OSHA RECORDKEEPING

Northwest Workers’ Safety Conference
August 27, 2020

Tonia Cooper
Arkansas Department of Labor and Licensing
A review of the recordkeeping requirements and forms at a high level:

- Requirement to complete the forms and evaluate specific exceptions
- The forms in OSHA’s recordkeeping package
- Recordability criteria for injuries and illnesses
- Recording injuries/illnesses on the forms
WHO HAS TO COMPLETE THE OSHA INJURY AND ILLNESS RECORDKEEPING FORMS?

Many but not all employers. Exceptions are based on:

- **Small employer exemption** – 10 or fewer employees at all times during the year
- **Low-hazard industry exemption**
- **Fatality and other serious event reporting** as well as injury and illness surveys involve other considerations.
WHAT FORMS MUST BE COMPLETED?

- OSHA Form 300 – Log of Work-Related Injuries and Illnesses
- OSHA Form 301 – Injury and Illness Incident Report
- OSHA Form 300A – Summary of Work-Related Injuries and Illnesses
WHAT CASES NEED TO BE RECORDED ON THE FORMS?

- Injuries and illnesses
- Work related
- Meet certain severity criteria
WHAT IS CONSIDERED AN INJURY OR ILLNESS?

- An abnormal condition or disorder
- Not an exposure, unless it results in signs or symptoms
WHAT CASES ARE WORK RELATED?

- Cases caused by events or exposures in the work environment
- Cases contributed to by events or exposures in the work environment
- Cases significantly aggravated by events or exposures in the work environment

(For a list of activities that are not work related, see section 1904.5(b)(2) [PDF].)
WHAT ARE THE SEVERITY CRITERIA FOR RECORDING A WORK-RELATED INJURY OR ILLNESS?

- Death
- Loss of consciousness
- Days away from work
- Restricted work activity or job transfer
- Medical treatment beyond first aid
OSHA FORM 300: RECORDING A FATALITY

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.

<table>
<thead>
<tr>
<th>Identify the person</th>
<th>Describe the case</th>
<th>Classify the case</th>
<th>Enter the number of days the injured or ill worker was:</th>
<th>Check the &quot;injury&quot; column or choose one type of illness:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong> Case No.</td>
<td><strong>B</strong> Employee’s Name</td>
<td><strong>C</strong> Job Title (e.g., Welder)</td>
<td><strong>D</strong> Date of injury or onset of illness (mo/day)</td>
<td><strong>E</strong> Where the event occurred (e.g., Loading dock north end)</td>
</tr>
<tr>
<td>1</td>
<td>Mark Bagin</td>
<td>Welder</td>
<td>5/25</td>
<td>basement</td>
</tr>
<tr>
<td>Case No.</td>
<td>Employee's Name</td>
<td>Job Title</td>
<td>Date of Injury or Onset of Illness</td>
<td>Where the event occurred</td>
</tr>
<tr>
<td>----------</td>
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<td>-----------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>1</td>
<td>Mark Brown</td>
<td>Volunteer</td>
<td>5/25</td>
<td>basement</td>
</tr>
<tr>
<td>2</td>
<td>Alexander</td>
<td>Foundery</td>
<td>7/24</td>
<td>Pounding dock</td>
</tr>
</tbody>
</table>
# OSHA Form 300: Recording a Case with Restricted Work Activity or Job Transfer

## Log of Work-Related Injuries and Illnesses

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.

### Identify the Person
- **Employee’s Name**
- **Job Title**
- **Date of Injury or onset of illness** (mo/day)
- **Place of occurrence**
- **Describe injury or illness**

### Describe the Case
- **Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill**

### Classify the Case
- **CHECK ONLY ONE** box for each case based on the most serious outcome for that case:
  - **Death**
  - **Days away from work**
  - **Remained at work**
  - **Away from work (days)**
  - **On job transfer or restriction (days)**

### Enter the number of days the injured or ill worker was:
- **Job transfer / restriction**
- **Other recordable cases**

### Check the "injury" column or choose one type of illness:

<table>
<thead>
<tr>
<th><strong>Case No.</strong></th>
<th><strong>Employee’s Name</strong></th>
<th><strong>Job Title</strong></th>
<th><strong>Date of Injury</strong></th>
<th><strong>Place</strong></th>
<th><strong>Injury</strong></th>
<th><strong>Days Away from Work</strong></th>
<th><strong>Remained at Work</strong></th>
<th><strong>Away from Work (days)</strong></th>
<th><strong>On Job Transfer or Restriction (days)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mark Bagin</td>
<td>Velder</td>
<td>5/25</td>
<td>basement</td>
<td>fell from ladder</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Shana Alexander</td>
<td>Foundry Man</td>
<td>7/2</td>
<td>pouring dock</td>
<td>poisoning from fumes</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Sam Sander</td>
<td>Electrician</td>
<td>8/5</td>
<td>2nd floor storeroom</td>
<td>sprained left foot, fell over box</td>
<td>✓</td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>4</td>
<td>Ralph Boscella</td>
<td>Laborer</td>
<td>9/17</td>
<td>packaging department</td>
<td>back strain lifting a box</td>
<td>✓</td>
<td></td>
<td></td>
<td>5 14</td>
</tr>
</tbody>
</table>
## 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**

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 healthcare professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.3 through 1904.12. Feel free to use two forms if necessary.

