



OSHA Recordkeeping

Part 2

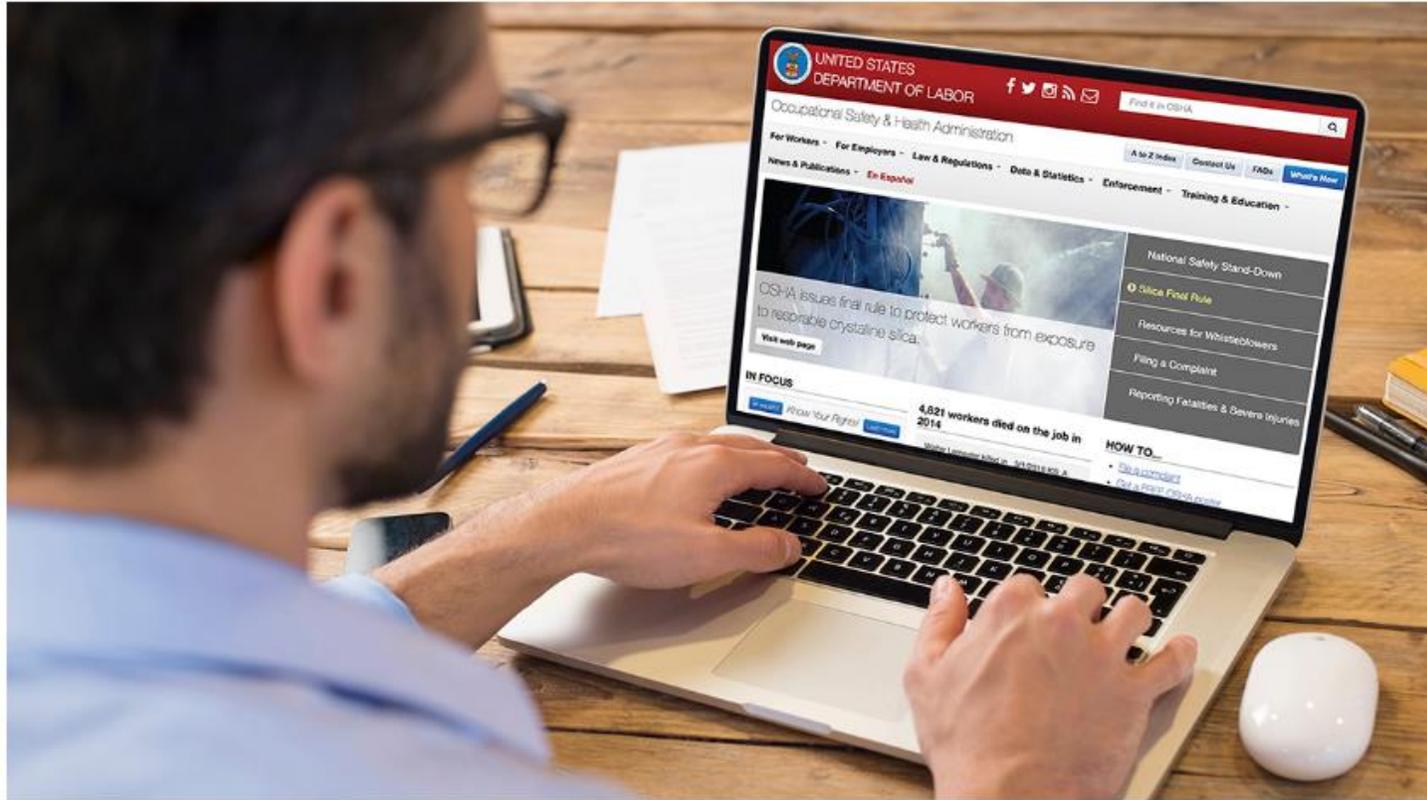
“Electronic Reporting”

Rules for Calendar Year 2019

What does the final rule do?

- 1. Revises recording and reporting rules**
- 2. Establishes updated guidance on retaliatory actions taken against an employee reporting a lost time injury**
- 3. Establishes new rules related to Drug Testing programs**
- 4. Establishes guidance for using incentive programs to reward safe behavior rather than penalize workers for reporting work-related injuries or illnesses**

Final Rule Issued to Improve Tracking of Workplace Injuries and Illnesses



OSHA published a Final Rule to amend its recordkeeping regulation to remove the requirement to electronically submit to OSHA information from the OSHA Form 300 (Log of Work-Related Injuries and Illnesses) and OSHA Form 301 (Injury and Illness Incident Report) for establishments with 250 or more employees that are required to routinely keep injury and illness records. Covered establishments are only required to electronically submit information from the OSHA Form 300A (Summary of Work-Related Injuries and Illnesses). The requirement to keep and maintain OSHA Forms 300, 300A, and 301 for five years is not changed by this Final Rule.

