



2023 OSHA
Recordkeeping
Compliance Update

ROGERS | GRAY

Welcome!

thanks for
joining us!

OSHAlogs.com



OSHAlogs.com



Fill Out One Simple Form



Create PDF Versions of All OSHA Records



Populate Your State's Work Comp First Report



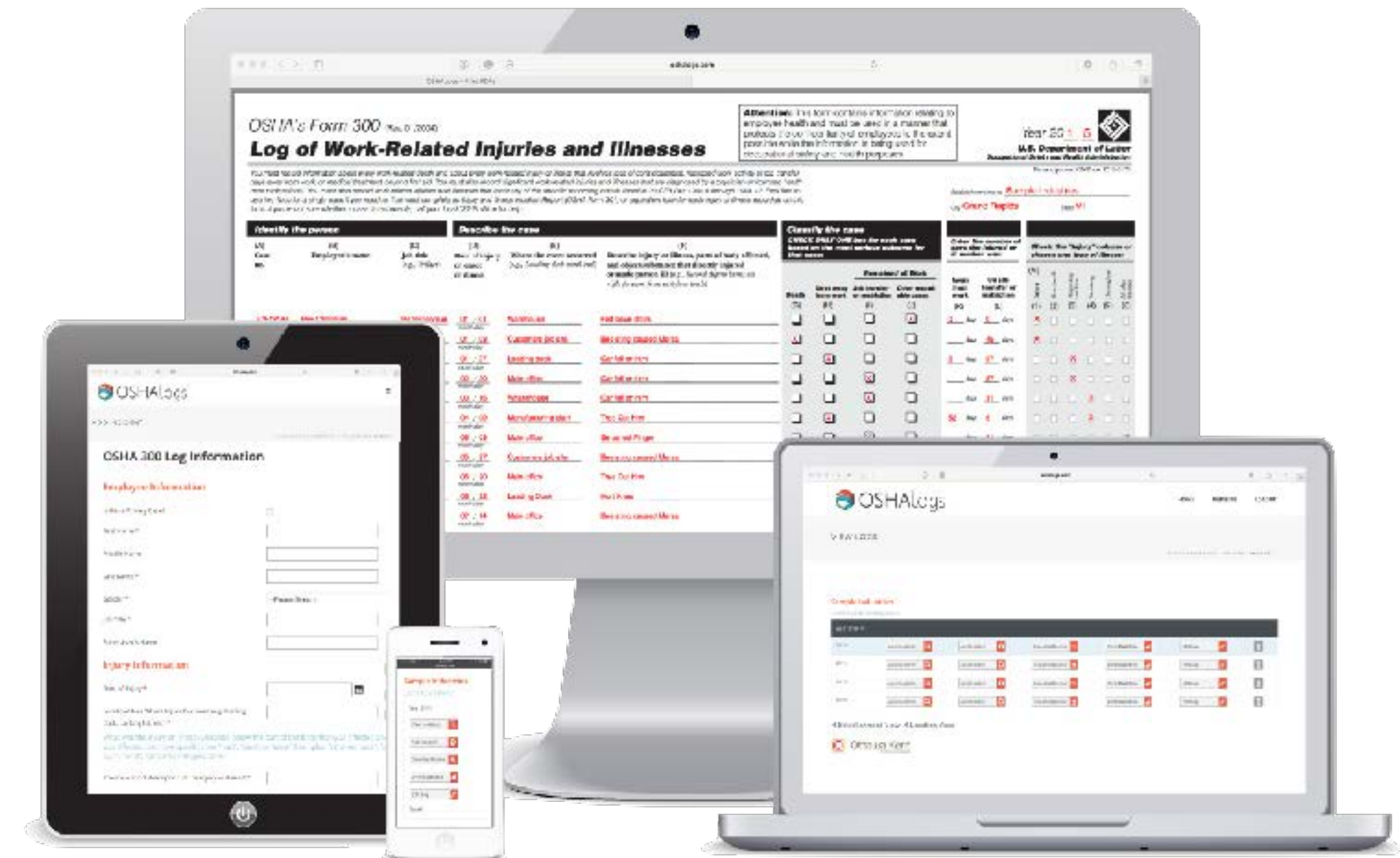
Automatically Generate Instant Injury Metrics



Enhanced Support to Assist Your Team



OSHAlogs



Thousands of Employers Nationwide



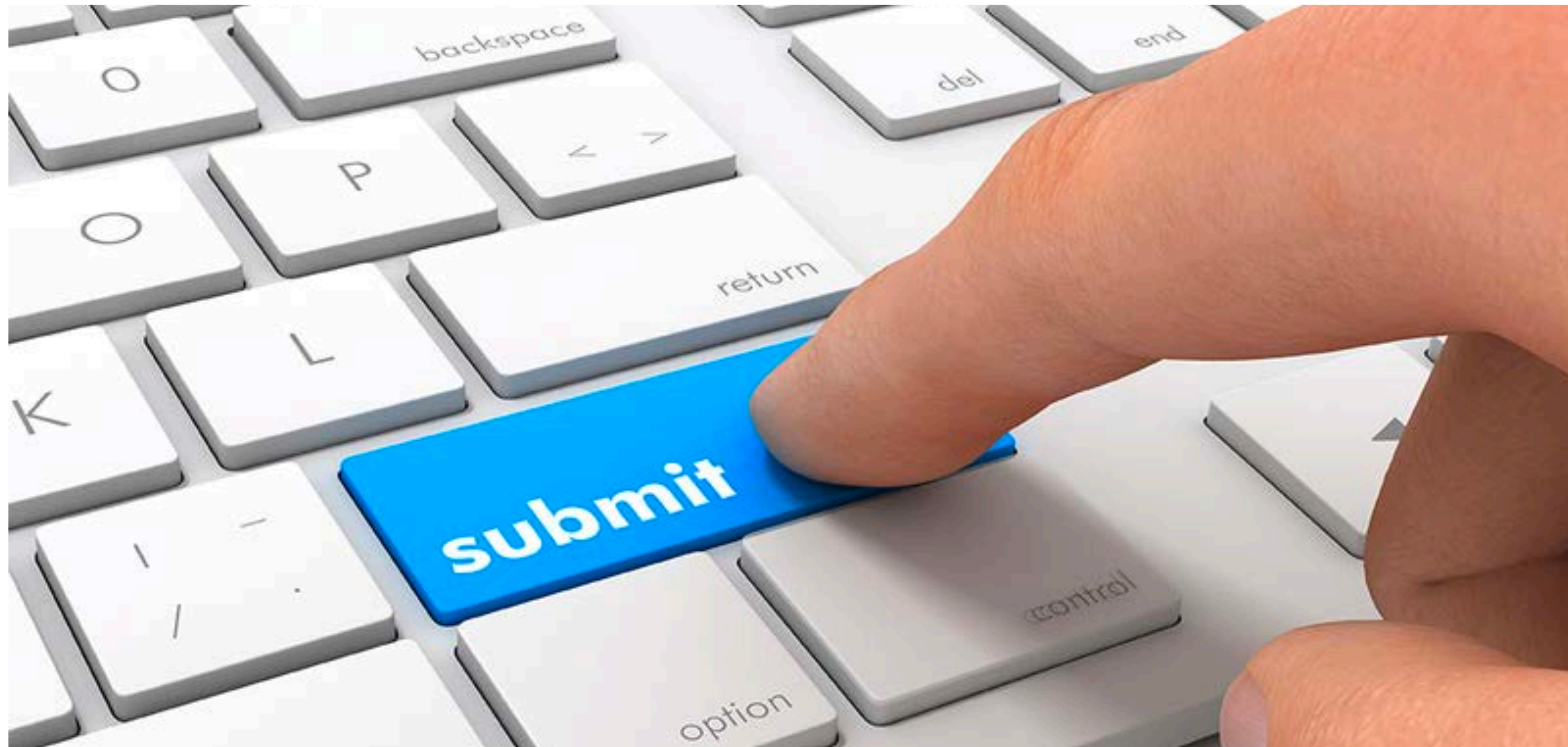
Just as we launched...



Huge regulation changes...



Many employer must also now electronically submit!



Made OSHAlogs.com that much more important...



...but we also had to become the absolute experts...



We must stay up to date with changes year to year...



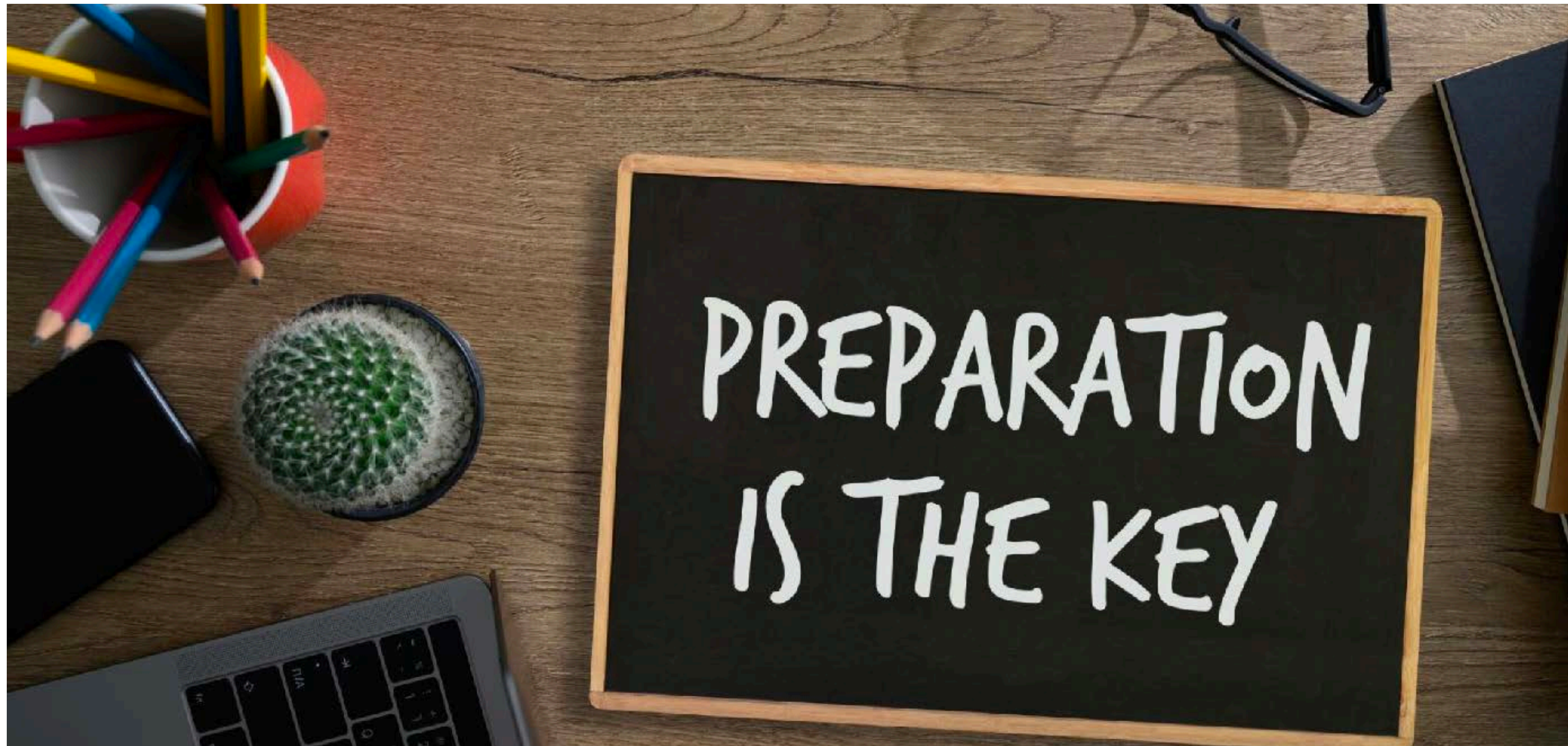
My goal today is to save you some time...



Help you prepare for the upcoming compliance deadlines...



Help you prepare for changes incoming for next years submission...



Agenda for Today's Webinar



- OSHA Recordkeeping Overview
 - Who Must Keep Records?
 - What is an Establishment?
 - Which Incidents to Record?
- Who Needs to Electronically Submit?
- Changes for 2023 and Beyond
- What You Should Do Now
- Scholarship Access to OSHAlogs

If you have questions...



