

OSHA Recordkeeping Review

Thank you for your interest in OSHA Recordkeeping information – we hope the following slides assist you when maintaining your OSHA records.

If you have any questions, please do not hesitate to reach out to your Injury Prevention and Worksite Wellness Consultant.

Overview

- Requirements
- Forms
 - OSHA 300 Log
 - OSHA 300A
 - OSHA 301
- Recordkeeping Basics
- Workers' Compensation Claims vs OSHA Records
- Quiz
- Key Points



Requirements

WHO Must Complete The Forms?

- **MOST but not all employers:**
 - Employers with 10 or more employees *at any time* during a calendar year must complete OSHA injury and illness recordkeeping forms
 - Full-time, part-time, temporary and seasonal employees must be included in the total number
- **Exceptions include:**
 - Small employers with 10 or fewer employees *at all times* during the year
 - Employers in industries OSHA has determined to be low-risk
 - Please go to <https://www.osha.gov/recordkeeping2014/OSHA3746.pdf> for a list of Partially Exempt Industries

Requirements

WHO Must Complete The Forms?

- All employers, *regardless of size or industry*, **MUST report to OSHA:**
 - All work-related fatalities within 8 hours
 - Any work-related amputations, in-patient hospitalizations or loss of an eye within 24 hours of learning of the incident
- **Report these types of events by:**
 - Phoning your local OSHA Area Office
 - Please see how to contact your Area Office at:
<https://www.osha.gov/html/RAmap.html>
 - By using the OSHA 800 number (#1-800-321-6742) or
 - By using the reporting application on OSHA's public website
 - Please go to: <https://www.osha.gov/pls/ser/serform.html>

Requirements

HOW To Submit The Forms

Certain establishments meeting the following criteria must also *electronically submit* their OSHA injury and illness records

- Organizations with 250 or more employees *that are currently required to keep OSHA injury and illness records*
 - Must electronically submit information from *OSHA Forms 300* (Log of Work-Related Injuries and Illnesses), *300A* (Summary of Work-Related Injuries and Illnesses), and *301* (Injury and Illness Incident Report)
- Establishments with 20-249 employees *that are classified in certain high-risk industries with historically high rates of occupational injuries and illnesses*
 - Must electronically submit information from *OSHA Form 300A*

- High Risk industries: <https://www.osha.gov/recordkeeping/NAICScodesforelectronicsubmission.html>

Requirements

HOW To Submit The Forms

- Go to OSHA's Injury Tracking Application (ITA Launch Page): <https://www.osha.gov/injuryreporting/ita/>
- You will be required to create an account for electronic submission, or if already created, you can also access your account here
- Provide your required information
- Use one of the following three methods for data submission:
 - Manually enter data into a web form
 - Upload a CSV file to process single or multiple establishments at the same time
 - Users of automated recordkeeping systems may transmit data electronically via an API (application programming interface)

Requirements

WHEN To Submit The Forms

Organizations with 250+ employees:

- **By December 15, 2017**, must submit information from completed 2016 300, 300A and 301
- **By July 1, 2018**, must submit information from completed 2017 forms 300, 300A, and 301

Establishments with 20-249 employees in industries classified as high-risk:

- **By December 15, 2017**, must submit completed 2016 Form 300A
- **By July 1, 2018**, must submit completed 2017 Form 300A

Beginning in **2019** and every year thereafter, covered establishments must submit the information *by March 2nd*

Forms



Which Forms Must Be Completed?

- **OSHA Form 301** – Injury and Illness Incident Report
- **OSHA Form 300** – Log of Work-Related Injuries and Illnesses
- **OSHA Form 300A** – Summary of Work-Related Injuries and Illnesses



There are three forms you--the employer--must complete. OSHA forms 300 (OSHA 300 Log) and 301 are maintained on an ongoing basis. Recordable injuries and illnesses must be entered on these forms as they occur throughout the year.

The OSHA Form 300A/Annual Summary is completed after the end of the calendar year, and summarizes the number of recordable cases that occurred.

Employers may use equivalent forms as long as the equivalent forms contain all of the same data elements.

OSHA's Form 301 Injury and Illness Incident Report

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



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

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 and use as many as you need.

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

Information about the employee

- 1) Full name _____
2) Street _____
City _____ State _____ ZIP _____
3) Date of birth ____/____/____
4) Date hired ____/____/____
5) Male
 Female

Information about the physician or other health care professional

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

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

Information about the case

- 10) Case number from the Log _____ (Fill in the case number from the Log after you record the case.)
11) Date of injury or illness ____/____/____
12) Time employee began work _____ AM / PM
13) Time of event _____ AM / PM Check if time cannot be determined
14) What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "shaky 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 ____/____/____

Public reporting burden for this collection of information is estimated to average 72 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this data collection, including suggestions for reducing the burden, to Washington, DC 20503. Do not send the completed form to this office.