About

Revised Reporting Requirements

Revised Reporting Due Date

Read the 1/25/2019 Revision to the Rule

Read the 5/12/2016 Rule

Employee Involvement (Employee's right to report injuries and illnesses free from retaliation) (1904.35)

Electronic Reporting Covered Industries

Frequently Asked Questions

Related Links

Recordkeeping Webpage

Recordkeeping Forms

Examples of Rate-Based Incentive Programs Submitted to OSHA Regulatory Docket

<https://www.osha.gov/recordkeeping/finalrule/index.html>

Does the rule require employers to start keeping new records or change how they keep the records?

Who must submit information electronically to OSHA under the final rule?

The annual electronic reporting requirements apply to the following covered employers:

- Covered employers with 20 or more employees must electronically submit their OSHA Form 300A to OSHA on or before March 2nd, for the previous calendar year.
- If your establishment or business is either exempted from OSHA Recordkeeping or not a covered employer as noted above, then you must submit information to OSHA **only** when OSHA notifies you **in writing** to do so for an individual calendar year.
- Generally, employers with 10 or fewer employees for the entire year are exempted from OSHA recordkeeping unless they receive written notice from Federal OSHA or the BLS (Bureau of Labor Statistics) advising that they will be required to submit their OSHA Form 300A for a particular calendar year.

How should the data be submitted?

- 1. Data must be submitted electronically to an OSHA secure website**
- 2. A submission on paper will not be accepted**
- 3. Employers without necessary equipment or an internet connection may submit from a public facility; ie: library.**
- 4. OSHA will eventually provide a mobile device interface for submitting.**

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.

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

Completed by

Title

Phone - - Date
Month Day Year

Save Input

Add a Form Page

Reset

EMPLOYEE INCIDENT REPORT {FA1}

IMMEDIATELY SUBMIT COPY TO ERNWEST VIA FAX 877-717-0590 OR VIA EMAIL ERHOF@ERNWest.com

Company Name: John's Eatery Location Name: Same

PART I TO BE COMPLETED BY SUPERVISOR AND PAYROLL

Employee: John Doe	Job Title: Maintenance Supervisor	Time Shift Began: 8:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
Date of Incident: July 27, 2019	Time of Incident: 2:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Reported to Employer: 07 / 28 / 2019
Employee's Home or Mailing Address: 8976X SE Central Place Dr. Lakewood, WA 98499	Home Phone: 888-555-1212	Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
	Date of Hire: 01 / 03 / 2014	Last Full Day Worked: 07 / 27 / 2019
	Date of Birth: 04 / 20 / 1975	

Seen By: Emergency Room Urgent Care Other

Treating Caregiver's Name, Address & Phone:
Dr. Caregiver
Multicare Clinic, Tacoma, WA

1) Were prescription drugs prescribed? Yes No
2) Will employee lose time from work? Yes No
3) Was employee placed on modified duty? Yes No
4) Was worker hospitalized overnight? Yes No
5) Was the incident fatal? Yes No
6) If fatal, date of death: / /

Describe in detail what employee was doing just before the incident occurred including the activity, tools, equipment, and/or material being used (e.g. employee was attempting a two person resident transfer).

Maintenance supervisor was using a utility knife to remove sheetrock in order to install a new plumbed eyewash facility in the kitchen

Describe how the incident occurred, including the activity being performed and objects, people associated with the injury (e.g. resident panicked and twisted during the transfer and while attempting to safely place the resident on bed employee strained right shoulder):

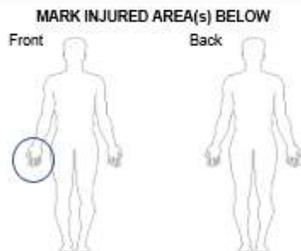
Maintenance supervisor was removing section of sheetrock using a utility knife

If applicable what object or substance directly harmed the employee (e.g. needle, exposure to pathogen):

Utility knife

Part of Body (Circle side if applicable)