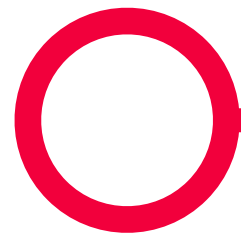
OSHA Recordkeeping Overview



Overview

OSHA has for decades required employers to keep track of workplace injuries by recording them on various OSHA forms.

1971



Why?



3 Forms

OSHA's Form 301

Injury and Illness Incident Report

OSHA's Form 300

Log of Work Related Injuries and Illnesses

OSHA's Form 300A

Summary of Work Related Injuries and Illnesses

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.

Information about the employee

Name _____
 SSN _____
 Job title _____
 Department _____
 Supervisor's name _____
 Supervisor's phone number _____

Information about the case

1. Date incident occurred _____
 2. Time of day _____
 3. Location _____
 4. Description of incident _____
 5. Name of injured employee _____
 6. Job title _____
 7. Department _____
 8. Supervisor's name _____
 9. Supervisor's phone number _____
 10. Date of first medical treatment _____
 11. Date of last medical treatment _____
 12. Date of return to work _____
 13. Date of permanent disability _____
 14. Date of permanent partial disability _____
 15. Date of permanent total disability _____
 16. Date of permanent death _____

OSHA's Form 300
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.

Identify the person	Describe the case	Classify the case				Enter the number of days the employee was lost or restricted in work	Check the "Days" column or check the type of illness
		Days lost	Job loss	Restricted work	Days of illness		
1. Name	2. Date of injury or illness	3. Days lost	4. Job loss	5. Restricted work	6. Days of illness	7. Days lost	8. Days of illness

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

Number of Cases

Total number of deaths	Total number of cases with days lost	Total number of cases with job loss or restricted work	Total number of other recordable cases
0	0	0	0

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0

Injury and Illness Types

(A) Skin disorders	(H) Hearing loss
(B) Respiratory conditions	(I) All other illnesses

Employment Information

Establishment name _____
 Address _____
 City _____ State _____ ZIP _____
 Federal Employer Identification Number (FEIN) _____
 North American Industry Classification (NAICS) code _____
 Employment Information (if you don't have this info, or if it has changed since last year):
 Actual number of employees _____
 Total hours worked by all employees last year _____

OSHA 301

- One of the first forms completed when an employee get injured
- Must be completed within 7 calendar days

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 _____ (Transfer 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"; "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 ____/____/____

OSHA 300

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 20__



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

Form approved OMB no. 1218-0176

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name _____
City _____ State _____

Identify the person		Describe the case				Classify the case 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:							
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	Death	Remained at Work			Away from work	On job transfer or restriction	Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses		
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						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OSHA 300A

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

Summary of Work-Related Injuries and Illnesses

Year 20__



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

Form approved OMB no. 1218-0125

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
_____	(L) _____

Illness Types

_____	(4) Poisonings	_____
_____	(5) Hearing loss	_____
_____	(6) All other illnesses	_____

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

This collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and 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 questions 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 20035. Do not send the completed forms to this office.

Establishment information

Your establishment name _____

Street _____

City _____ State _____ ZIP _____

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

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

OR

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

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

Company executive _____ Title _____

() _____ / / _____

Phone _____ Date _____



Print and Post



One of the first things asked when OSHA visits...



4 hours



General Contractors may require also...



Progressive companies also have caught on...



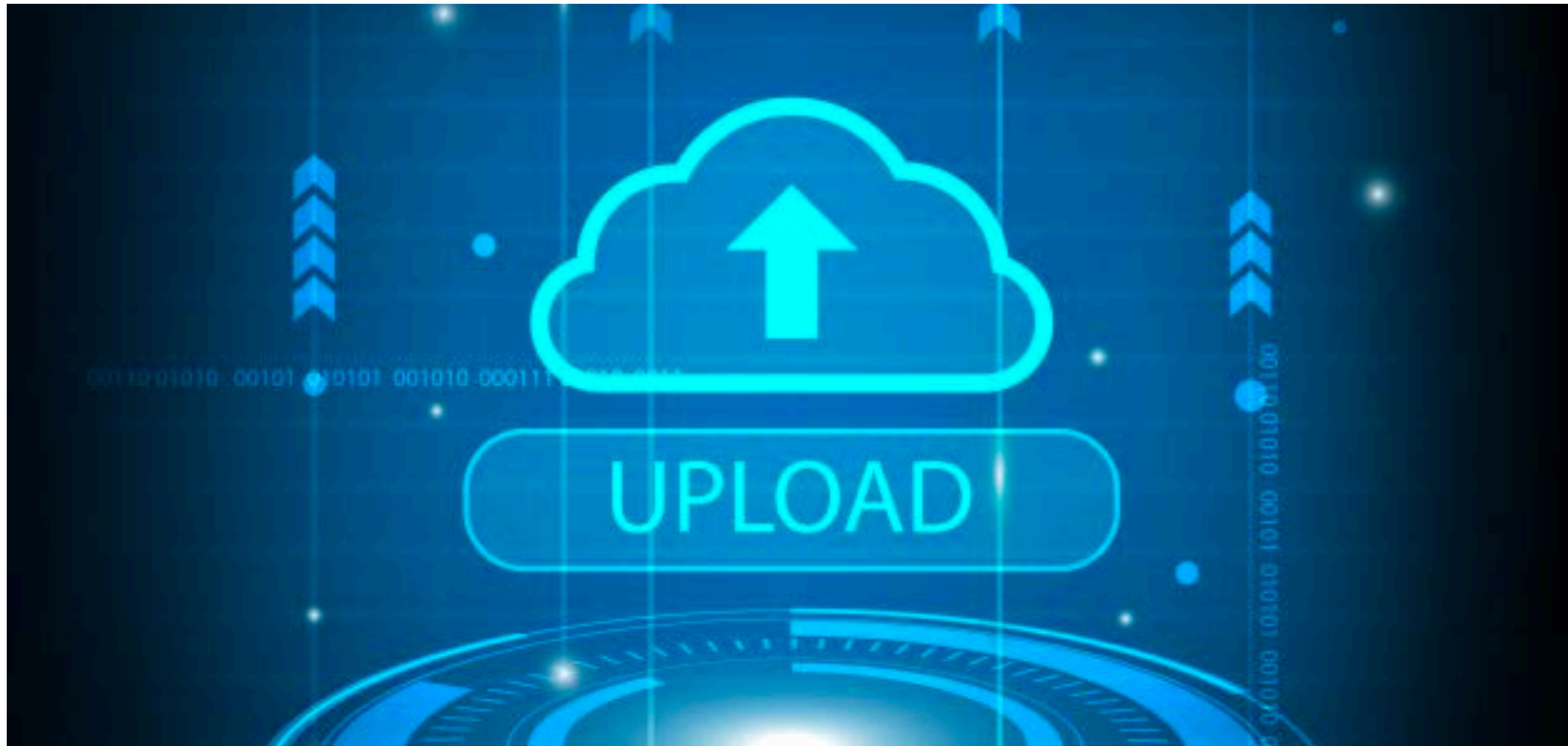
Recent study shows the connection...



Back in 2016, OSHA says...not good enough!



Send us data!



Send between January 1 through March 2nd Each Year



If you don't....



Where do we start?



To comply with the yearly submission rule,
we need to know who needs to keep OSHA records in the first place...



OSHA's Form 300 (Rev. 04/2004)

Log of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the [free Adobe PDF Reader](#). In addition, the forms are programmed to auto-calculate as appropriate.

Attention
employee h
protects the
possible wh
occupational

Please 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.
- Significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional.
- Work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12.

Reminders:

- Complete an Injury and Illness Incident Report (OSHA Form 301) for each injury or illness recorded on this form.
- Case is recordable, call your local OSHA office for help.
- Feel free to use two lines for a single case if you need.
- Complete the 5 steps for each case.

Who Must
Keep Records?

Step 1. Identify the person

(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)
-----------------	------------------------	------------------------------------

Step 2. Describe the case

(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)
---	---	--



Step 3. SELECT most serious

Death
(G)

Radio buttons for selection options

10 or fewer do NOT have to comply (11+ do!)

- An employer in any industry who employed **10 or fewer employees** during the **preceding calendar year** is not required to maintain logs during the current year.
- If you have 11 or more employees, you must comply with the OSHA recordkeeping rules



All Workers Are Included

This **includes** all workers:

- Full-time
- Part-time
- Temporary employees
- Seasonal employees

Exceptions for:

- Family members of a family farm
- Owners and partners of sole proprietorships or partnership



All Workers Are Included

This **includes** all workers:

- Full-time
- Part-time
- Temporary employees
- Seasonal employees

Exceptions for:

- Family members of a family farm
- Owners and partners of sole proprietorships or partnership



The 2nd exemption is based on an establishment's industry

Establishments in certain low-hazard industries are exempt.

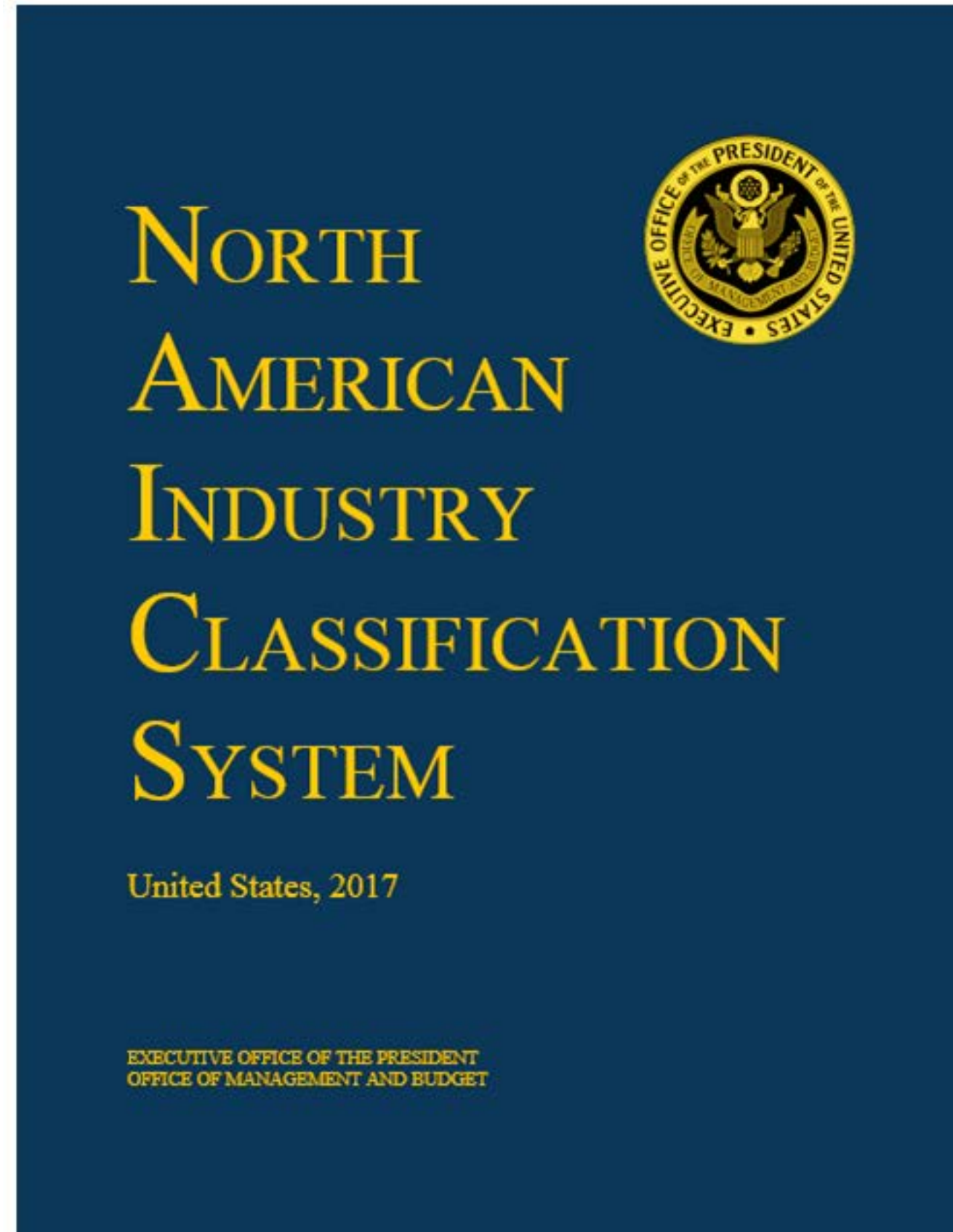
Examples:

- Full Service Restaurants
- Insurance Carriers
- Religions Organizations
- Dentist Offices

The vast majority of employers **MUST** keep records **EVEN** if they have zero injuries.