You must fill out an Injury and Illness Incident Report for every recordable work-related injury or illness. **You may use your own form as long as the information presented in the form includes all information on the OSHA Form 301.** Together with the Log of Work-Related Injuries and Illnesses (aka OSHA 300 Log) and the accompanying Annual Summary (Form 300A), you and OSHA will be able to 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**. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

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

Summary of Work-Related Injuries and Illnesses

U.S. Department of Occupational Safety and Health Administration
Form approved OSHA 300A-108

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

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

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 38 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspect of this data collection, contact: U.S. Department of Labor, OSHA Office of Statistical Analysis, Room N-5644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed form to this office.

Establishment information

Your establishment name _____

Street _____

City _____ State _____ ZIP _____

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

Standard Industrial Classification (SIC), if known (e.g., 3719) _____

OR

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

Employment information (if you don't have these figures, see the Worksheet on the 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.

Title _____

Title _____

All establishments required to complete OSHA records must complete the Summary of Work-Related Injuries and Illnesses, even if no injuries or illnesses occurred during the year.

Remember to review your OSHA 300 Log/Form 300 to verify that the entries are complete and accurate before completing this summary. Using the OSHA 300 Log, count the individual entries you made for each category. Then, write the totals on the left side of the Annual Summary/Form 300A, making sure you've added the entries from every page of the Log. If you had no cases, write in a zero.

On the right side of the Annual Summary/Form 300A, fill in your establishment information.

Form 300A/Annual Summary

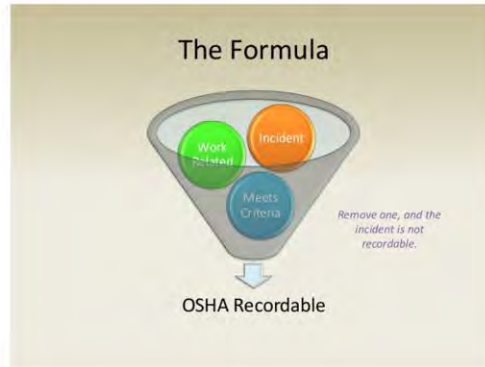
- **Must be signed by a company executive or official**
 - e.g. owner, highest ranking official/supervisor on-site or that person's supervisor
- **Must be posted**
 - In a conspicuous place or places where notices to employees are typically posted
 - No later than **February 1** of the year following the year covered by the records and must remain posted for three months **until April 30**

A small thumbnail image of the OSHA Form 300A, titled "Summary of Work-Related Injuries and Illnesses". The form is a structured document with various sections for recording and reporting workplace incidents.

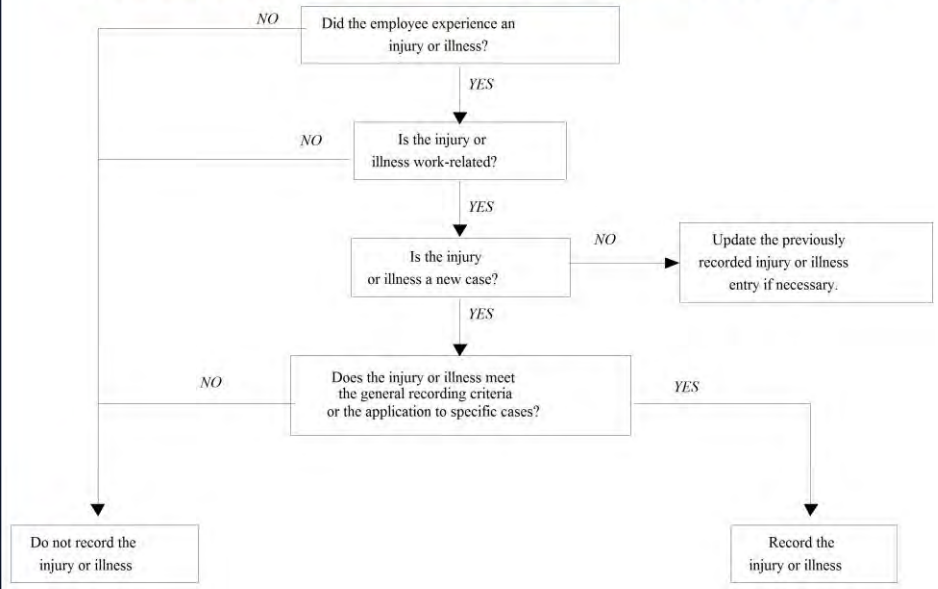
Also on the right side of the form, a company official must certify that the entries on the summary are true, accurate, and complete. The certifying official must be the owner of the company, an officer of the corporation, the highest ranking company official at your establishment, or that person's supervisor.