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Head | <input checked="" type="checkbox"/> Hand (L or R) | <input type="checkbox"/> Knee (L or R) |
| <input type="checkbox"/> Eyes (L or R) | <input type="checkbox"/> Finger | <input type="checkbox"/> Abdomen |
| <input type="checkbox"/> Nose | <input type="checkbox"/> Leg (L or R) | <input type="checkbox"/> Entire |
| <input type="checkbox"/> Mouth | <input type="checkbox"/> Foot (L or R) | <input type="checkbox"/> Glasses |
| <input type="checkbox"/> Ear | <input type="checkbox"/> Toes | <input type="checkbox"/> Teeth |
| <input type="checkbox"/> Shoulder (L or R) | <input type="checkbox"/> Internal | <input type="checkbox"/> Groin |
| <input type="checkbox"/> Back | <input type="checkbox"/> Multiple | <input type="checkbox"/> Neck |
| <input type="checkbox"/> Chest | <input type="checkbox"/> Ankle (L or R) | <input type="checkbox"/> Elbow (L or R) |
| <input type="checkbox"/> Arm (L or R) | <input type="checkbox"/> Wrist (L or R) | <input type="checkbox"/> Rib |
| <input type="checkbox"/> Hip | <input type="checkbox"/> Face | |



PAYROLL Fill out this section if employee misses more than one day of work.

1) Rate of Pay \$17 per mo/wk/hr 2) Days Worked per Week 5

4) Health Benefits (circle) Y or N 5) Monthly benefits (med/vision) paid \$00.00 per mo/wk/hr

PART II TO BE COMPLETED BY EMPLOYEE

Was injury work related? Yes No
I understand light work is available to me. Yes No

Employee statement of how incident occurred: I was cutting out a section of drywall to expose the plumbing I needed to work on to get the eyewash station installed

MEDICAL RELEASE AUTHORIZATION: I hereby authorize my physician, clinic, hospital, agency, or therapy provider to release to my employer's representative any relevant medical records regarding current or previous treatment(s) that has been furnished to me.

Employee's Signature John Doe Date 7/28/2019

Form Completed By: HR Manager - JD Helper Phone: XXX/XXX/XXXX Date: XX/XX/XXXX Title: HR, Mgr.

OSHA Log case number 1 (transfer the case number from the OSHA 300 log after recording the case)

Injured worker personal information

Caregiver / Medical information

Supervisor Investigation Information

Injured Worker statement

Medical information release

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.



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 **Grocer's Warehouse**
City **Seattle** State **WA**

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 (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)	SELECT ONLY ONE box for each case based on the most serious outcome for that case:				Away from work (K)	On job transfer or restriction (L)	(M)									
						Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)			Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)				
<input type="button" value="Reset"/>	1	John Doe	Maint	7 / 27 <small>month / day</small>	Kitchen	Cut Hand installing eye wash				<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	3	3	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="button" value="Reset"/>	2	Mary Smith	BookKpg	8 / 15 <small>month / day</small>	Corridor	Slip, did not fall				<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="button" value="Reset"/>	3	Bill Jones	Wrhsman	8 / 29 <small>month / day</small>	Freezer	Trip, fall to floor, hit back				<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	5	5	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="button" value="Reset"/>	4	Frank Payne	Mgr.	9 / 5 <small>month / day</small>	Office	Slip off ladder, fell to floor, cracked wrist				<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	6		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="button" value="Reset"/>	5	Jarrood Daniels	Elect.	9 / 16 <small>month / day</small>	Electrical Rm	Broken Left foot, fell over box				<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	7	30	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="button" value="Reset"/>	6	Sally Alexis	Recept	10 / 5 <small>month / day</small>	Bathroom	Cleaning, put hand into trash, stuck				<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	10		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="button" value="Reset"/>				/ / <small>month / day</small>						<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="button" value="Reset"/>				/ / <small>month / day</small>						<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"/>
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<input type="button" value="Reset"/>				/ / <small>month / day</small>						<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 ▶ 2 3 13 48 4 1

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.

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](#).



Summary of Work-Related Injuries and Illnesses

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
0	2	3	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
13	48
(K)	(L)

Injury and Illness Types

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

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 **Grocer's Warehouse**

Street **1119 Pacific Ave. So.**

City **Tacoma** State **WA** Zip **98402**

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

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

OR

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

424480

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

Annual average number of employees **28**

Total hours worked by all employees last year **61600**

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.

Frank Payne Mgr.
 Company executive Title

Phone 888-555-1234 Date 01 / 27 / 2020

Save Input



osha recordkeeping



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About 1,720,000 results (0.40 seconds)

OSHA Injury and Illness Recordkeeping and Reporting Requirements ...

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

OSHA Injury and Illness **Recordkeeping** and Reporting Requirements. On July 30, 2018 the Occupational Safety and Health Administration (**OSHA**) issued a ...
You've visited this page many times. Last visit: 10/26/18

OSHA's Recordkeeping Rule

OSHA's Recordkeeping Rule | Who Keeps Records.