Based on NAICS code



Where can you find yours?



You can determine your correct NAICS code for your company or for individual establishments using the search feature at the U.S. Census Bureau NAICS main Web page:

<http://www.census.gov/eos/www/naics/>

Setting up Establishments Correctly



What is an Establishment?

- This is an important definition as employers must keep track of OSHA records independently for each of its establishments.
 - An establishment is a **single physical location** where business is conducted or where services or industrial operations are performed.
 - For activities where employees do not work at a single physical location the establishment is represented by main or branch office that either supervise such activities, (e.g., construction; transportation, services workers, etc.).
 - An employer may be comprised of one or more establishments.



Many employers make the mistake and...

Your Company

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

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. For more on the use of this form for a single case if you need to, you must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name _____
 City _____ State _____

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

Year 20 _____
 U.S. Department of Labor
 Occupational Safety and Health Administration

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 enter the total below, making sure you've added the entries from every page of the Log. If you find inaccuracies, write "X".

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.

Establishment information

Your establishment name _____
 Street _____
 City _____ State _____ ZIP _____

Industry description (e.g., *Maintenance (wear and tear)*) _____
 Standard Industrial Classification (SIC), if known (e.g., 711) _____
 NAICS _____
 North American Industrial Classification (NAICS), if known (e.g., 334212) _____

Employment information (If you don't have a firm, or the Employer on the back of this page, 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.

Supervisor _____
 Title _____

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
(A) _____	(B) _____	(C) _____	(D) _____

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
(E) _____	(F) _____

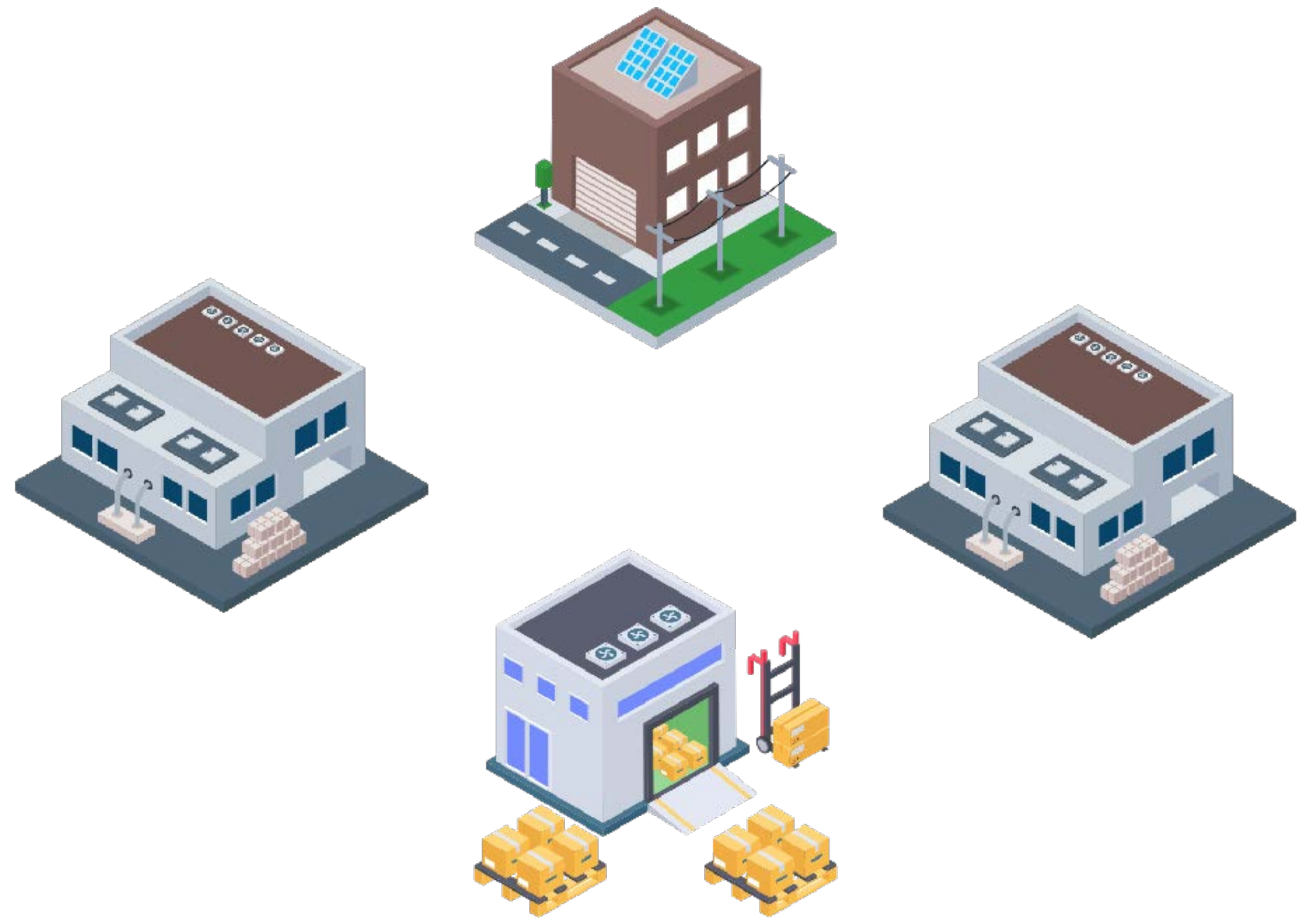
Injury and Illness Types

Total number of ...

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

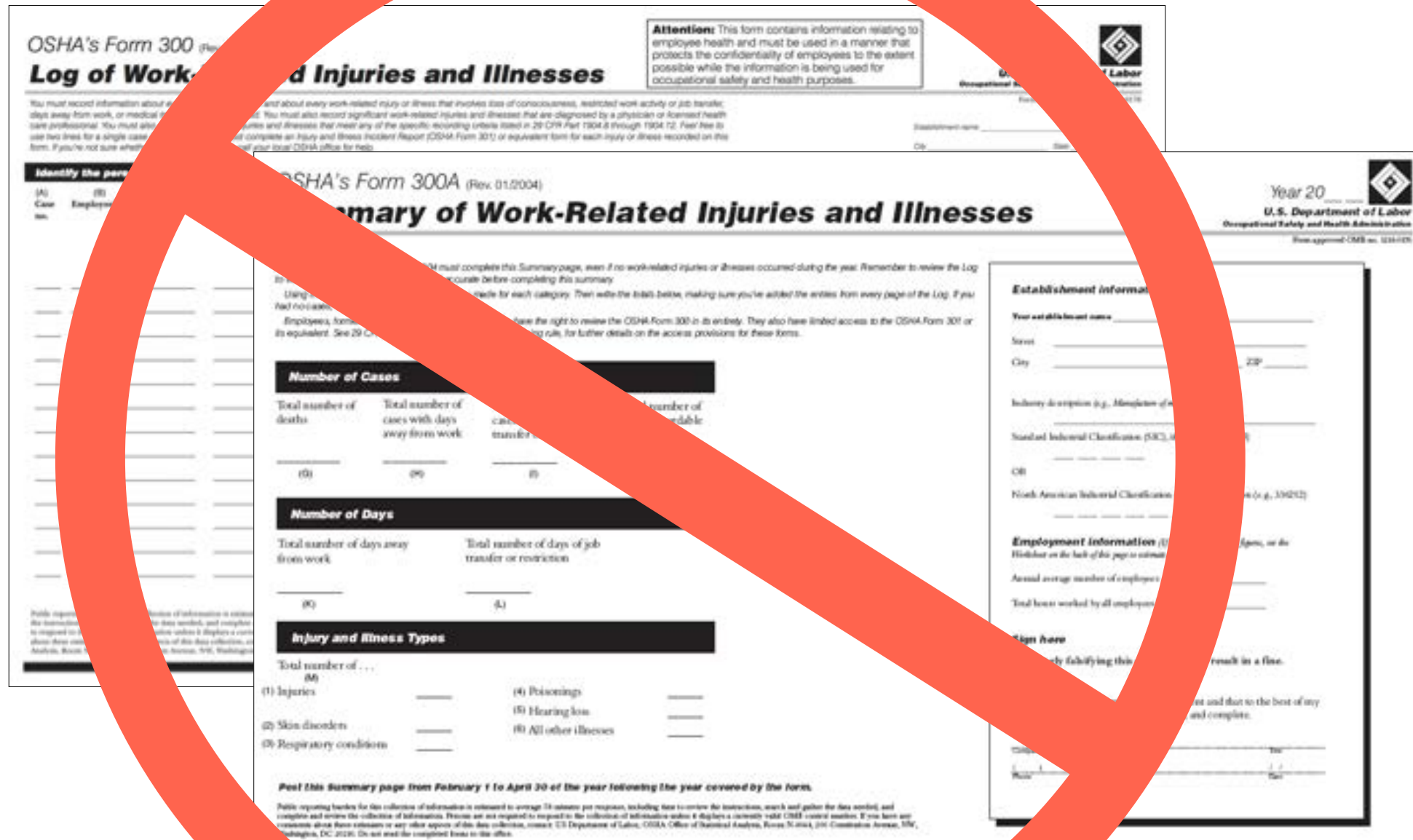
Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time to review the instructions, search existing data sources, 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 valid OSHA Form 300A. Send comments regarding this burden estimate or any other aspect of this data collection, including suggestions for reducing the burden, to Washington, DC 20543, 202-929-0949, or to the Office of Management and Budget, Paperwork Project Director, Washington, DC 20503. Do not send the completed form to the office.



Many employers make the mistake and...

Your Company



OSHA's Form 300 (Rev. 10/2016)
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.

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 significant work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.12. For how to use two lines for a single case, see the instructions. 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 when to file your report, check with your OSHA office for help.

Identify the page: OSHA's Form 300A (Rev. 01/2004)
Summary of Work-Related Injuries and Illnesses

Year 20

U.S. Department of Labor
Occupational Safety and Health Administration
Revised OSHA 300A-12/10/05

Number of Cases

Total number of deaths	Total number of cases with days away from work	Number of cases transferable	Number of cases lost work days
(A)	(B)	(C)	(D)

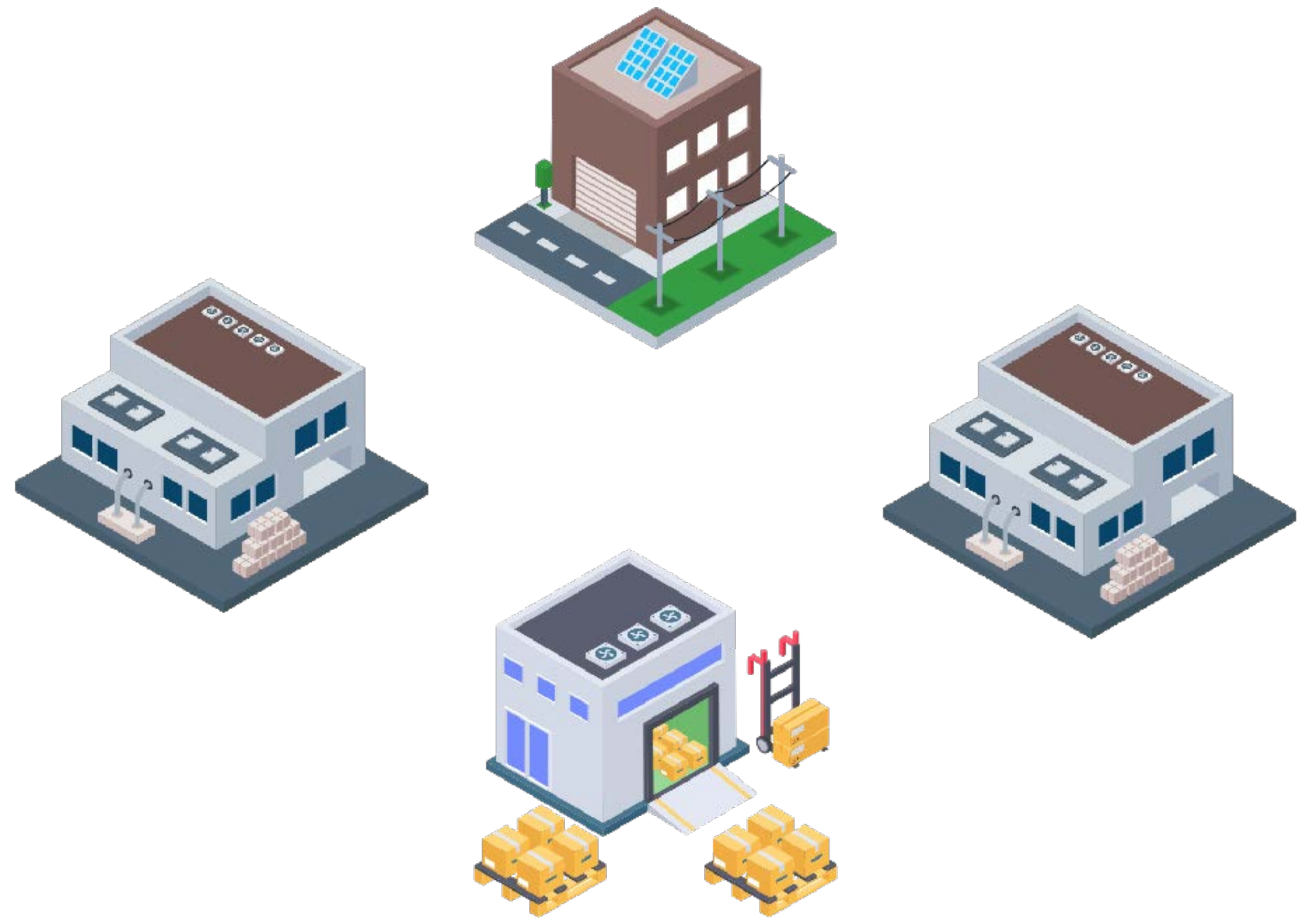
Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
(E)	(F)

Injury and Illness Types

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

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



Many employers make the mistake and...

