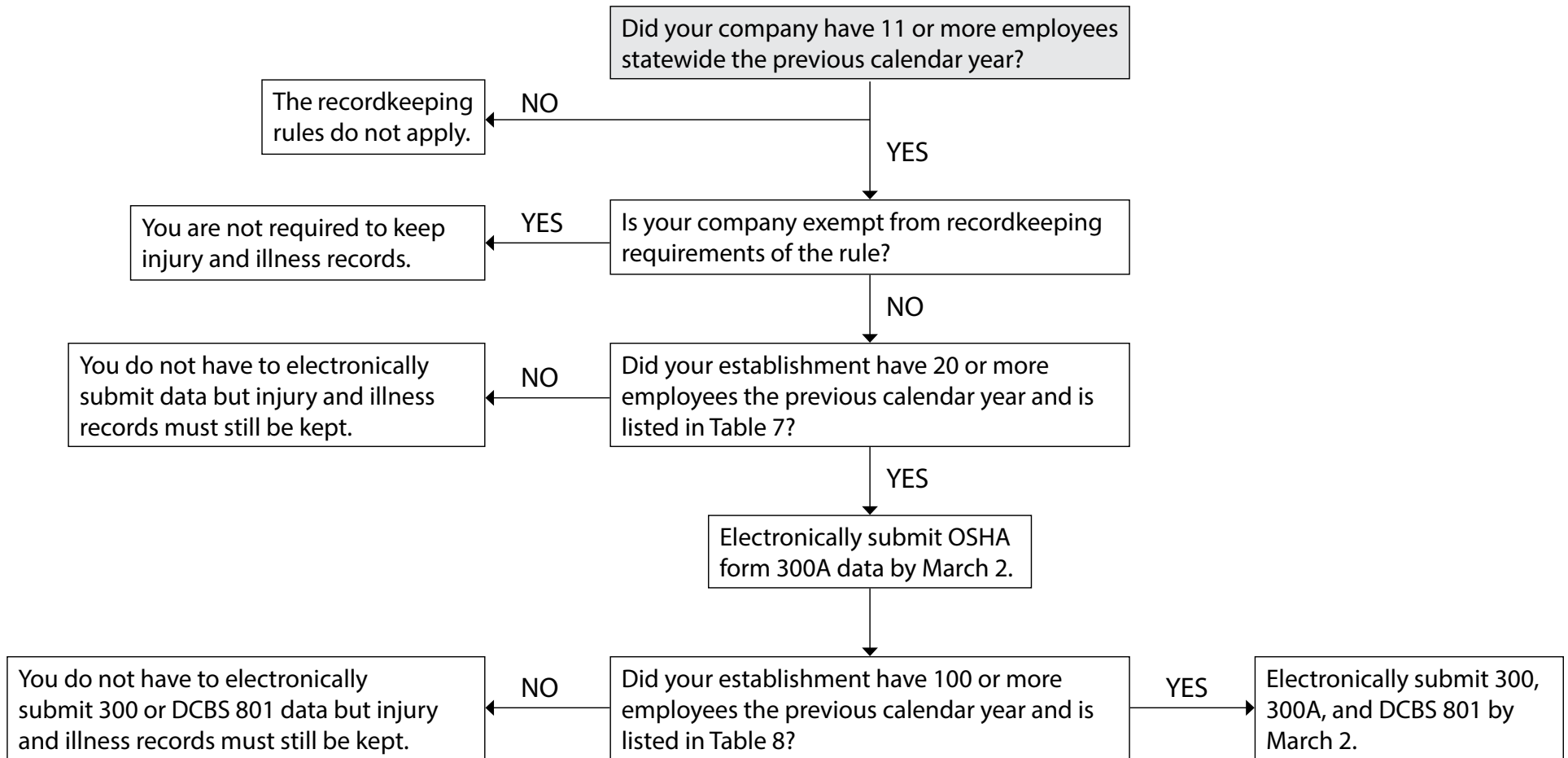
Reporting dates. Establishments that are required to submit under paragraph (24)(a), (24)(b), or (24)(c) of this section have to submit all of the required information by March 2 of the year after the calendar year covered by the form or forms (for example, by March 2, 2020, for the forms covering 2019).

Submit the OSHA Form 300A at **[osha.gov/injuryreporting](https://www.osha.gov/injuryreporting)**.

Questions?

- Updated injury tracking information and guidance is at **[osha.gov/injuryreporting](https://www.osha.gov/injuryreporting)**
- Visit **[osha.oregon.gov](https://www.osha.oregon.gov)**
- Call Oregon OSHA
800-922-2689 or
503-378-3272
- **En Español:**
800-843-8086

Do employers have to electronically submit recordkeeping forms to federal OSHA?



Salem Central Office

350 Winter St. NE

Third Floor

Salem, OR 97301-3882

Phone: 503-378-3272

Toll-free: 800-922-2689

Fax: 503-947-7461

en Español: 800-843-8086

Website: osha.oregon.gov