Training Presentations

... and Reporting Requirements | Recordkeeping Training ...

Injury & Illness Recordkeeping

Injury & Illness Recordkeeping Forms - 300, 300A, 301. NOTE ...

Final Rule

Final Rule Issued to Improve Tracking of Workplace Injuries ...

Q & A Search

Use key words to search Q & As on OSHA's injury and illness ...

29 cFr 1904

Videos · E-Tools · OSHA Laws & Regulations; Regulations ...

More results from osha.gov »

Recordkeeping | Injury Tracking Application (ITA) - Electronic ... - OSHA

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

Under the current **recordkeeping** rule, the initial deadline for electronic submission of information from **OSHA** Forms 300 and 301 by covered establishments with ...
You've visited this page many times. Last visit: 10/21/18

Make sure the site you're going to an 'OSHA' site.

Click on and open the site for OSHA Injury and Illness etc.

OSHA Injury and Illness Recordkeeping and Reporting Requirements

On July 30, 2018 the Occupational Safety and Health Administration (OSHA) issued a Notice of Proposed Rulemaking (NPRM) to eliminate the requirement to electronically submit information from OSHA Form 300 (Log of Work-Related Injuries and Illnesses), and OSHA Form 301 (Injury and Illness Incident Report) for establishments with 250 or more employees that are currently required to maintain injury and illness records. These establishments would be required to electronically submit information only from OSHA Form 300A (Summary of Work-Related Injuries and Illnesses). In addition, OSHA is proposing to require covered employers to submit their Employer Identification Number (EIN) electronically along with their injury and illness data submission.

Recordkeeping Requirements

Many employers with more than 10 employees are required to keep a record of serious work-related injuries and illnesses. (Certain low-risk industries are exempted.) Minor injuries requiring first aid only do not need to be recorded.

- How does OSHA define a recordable injury or illness?
- How does OSHA define first aid?

This information helps employers, workers and OSHA evaluate the safety of a workplace, understand industry hazards, and implement worker protections to reduce and eliminate hazards –preventing future workplace injuries and illnesses.

Maintaining and Posting Records

The records must be maintained at the worksite for at least five years. Each February through April, employers must post a summary of the injuries and illnesses recorded the previous year. Also, if requested, copies of the records must be provided to current and former employees, or their representatives.

- Get recordkeeping forms 300, 300A, 301, and additional instructions.
- Read the full OSHA Recordkeeping regulation (29 CFR 1904).

Updated Electronic Submission of Records

The Injury Tracking Application (ITA) is accessible from the ITA launch page, where you can provide the Agency your 2017 OSHA Form 300A information. The date by which certain employers are required to submit to OSHA the information from their completed 2017 Form 300A is July 1, 2018.

- Learn about OSHA's rule on submitting injury and illness records electronically.



UNITED STATES DEPARTMENT OF LABOR

Occupational Safety and Health Administration

Final Rule / Injury Tracking Application (ITA) - Electronic Submission of Injury and Illness Records to OSHA

Injury Tracking Application

Electronic Submission of Injury and Illness Records to OSHA

ANNOUNCEMENTS

Under the current recordkeeping rule, the initial deadline for electronic submission of information from OSHA Forms 300 and 301 by covered establishments with 250 or more employees was July 1, 2018. However, OSHA has published a Notice of Proposed Rulemaking (NPRM) to amend its recordkeeping regulation to remove the requirement to electronically submit to OSHA information from the OSHA Form 300 (Log of Work-Related Injuries and Illnesses) and OSHA Form 301 (Injury and Illness Incident Report) for establishments with 250 or more employees which are required to routinely keep injury and illness records. OSHA will not enforce this deadline for these two forms without further notice while this rulemaking is underway.

Employers can continue to electronically report their Calendar Year (CY) 2017 Form 300A data to OSHA, but submissions after July 1, 2018 will be flagged as "Late". **Remember, not all establishments are covered by this requirement.** To review which establishments need to provide their 2017 data, [click here](#).

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

Who: Establishments with 250 or more employees that are currently required to keep OSHA injury and illness records, and establishments with 20-249 employees that are classified in certain industries with historically high rates of occupational injuries and illnesses.

If employers in State Plan states have questions about their obligation to submit injury and illness information, please contact your [State Plan office](#).

What: Covered establishments must electronically submit information from their 2017 OSHA Form 300A.

When: In 2018, covered establishments must submit information from their completed 2017 Form 300A by July 1, 2018. Beginning in 2019 and every year thereafter, covered establishments must submit the information by March 2.