Your Company

OSHA's Form 300 (Rev. 01/2020)
Log of Work-Related Injuries and Illnesses

OSHA's Form 300A (Rev. 01/2020)
Summary of Work-Related Injuries and Illnesses

OSHA's Form 300 (Rev. 01/2020)
Log of Work-Related Injuries and Illnesses

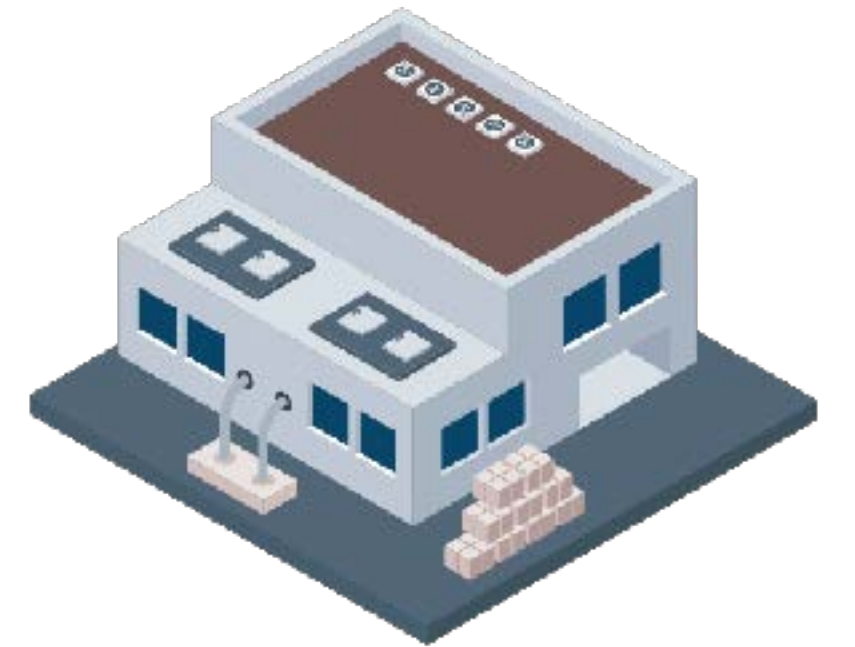
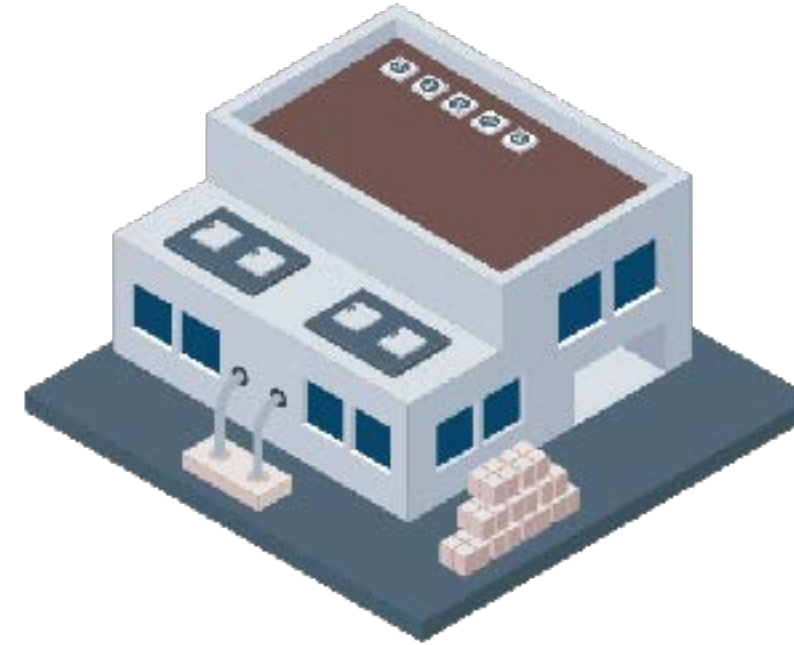
OSHA's Form 300A (Rev. 01/2020)
Summary of Work-Related Injuries and Illnesses

OSHA's Form 300 (Rev. 01/2020)
Log of Work-Related Injuries and Illnesses

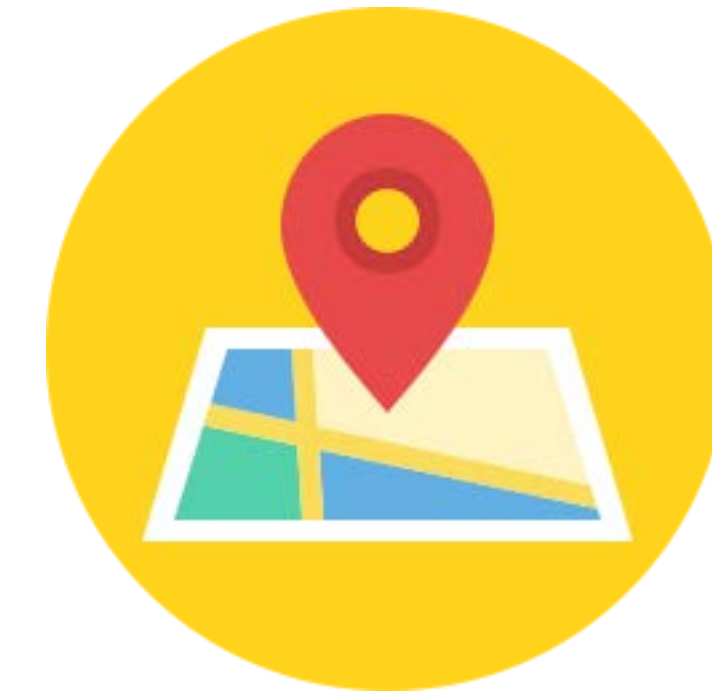
OSHA's Form 300A (Rev. 01/2020)
Summary of Work-Related Injuries and Illnesses

OSHA's Form 300 (Rev. 01/2020)
Log of Work-Related Injuries and Illnesses

OSHA's Form 300A (Rev. 01/2020)
Summary of Work-Related Injuries and Illnesses



Tracking logs by Establishment



One Business Location



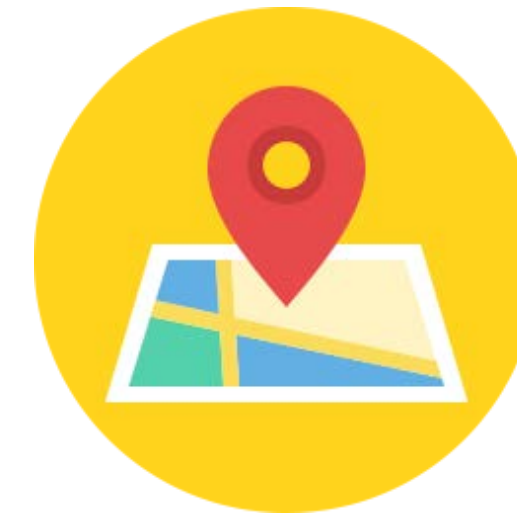
Establishment

- Most of the time an Establishment is a **single physical location.**

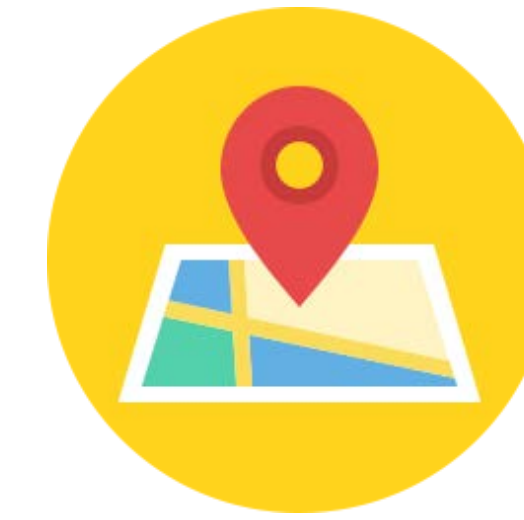
Tracking logs by Establishment

However, an employer **may combine** two or more physical locations into a single establishment when they...

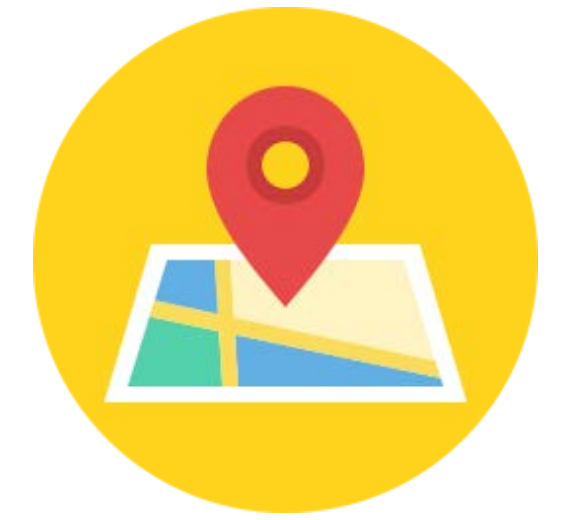
1. Operate as a single business under common management;
2. All located in close proximity to each other; and
3. The employer keeps one set of business records for the locations



Location #1



Location #2



Location #3



Establishment

Tracking logs by Establishment

However, an employer **may combine** two or more physical locations into a single establishment when they...

1. Operate as a single business under common management;
2. All located in close proximity to each other; and
3. The employer keeps one set of business records for the locations



Establishment

Tracking logs by Establishment

An employer may also **divide one location into two or more establishments** only when:

1. Each of the establishments represents a distinctly separate business;
2. Each business is engaged in a different economic activity;
3. No one industry description applies to the joint activities of the establishments; and
4. Separate reports are routinely prepared for each establishment



Tracking logs by Establishment

An employer may also **divide one location into two or more establishments** only when:

1. Each of the establishments represents a distinctly separate business;
2. Each business is engaged in a different economic activity;
3. No one industry description applies to the joint activities of the establishments; and
4. Separate reports are routinely prepared for each establishment

Lumber Yard



Construction Co.