<table>
<thead>
<tr>
<th>Case No.</th>
<th>Employee's Name</th>
<th>Job Title (e.g., Welder)</th>
<th>Date of Injury or Illness (mo./day)</th>
<th>Where the event occurred (e.g., Loading dock north end)</th>
<th>Describe injury or illness, parts of body affected, and objects/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)</th>
<th>Classify the case</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mark Dorgan</td>
<td>Welder</td>
<td>5/26</td>
<td>basement</td>
<td>fell from ladder</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Ohana Alexander</td>
<td>Foundry man</td>
<td>7/12</td>
<td>pouring dock</td>
<td>poisoning from lead fumes</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Sam Sanders</td>
<td>Electrician</td>
<td>8/15</td>
<td>2nd floor store area</td>
<td>sprained left foot, fell over box</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Ralph Boccetta</td>
<td>Laborer</td>
<td>3/17</td>
<td>packaging department</td>
<td>back strain lifting a box</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Jarrod Daniels</td>
<td>Machine operator</td>
<td>10/23</td>
<td>production floor</td>
<td>dust in eye</td>
<td></td>
</tr>
</tbody>
</table>
OSHA FORM 300: RECORDING A CASE WITH DAYS AWAY FROM WORK

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

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 or more sheets.

Identify the person | Describe the case | Classify the case
--- | --- | ---
Case No. | Employee's Name | Job Title |
| | (e.g., V/H/He) | (e.g., Welder) |
| (A) | (B) | (C) |
Date of injury or onset of illness (mm/dd/yy) | Date of injury or onset of illness (no. of days) | Where the event occurred (e.g., Loading dock north end) |
| (D) | (E) | |
Describe injury or illness, parts or body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch) | |
| (F) | |

**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:

<table>
<thead>
<tr>
<th></th>
<th>Days away from work</th>
<th>Remained at work</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Job transfer</td>
<td>Restriction</td>
</tr>
<tr>
<td></td>
<td>Away From Work (days)</td>
<td>On job transfer or restriction (days)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Injury</th>
<th>Skin Disorder</th>
<th>Respiratory Condition</th>
<th>Other Conditioning</th>
<th>Poisoning</th>
<th>Hearing Loss</th>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Case No.</th>
<th>Employee's Name</th>
<th>Job Title</th>
<th>Date of injury or onset of illness (no. of days)</th>
<th>Where the event occurred (e.g., Loading dock north end)</th>
<th>Description of injury or illness, parts or body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)</th>
<th>Enter the number of days the injured or ill worker was:</th>
<th>Check the &quot;injury&quot; column or choose one type of illness:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mark Bagn</td>
<td>Welder</td>
<td>5/25</td>
<td>basement</td>
<td>fell from ladder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Shana Alexander</td>
<td>Foundryman</td>
<td>7/12</td>
<td>pouring dock</td>
<td>poisoning from lead fumes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# OSHA FORM 300: RECORDING A CASE WITH RESTRICTED WORK ACTIVITY OR JOB TRANSFER

**OSHA’s Form 300 (Rev. 01/2004)**

Log of Work-Related Injuries and Illnesses

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 1904.4 through 1904.12. Feel free to use two forms if more space is needed.

## Identify the person

<table>
<thead>
<tr>
<th>(A) Case No.</th>
<th>(B) Employee’s Name</th>
<th>(C) Job Title (e.g., Welder)</th>
<th>(D) Date of Injury or Onset of Illness (month/day)</th>
<th>(E) Where the event occurred (e.g., Loading dock north end)</th>
<th>(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)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mark Babin</td>
<td>Welder</td>
<td>5/25</td>
<td>basement</td>
<td>fell from ladder</td>
</tr>
<tr>
<td>2</td>
<td>Shana Alexander</td>
<td>Foundry man</td>
<td>7/2</td>
<td>pouring dock</td>
<td>poisoning from lead fumes</td>
</tr>
<tr>
<td>3</td>
<td>Sam Sander</td>
<td>Electrician</td>
<td>8/5</td>
<td>2nd floor storeroom</td>
<td>sprained left foot, fell over box</td>
</tr>
<tr>
<td>4</td>
<td>Ralph Boccella</td>
<td>Laborer</td>
<td>9/17</td>
<td>packaging department</td>
<td>back strain lifting a box</td>
</tr>
</tbody>
</table>