You must post a copy of your Annual Summary/Form300A in a conspicuous place or places where notices to employees are customarily posted. You must post it no later than February 1 of the year following the year covered by the records and keep the posting in place for three months until April 30 (i.e. post your calendar year 2017 Annual Summary/OSHA Form 300A from February 1, 2018 through April 30, 2018).

Recordkeeping Basics



Recording Criteria Decision Tree



Determining If Work-Related or Not?

Cases are considered work-related if they are:

- *Caused by* events or exposures in the work environment
- *Contributed to* by events or exposures in the work environment
- *Significantly aggravated by* events or exposures in the work environment

It may be difficult to determine whether a case is work-related or not in situations where an employee reports that prior symptoms or a pre-existing condition have been aggravated by their work environment. Please contact your claims representative to discuss the case if you have any questions regarding whether a case is work-related.

Recording Criteria

- Once determined to be work-related, cases resulting in any of the following **MUST** be recorded on your OSHA forms should they occur:
 - Death
 - Injury with days away from work, restricted work or transfer to another job
 - Medical treatment *beyond first aid*
 - Loss of consciousness
 - Diagnosis of a significant injury/illness by a licensed health care professional

What Is Considered Medical Treatment Beyond First Aid?

- Any treatment for an injury or illness *except* diagnostic procedures, observation and counseling, and First Aid
- For instance, the following are considered First Aid and are **NOT** recordable:
 - Visits to a doctor or health care professional solely for observation or counseling
 - Diagnostic procedures, such as x-rays as well as administering prescription medications that are used solely for diagnostic purposes and
 - Any procedure that can be labeled First Aid

How OSHA Defines First Aid

- If the incident required only the following types of treatment, consider it First Aid. **Do NOT record.** OSHA classifies 14 specific treatments as First Aid, including:
 - Using a non-prescription medication at non-prescription strength
 - Cleaning, flushing or soaking wounds on the surface of the skin
 - Using bandages such as Band-Aids, gauze pads
 - Using hot or cold therapy (i.e. ice)
 - Use non-rigid supports, such as wraps
 - Using eye patches
 - Removing a particle from an eye using only irrigation or a cotton swab
 - Removing splinters
 - Massages....and more
- For a complete list of procedures considered First Aid by OSHA, go to:
https://www.osha.gov/recordkeeping/firstaid_list.pdf



Classifying an Event as an Injury or Illness

- OSHA defines an injury or illness as an “abnormal condition or disorder”
- Injuries and illnesses include:
 - Cuts, fractures, sprains, skin diseases, or respiratory conditions and
 - Only subjective symptoms such as aches or pain
- Exposures that do not result in signs or symptoms are not considered injuries or illnesses and should therefore not be recorded on the OSHA forms

For example, if an employee is exposed to chlorine and does not exhibit any signs or symptoms due to the exposure, the case would not be recorded on the OSHA 300 Log/Form 300, even if it involved prophylactic (i.e. preventative) medical treatment.

Classifying an Event as an Injury or Illness

- An ***injury*** is any wound or damage to the body resulting from an *event* in the environment
 - Examples include cuts, abrasions, fractures, burns, sprain/strains as a result of a slip/trip/fall



Classifying an Event as an Injury or Illness

Illnesses include:

- Skin diseases or disorders
 - Contact dermatitis, eczema and rashes caused by irritants such as chemicals
- Respiratory conditions
 - Associated with breathing hazardous biological agents such as chemicals, dust, gases or fumes
- Poisoning
 - Caused by ingestion of substances such as mercury, carbon monoxide, insecticides
- All other illnesses
 - Heatstroke, frostbite, bloodborne pathogenic diseases such as AIDS, HIV and Hepatitis B or C, **musculoskeletal disorders** (i.e. sprain/strains as a result of repetitive motion, cumulative trauma vs an acute event)



Musculoskeletal Disorders (MSDs)

Classified as either an *Injury* or an *Illness* depending upon the nature of the Injury