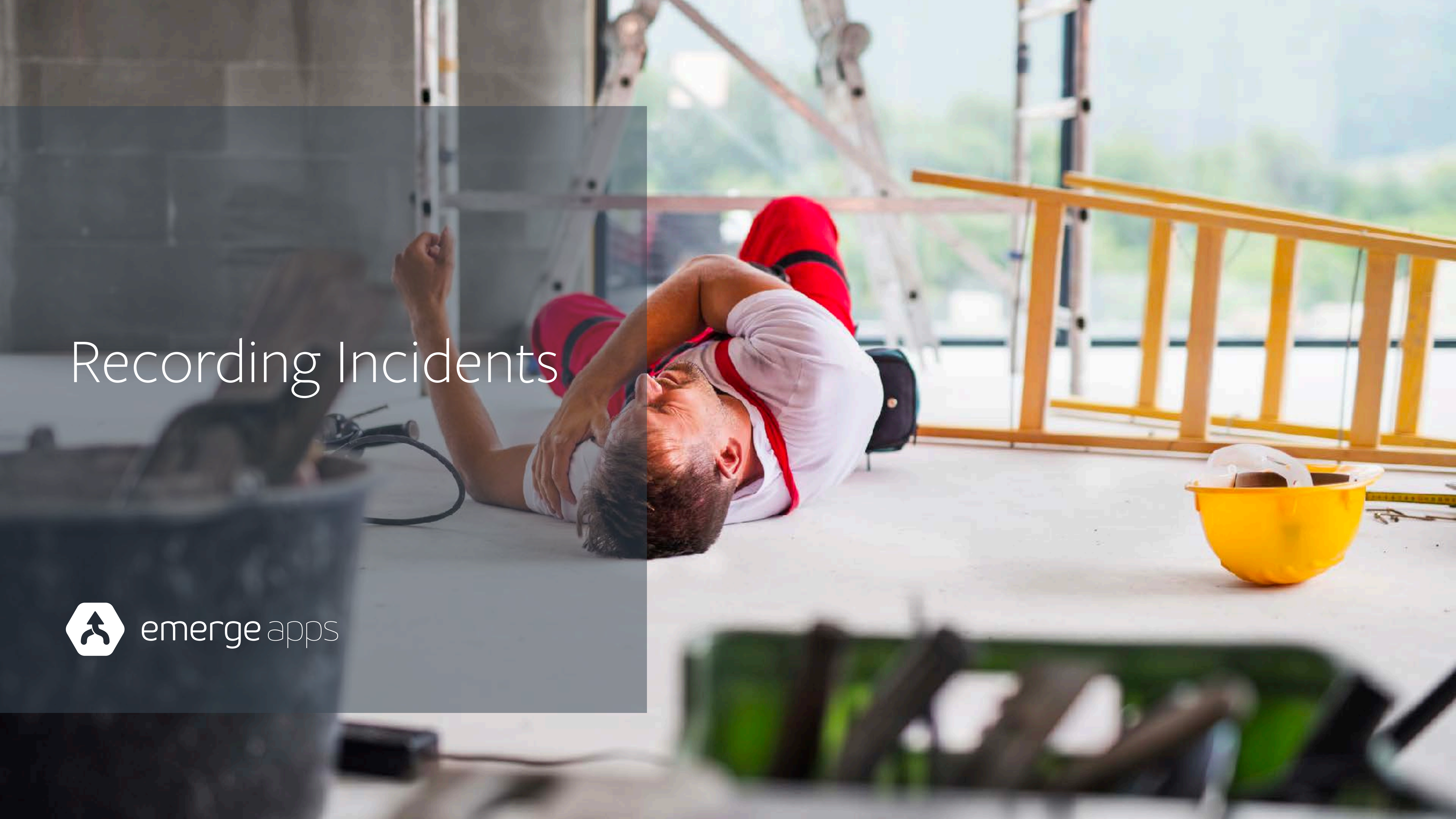
Tracking logs by Establishment

If you are currently keeping logs lumped together by employer or are unsure of your establishment status...

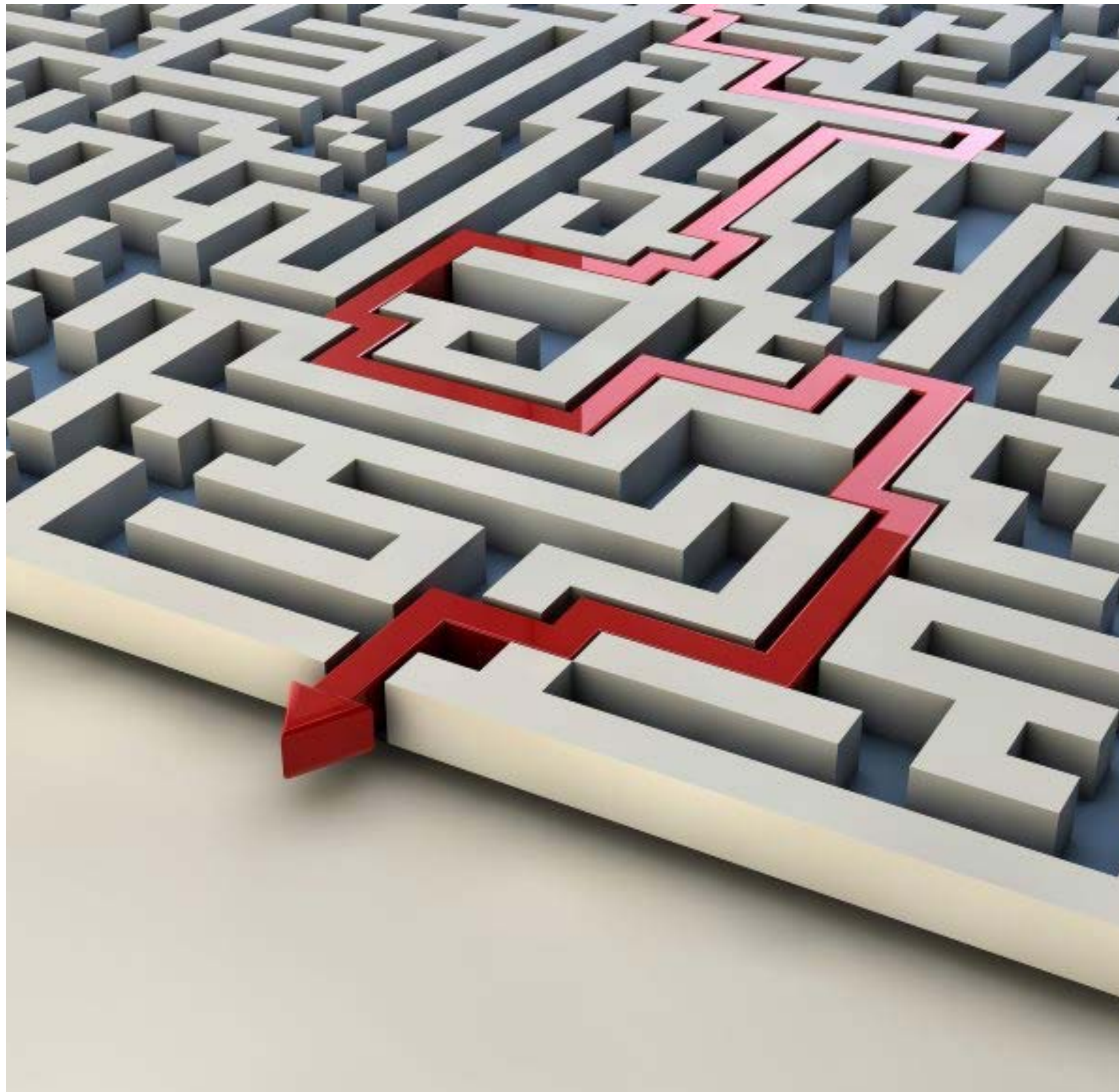
Now is a **perfect time** to fix as you will need to submit data by establishment!



Recording Incidents



What data am I Submitting?



- How **confident** are you in the quality of your injury data?
- How confident are you in your knowledge if what is and what isn't recordable?
- Data is being made public by OSHA in years to come...don't over report!

Not the same...

OSHA Records are designed to...



Collect, compile and analyze uniform and consistent nationwide data on injuries and illnesses

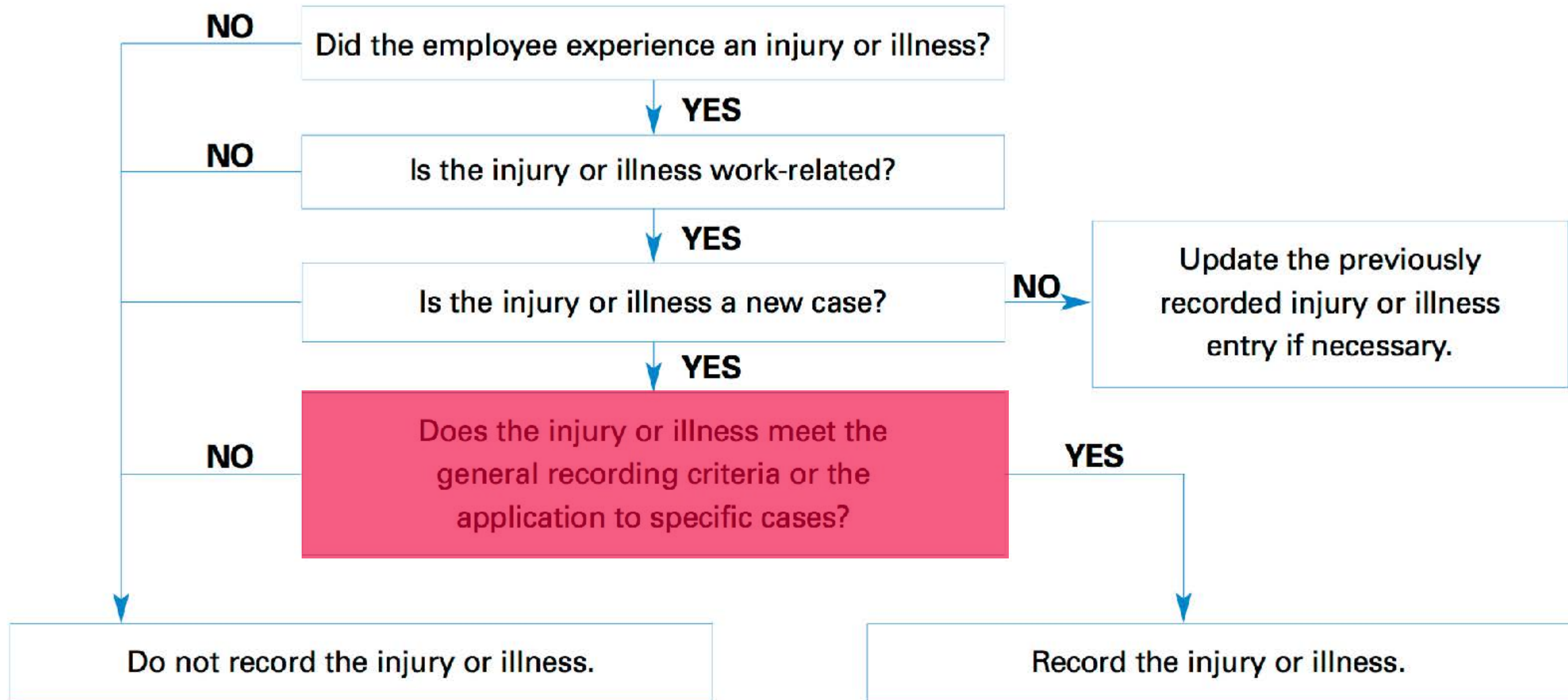


Work Comp is designed to provide...



Medical coverage and compensation for workers who are injured or made ill at work; differs from State to State.

Recordkeeping flowchart



Meet General Recordkeeping Criteria

A work-related injury or illness must be recorded if it results in one or more of the following:

- Death
- Days away from work
- Restricted work or transfer to another job
- Medical treatment



Meet General Recordkeeping Criteria

A work-related injury or illness must be recorded if it results in one or more of the following:

- Death
- Days away from work
- Restricted work or transfer to another job
- Medical treatment



Meet General Recordkeeping Criteria

A work-related injury or illness must be recorded if it results in one or more of the following:

- Death
- Days away from work
- Restricted work or transfer to another job
- Medical treatment



Medical Treatment

Medical treatment includes the **management and care** of a patient for the purpose of **combating disease or disorder**.



Medical treatment does not include...