## Classify the case

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

<table>
<thead>
<tr>
<th>Death</th>
<th>Days away from work</th>
<th>Remained at work</th>
<th>Job transfer restriction</th>
<th>Other recordable cases</th>
<th>Away From Work (days)</th>
<th>On job transfer or restriction (days)</th>
<th>Injury</th>
<th>Skin Disorder</th>
<th>Respiratory Condition</th>
<th>Poisoning</th>
<th>Hearing Loss</th>
<th>Allergic Illness</th>
</tr>
</thead>
<tbody>
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<td></td>
</tr>
</tbody>
</table>

## Classify the case

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

<table>
<thead>
<tr>
<th>(M) Injury</th>
<th>(N) Skin Disorder</th>
<th>(O) Respiratory Condition</th>
<th>(P) Poisoning</th>
<th>(Q) Hearing Loss</th>
<th>(R) Allergic Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
### 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**

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

<table>
<thead>
<tr>
<th>Case No.</th>
<th>Employee’s Name</th>
<th>Job Title</th>
<th>Date of Injury or Illness</th>
<th>Where the Injury Occurred</th>
<th>Describe Injury or Illness</th>
<th>Check the “Injury” Column or Choose One Type of Injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mark Biglin</td>
<td>Welder</td>
<td>9/25</td>
<td>Basement</td>
<td>Fell from ladder</td>
<td>Death</td>
</tr>
<tr>
<td>2</td>
<td>Shana Alexander</td>
<td>Foundry man</td>
<td>7/22</td>
<td>Pouring dock</td>
<td>Poisoning from lead fumes</td>
<td>Injury</td>
</tr>
<tr>
<td>3</td>
<td>Sam Sander</td>
<td>Electrician</td>
<td>8/15</td>
<td>2nd Floor Storeroom</td>
<td>Sprained left foot, fell over box</td>
<td>Other recordable cases</td>
</tr>
<tr>
<td>4</td>
<td>Ralph Boocella</td>
<td>Laborer</td>
<td>9/17</td>
<td>Packaging Department</td>
<td>Back strain lifting a box</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Jarrod Daniels</td>
<td>Machine operator</td>
<td>10/23</td>
<td>Production Floor</td>
<td>Dust in eye</td>
<td>Death</td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>Year</th>
<th>Establishment Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>City</td>
</tr>
<tr>
<td></td>
<td>State</td>
</tr>
</tbody>
</table>

**U.S. Department of Labor**

Occupational Safety and Health Administration
OTHER RECORDING CRITERIA

- Significant diagnosed injury or illness
- Needlestick and sharps injuries – section 1904.8 (PDF)
- Medical removal – section 1904.9 (PDF)
- Hearing loss – section 1904.10 (PDF)
- Tuberculosis – section 1904.11 (PDF)
OSHA's Form 301
Injury and Illness Incident Report

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 _______________________

Information about the case

10) Case number from the Log ______
11) Date of injury or illness ______/_____
12) Time employee began work __________
13) Time of event __________
14) What was the employee doing just before the incident?

   Tools, equipment, or material the employee was carrying
   during the incident: __________________________

   Incident summary: __________________________

   "Spraining", "falling", "slips and falls", "stripping", "cutting", "Burns", "dust, "chemicals",
   "insects", "animal bites", "electric shock", "physical contact", "repetitive stress",
   "exposure to body fluids", "other" __________

15) What happened? Tell us how the injury or illness occurred:
   "Worker fell 20 feet"; "Worker was sprayed with a chemical"; "Worker developed soreness in the wrist over time";
OSHA FORM 300A: SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES

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

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 receive the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.55, 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

Number of Days

Total number of days away from work

Total number of days of job transfer or restriction

Injury and Illness Types

Total number of...
OSHA FORM 300A: SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES (CONTINUED)
KEEP THE FORMS ON FILE

- File and update for 5 years
- Do not send copies to OSHA unless asked to do so
- Allow access to the records

(For details on access provisions, see section 1904.35 [PDF] and 1904.40 [PDF].)
Resources

• Recordkeeping web page
  (https://www.osha.gov/recordkeeping)

• Q&A Search web page

• Local OSHA Offices

• E-correspondence/Contact us
  (https://www.osha.gov/html/Feed_Back.html)
CONTACT INFORMATION

Safety – Janelta Pickett
501-682-4516

Industrial Hygiene – Tonia Cooper
501-682-4527