How: OSHA will provide a secure website that offers three options for data submission. First, users will be able to manually enter data into a web form. Second, users will be able to upload a CSV file to process single or multiple establishments at the same time. Last, users of automated recordkeeping systems will have the ability to transmit data electronically via an API (application programming interface). We will provide status updates and related information here as it becomes available.

- [View the CSV instructions](#)
- [Download a CSV file template](#)
- [Download a CSV sample file](#)
- [View the API technical specifications](#)

ITA Job Aids: These instructions are available to support users through the submission process.

- [Getting started in ITA](#)
- [Setting up an account](#)
- [Create an establishment](#)
- [Add 300A summary data](#)
- [Submit establishment data](#)

From a Federal OSHA Website:
Locate the ITA page Reference

- Note the Injury Tracking Application
- **Read !**
- Click on **hyperlink** to launch the ITA

Launch ITA - Injury Tracking Application

UNITED STATES
DEPARTMENT OF LABOR

Find it in OSHA

A TO Z INDEX

Occupational Safety and Health Administration

ABOUT OSHA ▾ WORKERS ▾ EMPLOYERS ▾ REGULATIONS ▾ ENFORCEMENT ▾ TOPICS ▾ NEWS & PUBLICATIONS ▾ DATA ▾ TRAINING ▾

[OSHA](#) / Injury Tracking Application Login

Injury Tracking Application Login

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

Username or Email Address

Password

[Forgot Password?](#)

Log In

You are about to access a U.S. Government computer/information system. Access to this system is restricted to authorized users only. Unauthorized access, use, or modification of this computer system or of the data contained herein, or in transit to/from this system, may constitute a violation of [Title 18, United States Code, Section 1030](#) and other federal or state criminal and civil laws. These systems and equipment are subject to monitoring to ensure proper performance of applicable security features or procedures. Such monitoring may result in the acquisition, recording and analysis of all data being communicated, transmitted, processed or stored in this system by a user.

If monitoring reveals possible misuse or criminal activity, notice of such may be provided to supervisory personnel and law enforcement officials as evidence.

Anyone who accesses a Federal computer system without authorization or exceeds their access authority, and by any means of such conduct obtains, alters, damages, destroys, or discloses information, or prevents authorized use of information on the computer, may be subject to fine or imprisonment, or both.

Your use of this system indicates understanding that you are personally responsible for your use and any misuse of your access including your system account and password. Use further indicates understanding that by accessing a U.S. Government information system that you must comply with the prescribed policies and procedures. Lastly, your use shall serve as acknowledgement of receipt of, your understanding of your responsibilities, and your willingness to comply with the rules of behavior for this system.

Read and follow instructions –
it can get confusing!

First: Log in OR Create an Account

If this is your initial entry into the system, you will need to create your account.

If you've already created an account, you'll need to log in each time you reenter the system. So remember your login information and password.

ITA – Creating an Account

UNITED STATES DEPARTMENT OF LABOR

Occupational Safety and Health Administration

ABOUT OSHA - WORKERS - EMPLOYERS - REGULATIONS - ENFORCEMENT - TOPICS - NEWS & PUBLICATIONS - DATA - TRAINING -

[Injury Tracking Application Login](#) / [Create Account](#)

Create Account

Step 1 of 3: Account Details

* Required Fields

First Name*
Oscar

Last Name*
Roberts

Company Name*
Grocer's Warehouse

Job Title*
Recordkeeper

Email Address*
oroberts@gmail.com

Confirm Email Address*
oroberts@gmail.com

Phone Number*
888-555-1212

Username*
oroberts

I'm not a robot

[Cancel](#) [Continue](#)

Again, Read and follow instructions –

Fully complete the information blanks with requested information.

Check the reCAPTCHA 'I'm not a robot' box at the bottom of the page.

Click on [Continue](#)

Create your Account

Occupational Safety and Health Administration

[Injury Tracking Application Login](#) / [Create Account](#)

[Injury Tracking Application Login](#)

Create Account

Step 2 of 3: Terms and Conditions

Important Notice to Injury Tracking Application Users

Thank you for visiting this Department of Labor (DOL) Web site application. You are accessing a U.S. Government information system that is owned and operated by the Department of Labor. DOL is strongly committed to maintaining the privacy of personal information you provide and the security of information on DOL computer systems. DOL uses contractors to perform various website and database functions and makes sure that such arrangements ensure the security, confidentiality and integrity of any personal information.