3 Exclusions

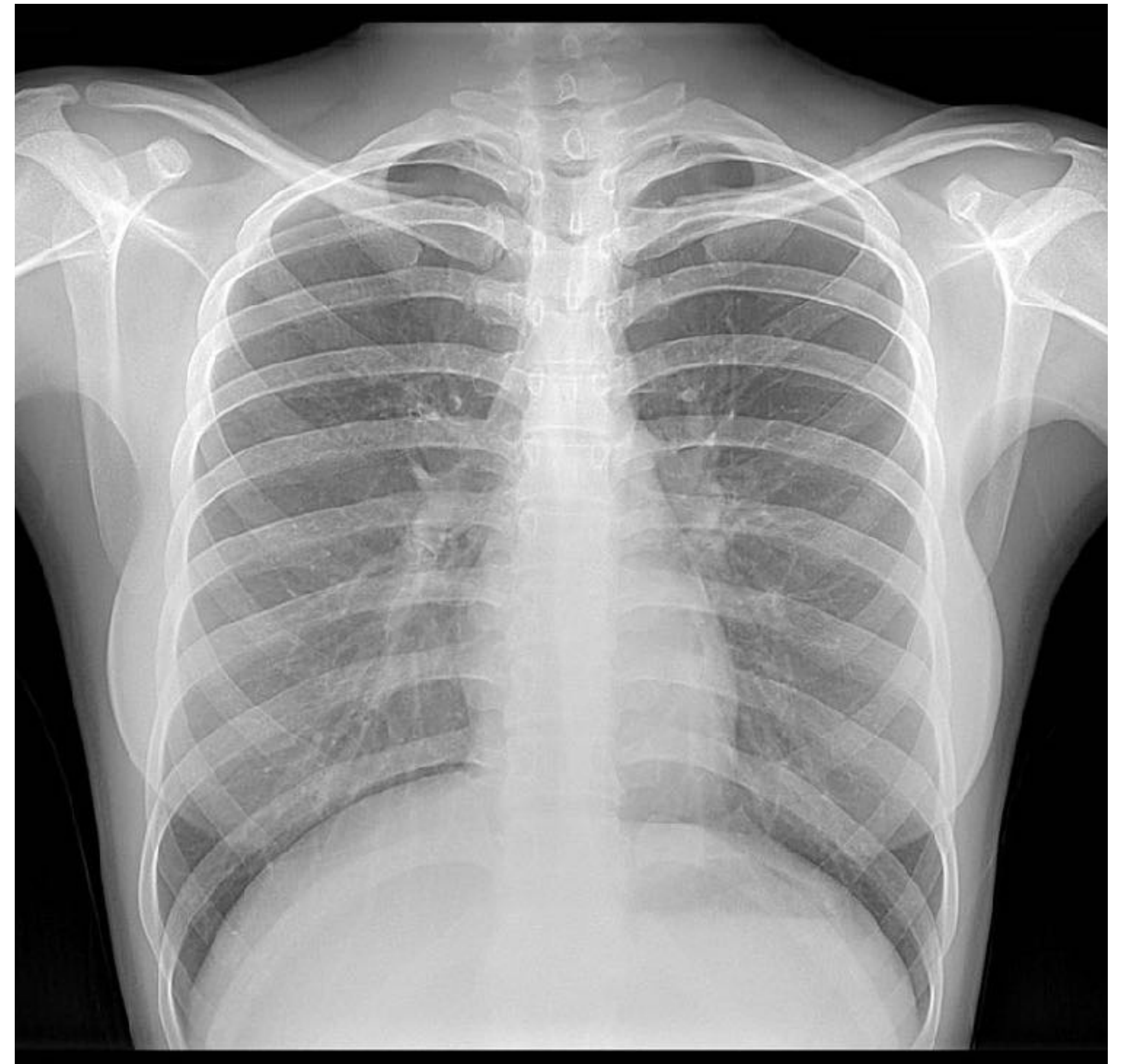
#1 - Observation or Counseling

- Visits to a physician or other licensed health care professional **solely for observation or counseling** is not considered medical treatment.



#2 - Diagnostic Procedures

- Diagnostic procedures are used to **determine whether or not an injury or illness exists**, and do not encompass therapeutic treatment of the patient.



#3 - First Aid Cases

- 14 Listed
- Comprehensive List



First Aid #1

Using a non-prescription medication at non-prescription strength.



First Aid #2

Administering tetanus immunizations.



First Aid #3

Cleaning wounds on the surface of the skin.



First Aid #4

Using bandages or gauze pads



First Aid #5

Using hot or cold therapy.



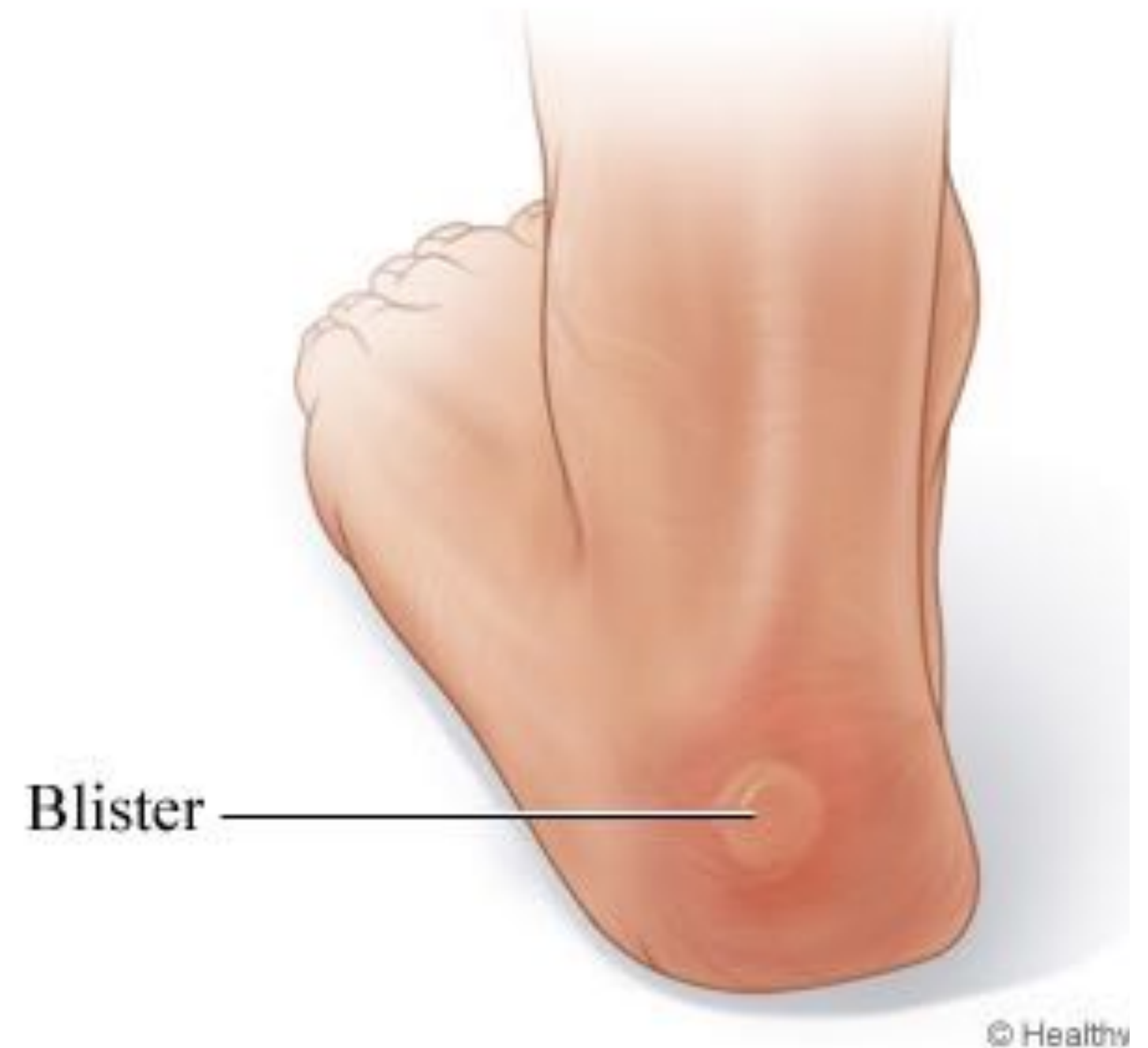
First Aid #6

Using any non-rigid means of support, such as elastic bandages.



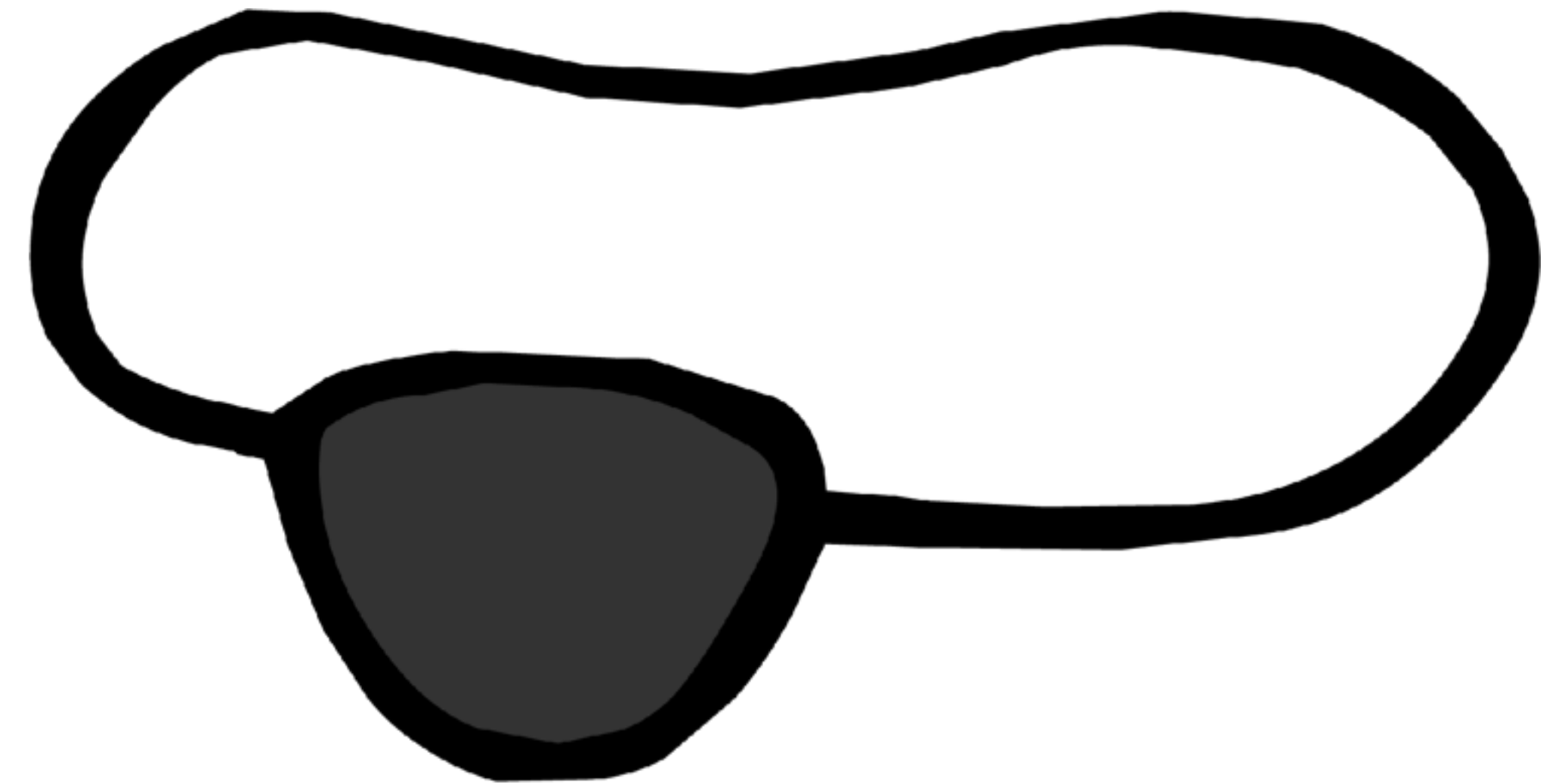
First Aid #7

Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister.