- MSD conditions that are the *result of a traumatic incident* such as a fall or being struck by an object are classified as “**Injuries**”
 - *Think: Instantaneous, acute event*
- MSD conditions that are the *result of repetitive work/motion* are classified under “**All Other Illnesses**”
 - *Think: Cumulative, repetitious in nature*

Special Recording Criteria

- You must also record the following conditions *when they are work-related*:
 - Needle stick injuries
 - Work-related tuberculosis infection
 - Medical removal under OSHA Standards
 - Any Standard Threshold Shift (STS) in hearing
 - Cancer
 - Chronic irreversible disease
 - Fractured or cracked bones or teeth
 - Punctured eardrum

Work-related cases of cancer, chronic irreversible disease, fractured or cracked bones or teeth, or a punctured ear drum must be entered on the OSHA forms. These are considered significant injuries and illnesses.

The recordkeeping rule also contains special criteria for recording occupational hearing loss, tuberculosis, injuries from needlesticks and sharps potentially contaminated with bloodborne pathogens, and cases involving medical removal required by other OSHA standards.

The reason OSHA created “Special Recording Criteria” is because there are some significant injuries, such as a punctured eardrum or a fractured toe or rib, for which neither medical treatment nor work restrictions may be recommended. As a result, for situations like those just described, had OSHA not created “Special Recording Criteria”, the cases would not have met the general recording criteria and would have been omitted from OSHA records. Important data would have been lost.

In addition, there are some significant progressive diseases, such as byssinosis, silicosis, and some types of cancer, for which medical treatment or work restrictions may not be recommended at the time of diagnosis but are likely to be recommended as the disease progresses. OSHA believes that cancer, chronic irreversible diseases, fractured or cracked bones, and punctured eardrums are generally considered significant injuries and illnesses, and must be recorded at the initial diagnosis even if medical treatment or work restrictions are not recommended, or are postponed, in a particular case.

Special Recording Criteria

Recording Needlesticks



- Requires employers to record all needlestick and sharps injuries involving contamination by another person's blood or other potentially infectious material
 - Even if appears no risk of exposure, still report

You do not need to record all cuts and lacerations if they do not meet the general recording criteria BUT you do need to record cuts, lacerations, punctures, and scratches **if they are work-related and involve contamination with another person's blood or other potentially infectious material**. If the cut, laceration, or scratch involves a clean object, or a contaminant other than blood or other potentially infectious material, you need to record the case only if it meets one or more of the recording criteria such as medical treatment beyond first aid.

If you were not aware that contamination occurred at the time the case was reported, and learn later that transmission of an infection did occur, you must update your records.

Special Recording Criteria

Recording Needlesticks

- Report as ***Injury*** Unless Blood Borne Pathogen Transmission
- Report as ***Illness*** if Blood Borne Pathogen Transmission
 - May not know if transmission occurred immediately so must update records if determine transmission occurred
- Must NOT enter involved employee's name on OSHA 300 Log
 - Maintain employee privacy by using code (e.g. PRIVACY) vs employee name



Special Recording Criteria

Tuberculosis

- Exposure must be considered *work-related*
- Defined as 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 TB*
- If testing comes back negative, do not record on OSHA 300 Log



Additional Considerations

- Cases meeting OSHA recording criteria must be entered on the forms within 7 calendar days of learning about their occurrence
- Must record qualifying injuries and illnesses of employees from *temporary agencies, leasing companies, etc, if they are under your direct supervision*
 - Applies to *per diem* and agency staff as well
 - Be certain to include the hours worked by these employees in your total productive hours when calculating incident and DART rates

Counting Days

- Count the number of calendar days the injured employee was on restricted work activity or away from work due to the recordable injury or illness
 - Weekend days, holidays, vacation days or other days off are included in the total number of days recorded if the employee would not have been able to work on those days because of a work-related injury or illness.
- Begin counting from the day after the incident occurs
- If injury or illness involved both *days away from work* and *days of restricted work activity*, enter the total number of days for each in the respective columns on the OSHA 300 Log
- Stop counting days of restricted work activity or days away from work once the total of either or the combination of both reaches 180 days

OSHA Form 300

COMPLETING THE OSHA 300 LOG

OSHA Form 300: Recording a Case with Medical Treatment beyond First Aid

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

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

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

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work, activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two