As a general rule, DOL does not collect personally-identifying information unless you choose to provide such information to us. With respect to the collection, use and disclosure of personal information, DOL makes every effort to ensure compliance with applicable federal law, including, but not limited to, [The Privacy Act of 1974](#), [The Paperwork Reduction Act of 1995](#), and [The Freedom of Information Act](#). We may disclose to you and others the information you provide us if authorized by you or as authorized or required by Federal law.

Please be aware that fraud and related activity in connection with computers is prohibited by Title 18, U.S. Code Section 1030. Furthermore, this law states that intentionally accessing a computer without authorization or exceeding authorized access and thereby obtaining information from any department or agency of the United States is prohibited and subject to civil and criminal penalties, including (but not limited to), punishment by fine and/or imprisonment. DOL may provide law enforcement with any potential evidence of a crime found on aforementioned systems in order for them to investigate such offenses.

In addition, it is unlawful to make any materially false, fictitious, or fraudulent statement to an agency of the United States. Violations can be punished by a fine or by imprisonment of not more than five years, or by both, [See 18 U.S.C. 1001\(a\); 29 U.S.C. 666\(g\)](#). Uses of this application also should keep in mind that it is unlawful to make any false statement, representation filed or required to be maintained pursuant to the OSH Act. Violations can be punished under [Section 17\(g\)](#) of the OSH Act by a fine of not more than \$10,000, or by imprisonment of not more than 6 months, or by both.

I acknowledge that I have read and accept the Terms of Use Agreement

[Previous Step](#)

[Cancel](#)

[Continue](#)

As before, make sure you read and acknowledge what you've read. Put a check in the acknowledgement box.

Click on **Continue**

⚠ OSHA ITA Maintenance

We will be going through a scheduled maintenance on August 10th, from 7pm - 10pm EST. Please stay tuned

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[Injury Tracking Application](#)

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Create Account

Step 3 of 3: Confirm Account Creation

Thank you for registering.

In order to complete your registration, **please click the confirmation link** in the email that we have sent you.

If you don't receive the email within a few minutes, please check the junk/spam folder of your email account.

If you don't receive an email at all, please contact us using the [Help Request Form](#).

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

lasttest1,

Thank you for registering at Occupational Safety and Health Administration. You may now log in by clicking this link or copying and pasting it into your browser:

http://test.osha.gov/user/reset/724/1507036504/xToHc_4pHeNxOL7RBkE3wjNsScpUaiSOeoweyuu9-20

This link can only be used once to log in and will lead you to a page where you can set your password.

After setting your password, you will be able to log in at <http://test.osha.gov/user> in the future using:

username: lasttest1
password: Your password

-- Occupational Safety and Health Administration team

The ITA program will send you a Confirmation Link after you've hit the 'Continue' button from the previous page.

As usual, make sure you carefully read the information you receive back from OSHA. You will be directed to click on the Confirmation Link to complete the account creation.

The supplied password is a one-time use password to get you into the system and can only be used one time.

Launch ITA - Injury Tracking Application

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[OSHA](#) / Injury Tracking Application Login

Injury Tracking Application Login

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

Username or Email Address

Password

[Forgot Password?](#)

You are about to access a U.S. Government computer/information system. Access to this system is restricted to authorized users only. Unauthorized access, use, or modification of this computer system or of the data contained herein, or in transit to/from this system, may constitute a violation of [Title 18, United States Code, Section 1030](#) and other federal or state criminal and civil laws. These systems and equipment are subject to monitoring to ensure proper performance of applicable security features or procedures. Such monitoring may result in the acquisition, recording and analysis of all data being communicated, transmitted, processed or stored in this system by a user.

If monitoring reveals possible misuse or criminal activity, notice of such may be provided to supervisory personnel and law enforcement officials as evidence.

Anyone who accesses a Federal computer system without authorization or exceeds their access authority, and by any means of such conduct obtains, alters, damages, destroys, or discloses information, or prevents authorized use of information on the computer, may be subject to fine or imprisonment, or both.

Your use of this system indicates understanding that you are personally responsible for your use and any misuse of your access including your system account and password. Use further indicates understanding that by accessing a U.S. Government information system that you must comply with the prescribed policies and procedures. Lastly, your use shall serve as acknowledgement of receipt of, your understanding of your responsibilities, and your willingness to comply with the rules of behavior for this system.

Read and follow instructions –
Again, it can get confusing!

Log in using the username and password you've created for yourself. Make sure you store that information where you can retrieve it in the future.