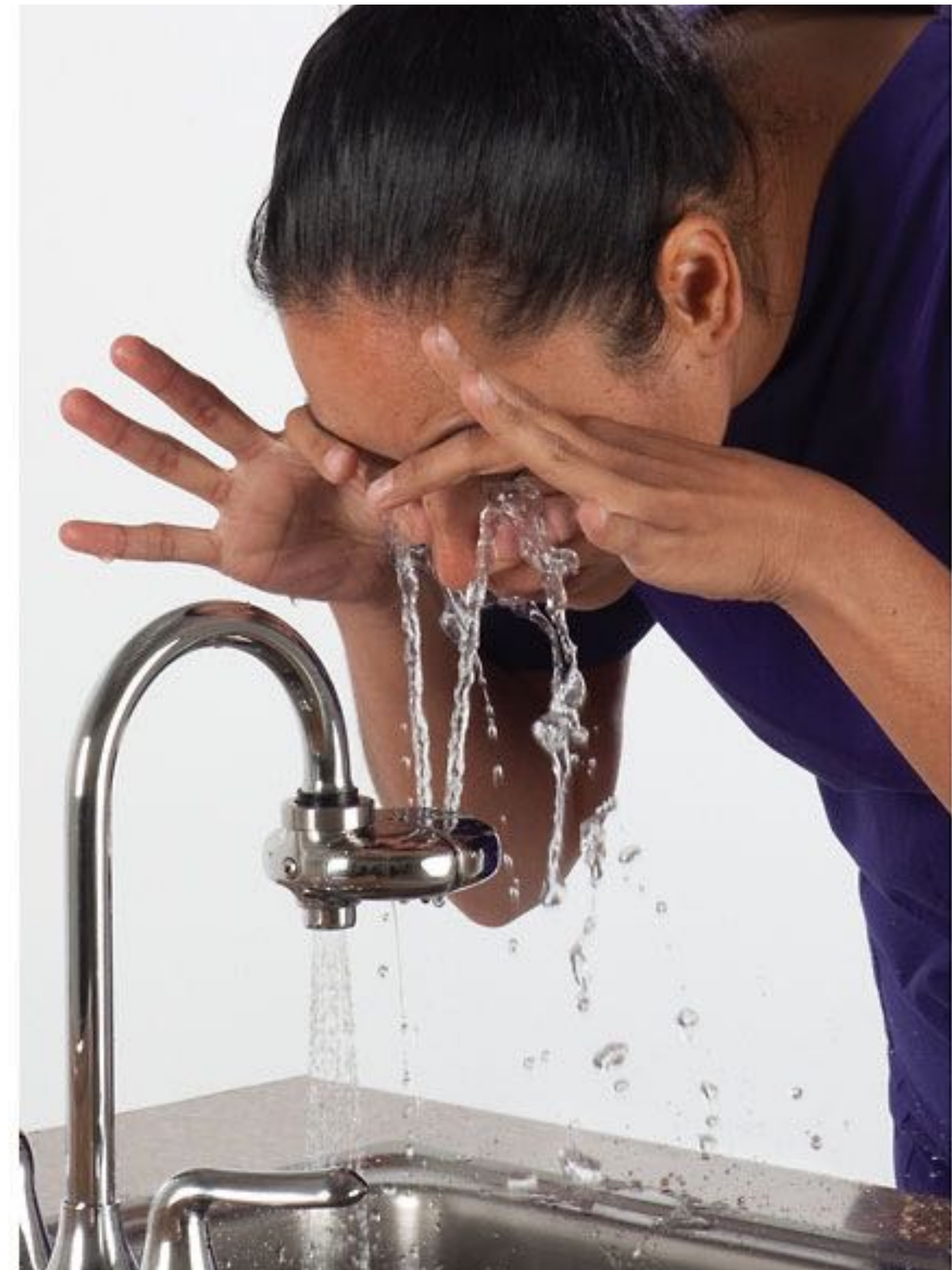
First Aid #8

The use of eye patches.



First Aid #9

Removing foreign bodies from the eye using irrigation or a cotton swab.



First Aid #10

Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, or cotton swabs.



First Aid #11

The use of massage therapy.



First Aid #12

Drinking fluids for relief of heat stress.



First Aid #13

The use of finger guards.



First Aid #14

Using temporary immobilization devices while transporting an accident victim.



Professional Status

The professional status of the person providing the treatment does not have any impact on what is considered first aid or medical treatment.



Electronic Submission



Who submit electronically?

Electronic submission requirements are **separate and different** from the recordkeeping requirements.

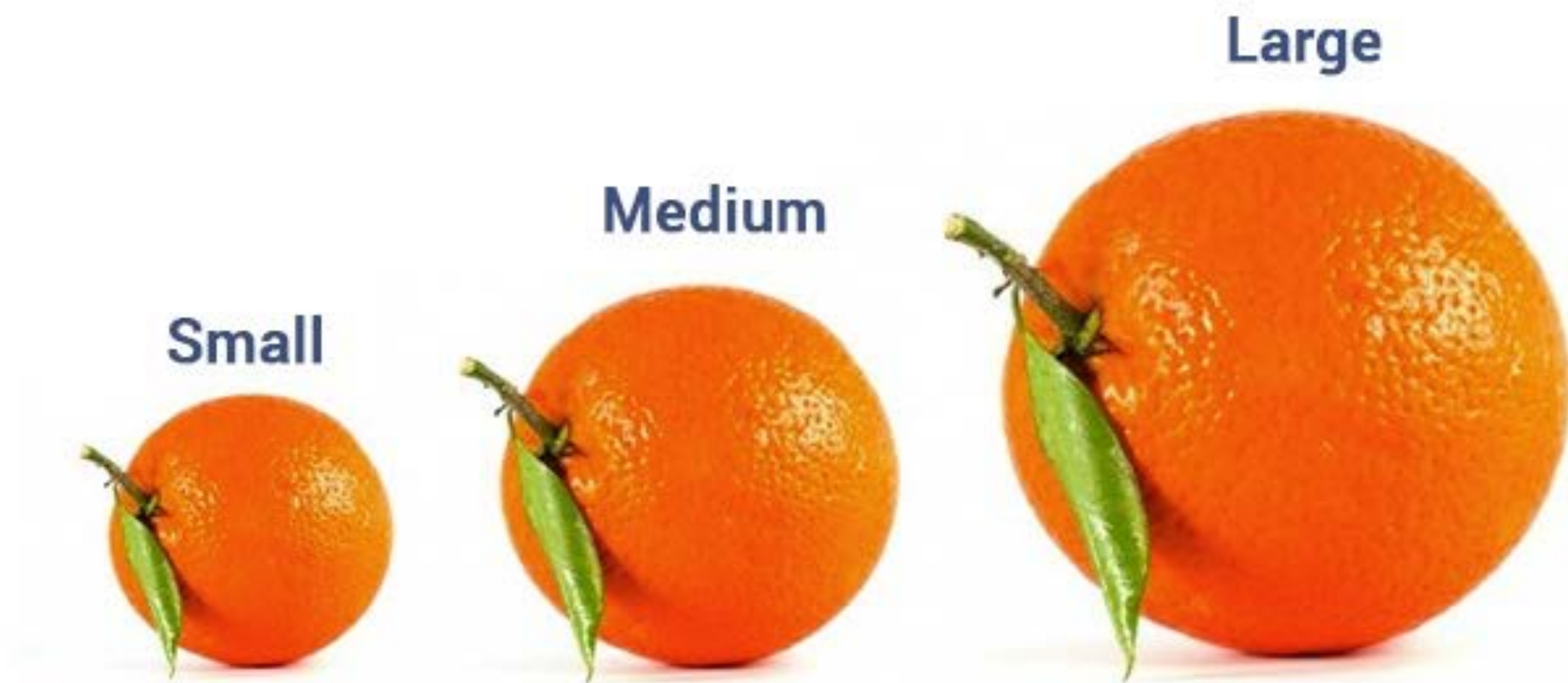


Yes!

A large, bold, black sans-serif font word "Yes!" is written on a white background. A thick, vibrant green line is drawn underneath the word, starting from the bottom left and extending to the right, ending in the tip of a green pencil. The pencil is positioned as if it has just finished drawing the underline, with its lead tip pointing towards the end of the line.

Who submit electronically?

Electronic reporting requirements are based on the **industry** and **employee size of the reporting establishment**, not total company employees.



Who submit electronically?

≥ 250
EMPLOYEES

Establishments required to keep OSHA injury and illness records must electronically submit information

Who submit electronically?

20-249
EMPLOYEES

Establishments required to keep OSHA injury and illness records **classified in industries** with historically high rates of occupational injuries and illnesses must electronically submit information

Who submit electronically?



65% of all company NAICS codes must submit their data to OSHA.

Visit OSHAlogs.com for a detailed list of NAICS codes that must comply.



Must still keep records

< 20
EMPLOYEES

Establishments currently required to keep OSHA injury and illness records **do not have to submit** information electronically to OSHA under this rule.

Submitting Data Electronically

Establishments

OSHA's Form 300 (Rev. 10/2006) **Log of Work-Related Injuries and Illnesses**

OSHA's Form 300A (Rev. 10/2006) **Summary of Work-Related Injuries and Illnesses**

6

31 thru 33 **MANUFACTURING**
346 NAICS codes

OSHA's Form 300 (Rev. 10/2006) **Log of Work-Related Injuries and Illnesses**

OSHA's Form 300A (Rev. 10/2006) **Summary of Work-Related Injuries and Illnesses**

17

OSHA's Form 300 (Rev. 10/2006) **Log of Work-Related Injuries and Illnesses**

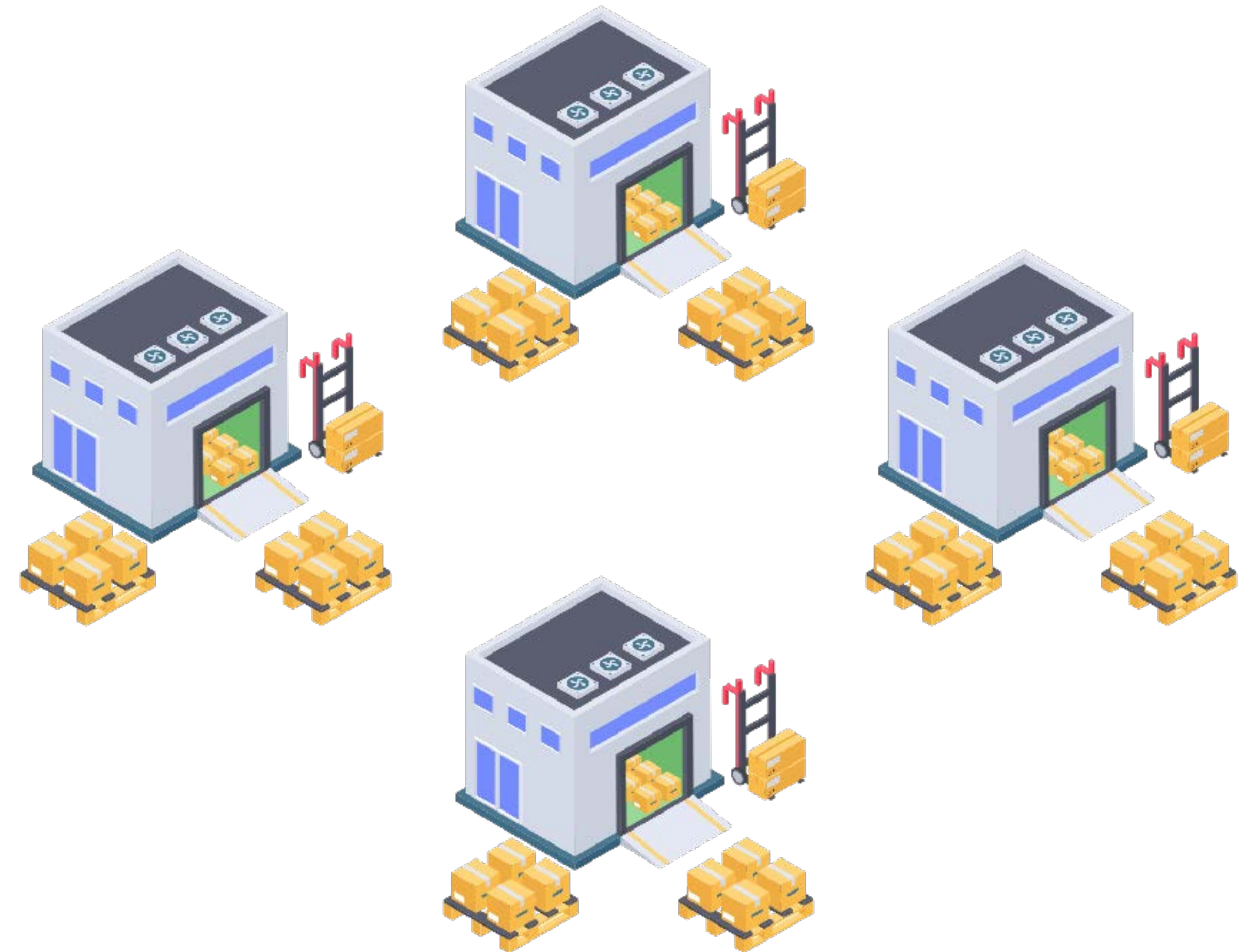
OSHA's Form 300A (Rev. 10/2006) **Summary of Work-Related Injuries and Illnesses**

25

OSHA's Form 300 (Rev. 10/2006) **Log of Work-Related Injuries and Illnesses**

OSHA's Form 300A (Rev. 10/2006) **Summary of Work-Related Injuries and Illnesses**

260



What are we sending?