Form approved OMB no. 1218-0176
Establishment name
City State

Identify the person			Describe the case			Classify the case											
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Where the event occurred (e.g., Loading dock, north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
						Death	Days away from work	Remained at work		Away from work (days)	On job transfer or restriction (days)	(M)					
						(G)	(H)	Job transfer / restriction	Other recordable cases	(I)	(L)	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
						(J)	(K)	(J)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
1	Mark Bagin	Welder	5/25	basement	fell from ladder	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>				
2	Shana Alexander	Foundry man	7/2	pouring dock	poisoning from lead fumes		<input checked="" type="checkbox"/>			12							
3	Sam Sander	Electrician	8/5	2nd floor storeroom	over bos			<input checked="" type="checkbox"/>			10						
4	Ralph Boccella	Laborer	3/17	packaging depart	back strain lifting a box		<input checked="" type="checkbox"/>			5	14						
5	Jarrold Daniels	Machine operator	10/23	production floor	rust in eye				<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					

For cases that involve medical treatment beyond first aid where the employee remained at work, you must place a checkmark on the OSHA Form 300 in column J, which is for "other recordable cases." Then note in column M whether the case involves an injury or an illness.

OSHA Form 300: Recording a Case with Restricted Work Activity And Days Away

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

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year: _____
U.S. Department of Labor
Occupational Safety and Health Administration

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two

Form approved OMB no. 1218-0176

Establishment name: _____
City: _____ State: _____

Identify the person			Describe the case			Classify the case				Enter the number of days the injured or ill worker was:		Check 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 (mo./day)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
						Death	Days away from work	Remained at work		Days From Work (days)	On job transfer or restriction (days)						
						(G)	(H)	Job transfer /restriction	Other recordable cases	(K)	(L)	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
						(I)	(J)	(M)	(N)	(O)	(P)	(1)	(2)	(3)	(4)	(5)	(6)
1	Mark Bagin	Welder	5/25	basement	fell from ladder	<input checked="" type="checkbox"/>											
2	Shana Alexander	Foundry man	7/2	pouring dock	poisoning from lead fumes					12							
3	Sam Sander	Electrician	8/5	2nd floor storeroom	sprained left foot, fell over box			<input checked="" type="checkbox"/>			10						
4	Ralph Boccella	Laborer	9/17	packaging department	back strain lifting a box		<input checked="" type="checkbox"/>			5	14						

An employee is considered restricted if he or she is unable to work a full shift or is unable to perform all of the work activities he or she would be expected to do at least once during a week.

For cases that involve **restricted work activity or job transfer**, you must place a checkmark in column I on the OSHA Form 300 and enter the number of calendar days the employee was restricted in column L. You count the days in the same manner as counting days away from work. Then note in column M whether the case involves an injury or an illness.

If a case involves both days away from work AND days of restricted work activity, place a checkmark in column H, leave column I blank, and enter the correct day counts in both columns K and L. (For example, if an employee had 3 days away from work and 2 of restricted work activity, place a checkmark in column H and enter a 3 in column K and a 2 in column L.) Again, note in column M whether the case involves an injury or an illness.

Claims vs OSHA Records

- Report ALL incidents/cases to AIM as workers' compensation claims **BUT**
- Not all workers' compensation claims need to be included on OSHA 300 or 300A forms
 - *Only claims that meet the OSHA recording criteria should be included on OSHA 300 and 300A forms*
- Maintain separate records for OSHA cases and workers' compensation claims

Key Points

- All cases *meeting OSHA recording criteria* must be entered on the OSHA forms within 7 calendar days of learning about their occurrence
- For covered establishments/organizations, electronic submission is due December 15, 2017
- Your completed Annual Summary/OSHA Form 300A must be:
 - Signed by the highest ranking “official” within your organization
 - Posted in an area visible to employees and the public from February 1 – April 30 of the year following the year the records cover *even if there are no entries on the log*
- Workers’ compensation claims records should be kept separate from your OSHA 300 records
 - *And...all claims should be reported to AIM BUT not all claims meet OSHA recording criteria*
 - *Only cases meeting OSHA recording criteria are recorded on your OSHA forms*

Thank you again for taking the time to review OSHA Recordkeeping information – please do not hesitate to contact your Injury Prevention and Worksite Wellness consultant with any questions you may have!

Additional Resources

- OSHA Recordkeeping web page
 - <https://www.osha.gov/recordkeeping/index.html>
- OSHA Electronic Submission Information and Link to Create/Access Account
 - <https://www.osha.gov/injuryreporting/index.html>
 - <https://www.osha.gov/injuryreporting/ita/>
- Occupational Safety and Health Definitions
 - <https://www.bls.gov/iif/oshdef.htm>
- Local OSHA Offices
 - <https://www.osha.gov/html/RAmap.html>

These links provide additional information that you may find useful when reporting and/or recording OSHA cases.