Click on the "Log In" button

Creating your Establishment (Account)

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Occupational Safety and Health Administration

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Injury Tracking Application Home

Injury Tracking Application
User: Oscar | [Logout](#)
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Injury Tracking Application Home

For Manual Data Entry

- Create Establishment** Add a new establishment to your account
- View Establishment List** View the establishments which have been added to your account

For Batch Data Transmission

- Upload a Batch File** Upload a CSV file containing your establishment and 300 A summary data
- View Your API Token** Access your authentication token for use in electronically transmitting data via API

Overview of Data Submission Process

Step 1: Create an Establishment
Step 2: Add 300A Summary Data
Step 3: Submit Data to OSHA
Step 4: Review Confirmation Email

2017 Data Submission Status

300A Summary Status	Establishments
Not Added	0
Not Submitted	0
Submitted	0
Total	0

For manual data entry (one location at a time), you'll either

1. Create Establishment, or
2. View Establishment List

If you're working with multiple locations and 'batch files', you'll

1. Upload a Batch File, or
2. View your API token

The API (Application Programming Interface) is an alternative method for reporting.



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[Establishment List](#) / [Create Establishment](#)

Create Establishment

Injury Tracking Application

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*Required Fields

Establishment Name* ⓘ

Grocer's Warehouse

Each establishment name must be different from all other establishment names provided.

Company Name

Grocer's LLC

Please enter the name of the company that owns the establishment.

Address*

1119 Pacific Ave. So.

Please include your physical address, not a PO Box.

City*

Tacoma

State*

WA

ZIP (5 or 9 digits)*

98402

NAICS Industry Code or Description (start typing, then select)* ⓘ

424480 – Grocery Warehouse

Begin typing either your 2012 NAICS code or the industry description, then select the correct value from the list. If you don't know your code and can't find it in the list, you can look it up at [census.gov](#).

What was the maximum number of employees at this establishment for this year? * ⓘ

Under 20 20-249 Over 250+

Please select the maximum number of employees (salaried, hourly, part-time, and seasonal workers) that this establishment had at ANY point during the filing year. This field can not be empty.

Is this establishment part of a public sector (government) entity? ⓘ

No Yes - State Government Yes - Local Government

[Cancel](#)

Save

Complete all blanks with **correct** information. Make sure the information is the same as that on the OSHA 300A Summary form.

Make sure you fill in the two circles for Number of Employees and identifying your business as either private or public sector.

Click on **Save**

Review your Establishment



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Find it in OSHA



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View Establishment

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✔ You have successfully created an Establishment

Establishment Details **Grocer's Warehouse**

ID: 402087

Company: John's Eatery LLC

Address: 1119 Pacific Ave.,
Tacoma, WA, 98402

NAICS: 722511

Size: 20-249 employees

Government:

300A Status: Not Added

[Edit Details](#)

[Remove](#)

300A Submission Progress

- 1. Create an Establishment
- 2. Add 300A Summary Data
- 3. Submit Data to OSHA
- 4. Review Confirmation Email

Summary for Filing Year 2019

2017 ▾

Employee Information

Annual average number of employees:

Total hours worked by all employees last year:

There's currently no 300A Summary data for this establishment.

After you finish entering your 300A Summary data, you must submit the data to OSHA.

- You may submit data for a single establishment from this page.
- To submit multiple establishments at the same time go to the [Establishment List Page](#).
- It is possible to edit and resubmit data in the event of changes or errors.

[Add 300A Summary](#)

[Submit 300A Data](#)

Illness & Injury Rates

Total Case Incidence Rate (TCR): 0

Days Away Restrictions and Transfers (DART): 0

Your opportunity to make any substantive changes/edits to the form:

Beyond this page, you will be adding your OSHA Form 300A data and then submitting it to Federal OSHA.

TCIR Rate — Total Case Incidents Rate

Total Recordable Injuries and Illnesses X 200,000 / Employee hours worked

$$\frac{5 \times 200,000}{61600} = 16.23$$

DART Rate — Days Away / Restricted, Transferred Rate

Total cases with DART X 200,000 / Employee hours worked

$$\frac{5 \times 200,000}{61600} = 16.23$$

OSHA Form 300A Summary

Summary of Work-related Injuries and Illnesses

* All Fields are Required

Establishment Name **Grocer's Warehouse**

Employment Information
 Annual average number of employees *
 Total hours worked by all employees last year *

Did any recordable work-related injuries or illnesses occur at this establishment in this year? * Yes No

Number Of Cases
 Enter 0 if there are no cases to report.
 TOTAL NUMBER OF:
 Deaths (G) * Cases with days away from work (H) * Cases with job transfer or restriction (I) * Other recordable cases (J) *

Number Of Days
 Enter 0 if there are no days to report.
 TOTAL NUMBER OF:
 Days away from work (K) * Days of job transfer or restriction (L) *

Injury And Illness Types
 Enter 0 if there are no injuries or illnesses to report.
 TOTAL NUMBER OF:
 Injuries (M1) * Skin disorders (M2) * Respiratory conditions (M3) * Poisonings (M4) * Hearing loss (M5) * All other illnesses (M6) *

Cancel Save

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.

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
0	2	3	0
(G)	(H)	(I)	(J)

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
13	48
(K)	(L)

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

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 **Grocer's Warehouse**
 Street **1119 Pacific Ave. So.**
 City **Tacoma** State **WA** Zip **98402**
 Industry description (e.g., *Manufacture of motor truck trailers*)
Warehouse
 Standard Industrial Classification (SIC), if known (e.g., 3715)
 OR
 North American Industrial Classification (NAICS), if known (e.g., 336212)
424480

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)
 Annual average number of employees **28**
 Total hours worked by all employees last year **61600**

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.
Frank Payne Mgr.
 Company executive Title
 Phone **888-555-1234** Date **01/27/2019**

Save Input

All required fields must be populated!
 When all fields are completed, click **Save**

Occupational Safety and Health Administration

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Establishment List / View Establishment

View Establishment

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300A summary data has been added but not submitted

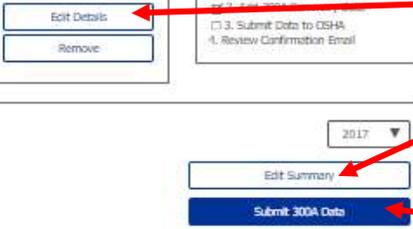
Establishment Details Grocer's Warehouse ID: 4033817 Company: Grocer's Warehouse Address: 11427 N. Aurora Ave., Tacoma, WA, 98402 NAICS: 722511 Size: 20-299 employees Government: 300A Status: Not Submitted Edit Details Remove

300A Submission Progress 1. Create an Establishment 2. Add 300A Summary Data 3. Submit Data to OSHA 4. Review Confirmation Email

Summary for Filing Year 2017 Employee Information Annual average number of employees: 28 Total hours worked by all employees last year: 61600 Number Of Cases TOTAL NUMBER OF: Deaths (G) 0 Cases with days away from work (H) 2 Cases with job transfer or restriction (I) 3 Other recordable cases (J) 0 Number Of Days TOTAL NUMBER OF: Days away from work (K) 13 Days of job transfer or restriction (L) 98 Injury And Illness Types TOTAL NUMBER OF: Injuries (M1) 4 Poisonings (M4) 0 Skin disorders (M2) 0 Hearing loss (M5) 0 Respiratory conditions (M3) 0 All other illnesses (M6) 1

Illness & Injury Rates Total Case Incidence Rate (TCR): 16.2 Days Away Restrictions and Transfers (DART): 16.2

Submit your 300A data - Last chance to review and edit your information and data! When you are satisfied that you've given it your best effort, submit your 300A data by clicking on the link.



References

Injury Tracking Application (ITA) Job Aides:

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

The ITA job Aides include information and assistance for completing the following:

- Getting Started in ITA
- Setting up an Account
- Creating an Establishment
- Add 300A Summary Data
- Submitting your Establishment Data

In addition, there is information within this linked page to assist with completing documents from several locations within the same corporate structure

ERNwest – Safety / Loss Control

SAFETY & LOSS CONTROL

Implementing Safety & Loss Control doesn't just improve the workplace for your employees; it also improves your bottom line: employers who integrate and implement effective safety and health management programs are more likely to significantly reduce workplace injuries, workers' compensation costs, and lost productivity. A safer workplace is more profitable, more productive, and more likely to benefit from programs such as Retrospective Rating. ERNwest can assist your company through a thorough Loss Control and Safety audit. Our Loss Control consultants are trained to identify and analyze hazards within your business, and to provide practical and sustainable strategies to help you manage your safety performance. Our Loss Control team has identified 10 program elements that all companies can specifically implement into their business plan to help drive their safety performance and reduce workers' compensation costs.



ERNwest can help you control losses and improve workplace safety with an effective program that fits your specific business and industry. [» CONTACT US](#)

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moctave@ernwest.com

Supervising for Safety

For workshops held on August 20th and 22nd, please go to our [training](#) page to find out more and sign up. Already signed up? Download the training materials before attending.

[Supervising For Safety](#)

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THANK YOU!