ESTABLISHMENT INFORMATION

- Company name
- Establishment name
- Establishment full address
- Size of establishment
- Establishment type
- NAICS code & industry description
- OSHA form 300A year
- Average annual employees
- Total hours worked



INJURY STATISTICS

- Total # of cases with days away from work
- Total # of cases with job transfer or restriction
- Total # of other recordable cases
- Total # of days away from work
- Total # of days job transfer or restriction
- Total # of death cases
- Total # of injuries
- Total # of skin disorders
- Total # of respiratory conditions
- Total # of poisonings
- Total # of other illnesses

When do we submit?

- By March 2nd Each Year
- Data from the 2020 OSHA 300A must be submitted at this time.
- Employers must upload their data via a CSV file or manually enter data for each of their covered establishments.
- Not just submit the paper OSHA 300A



You are creating a digital trail....

- Violations for materially false, fictitious, or fraudulent statements can be punished by a fine or by imprisonment of not more than five years, or both.
- The electronic submission requirements do not change any employer's obligation to complete and retain injury and illness records.



How is OSHA
using the Data?



(1) Future Legislation



(2) Target employers for workplace inspections...



What is DART rate?

DART Rate

The number of recordable incidents per 100 full-time employees that resulted in one or more lost or restricted days or one or more days transferring to a different job. DART stands for days away, restricted or transferred to a different job.

**Total number of
DART incidents**

**Number of employee
labor hours worked**

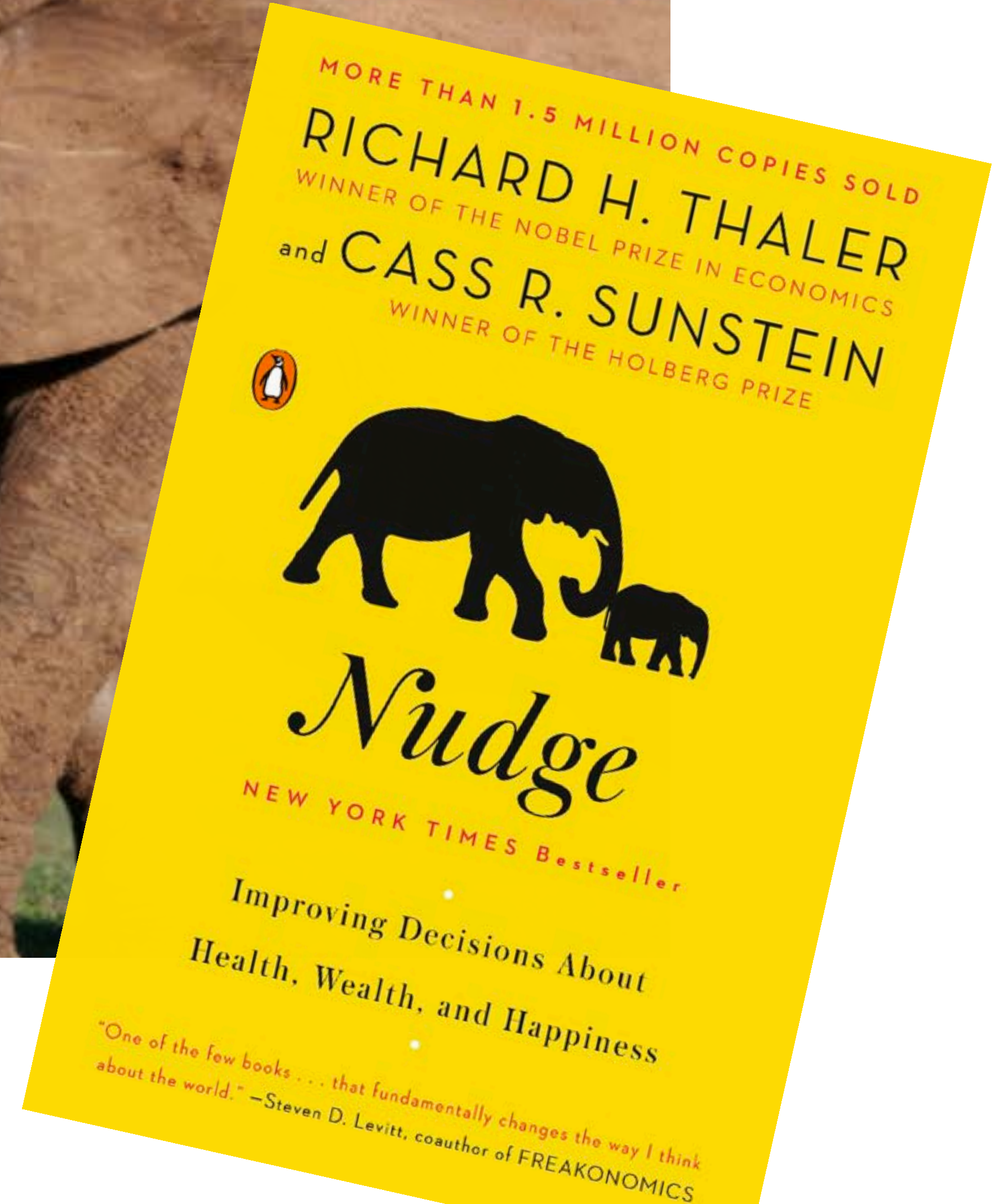
Be prepared...



(3) Use Market Forces - Making the data public



“NUDGE” Employers





OSHA
Under Biden
Administration

2023 and Beyond

In a Biden Administration...

- Make Public Data Easier to Access
- Focus on Enforcement
 - Double the # of Inspectors
- Submit More Data
 - 300 and 301 Form Data





OSHA National News Release

U.S. Department of Labor

March 28, 2022

US Department of Labor announces proposed rule to amend federal occupational injury, illness recordkeeping regulation

WASHINGTON – The U.S. Department of Labor's Occupational Safety and Health Administration is proposing amendments to its occupational injury and illness recordkeeping regulation, [29 CFR 1904.41](#). The current regulation requires certain employers to electronically submit injury and illness information – that they are required to keep – to OSHA. The agency uses these reports to identify and respond to emerging hazards and makes aspects of the information publicly available.

In addition to reporting their Annual Summary of Work-Related Injuries and Illnesses, the proposed rule would require certain establishments in certain high-hazards industries to electronically submit additional information from their Log of Work-Related Injuries and Illnesses, as well as their Injury and Illness Incident Report.

As part of OSHA's mission to protect workers and mitigate workplace hazards, this rule would improve OSHA's ability to use its enforcement and compliance assistance resources to identify workplaces where workers are at high risk. The proposed rule would also advance the department's mission to empower workers by increasing transparency in the workforce.

The proposed rule would:

- Require establishments with 100 or more employees in certain high-hazard industries to electronically submit information from their OSHA Forms 300, 301 and 300A to OSHA once a year.
- Update the classification system used to determine the list of industries covered by the electronic submission requirement.
- Remove the current requirement for establishments with 250 or more employees not in a designated industry to electronically submit information from their Form 300A to OSHA annually.
- Require establishments to include their company name when making electronic submissions to OSHA.

Establishments with 20 or more employees in certain high-hazard industries would continue to be required to electronically submit information from their OSHA Form 300A annual summary to OSHA annually.

What Should You Do Now?



Look for missing data



Look for errors



Update your previous years logs...



Submit starting Jan 1st - No later than March 2nd.



Using OSHAlogs



A background image showing a business meeting with several people shaking hands over a table. There are documents, a laptop, and a pen on the table. The image has a teal overlay and a white border.

**TAKE GUESSWORK OUT OF
OSHA RECORDKEEPING
AND MAKE
INJURING REPORTING
AN ABSOLUTE BREEZE**

Fill Out One Simple Form



Create all OSHA Records Instantly

OSHA's Form 300

Log of Work Related Injuries and Illnesses

OSHA's Form 301
Injury and Illness Incident Report

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.

When an incident occurs after you receive information that a recordable work-related injury or illness occurred, you must fill out this form as soon as possible. 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 91-503 and 29 CFR 1904, 2019's recordkeeping rule, you must keep this form on file for 3 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.

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



OSHA's Form 300A

Summary of Work Related Injuries and Illnesses

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

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. For free to call and find out if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or separate 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.

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

Year 20
U.S. Department of Labor
Occupational Safety and Health Administration

Case No.	Employee's name	Job title (e.g., Worker)	Date of injury or onset of illness	Where the event occurred (e.g., Loading dock with no. 1)	Describe injury or illness, parts of body affected, and job/tasks that directly injured or made person ill (e.g., Several days from no light (noise from another unit))	Classify the case (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 "Hobby" column or illness and type of illness (check one)
						Days away from work	Job transfer or restriction	Other recordable cases	Days away from work	Transfer or restriction	
						(01)	(02)	(03)	(04)	(05)	

Page totals: _____

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time to review the instructions, search existing data sources, gather the data needed, and review and verify 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 this information to the office.



OSHA's Form 301

Injury and Illness Incident Report

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 enter the totals below, making sure you've added the entries from every page of the Log. If you had no cases, enter "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
(01)	(02)	(03)	(04)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
(05)	(06)

Injury and Illness Types

Total number of:	(07) Injuries	(08) Skin disorders	(09) Respiratory conditions	(10) Poisonings	(11) Hearing loss	(12) All other illnesses
(06)						

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 10 minutes per response, including time to review the instructions, search existing data sources, gather the data needed, and review and verify the collection of information. Please do not repeat the collection of information unless it changes a currently valid OSHA record number. If you have any comments about this burden estimate or any other aspect of this data collection, including suggestions for reducing the burden, write to Washington, DC 20503. Do not send this information to the office.

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



Print



Download



Email

Create Any State's Worker's Comp Notice



First_Report_Michigan.php 1 / 1

EMPLOYER'S BASIC REPORT OF INJURY

Michigan Department of Licensing and Regulatory Affairs
Workers' Compensation Agency
PO Box 30016, Lansing, MI 48909

An employer shall report immediately to the agency on Form WC-100 all injuries, including diseases, which arise out of and in the course of the employment, or in which a claim is made and result in any of the following: (a) Disability extending beyond seven (7) consecutive days, not including the date of injury; (b) Death; (c) Specific losses. In case of death, an employer shall also immediately file an additional report on WC-108. See instructions on reverse side for final filing procedures.

I. EMPLOYEE DATA			
1. Social Security Number 555-55-5555	2. Date of injury Nov 30, 2020	3. Employee name (Last, First, MI) Thompson, Fred	
4. Address (Number & Street) 8600 Industrial Parkway	5. City Plain City	6. State OH	7. ZIP Code 43064
8. Date of birth (MM/DD/YYYY) May 27, 1993	9. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	10. Number of dependents 3	11. Telephone number 555-555-8484
12. Tax filing status: <input checked="" type="checkbox"/> A. Single <input type="checkbox"/> B. Single, Head of Household <input type="checkbox"/> C. Married, Filing Joint <input type="checkbox"/> D. Married, Filing Separate			

II. EMPLOYER/CARRIER DATA			
13. Employer name ABC Tool and Machine, Inc.		14. Federal ID Number	
15. Injury location code	16. Mailing location code	17. UI number U55555	18. Type of business (SIC/NAICS) 2521 / 021190
19. Employer street address 6807 Balsam Dr.	20. City Hudsonville	21. State MI	22. ZIP code 49603
23. Insurance company name (if employer not self-insured) West Insurance		24. Insurance company telephone number (if known)	

III. INJURY/MEDICAL DATA			
25. Last day worked Oct 17, 2020	26. Date employee returned to work (if applicable) Oct 19, 2020	27. Did employee die? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	28. If yes, date of death
29. Injury city Jenison	30. Injury state MI	31. Injury county Ottawa	32. Did injury occur on employer's premises? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If no, see item 53)
33. Case number from OSHA/MSHA log 78321756	34. Time employee began work 8:00 am <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	35. Time of event 9:00 pm <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	If time cannot be determined, check here <input type="checkbox"/>
36. 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. Was preparing worktable and sorting tools			
37. How did the injury occur? Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement" Dropped large hammer on foot			
38. Describe the nature of injury or illness Broken foot		39. Part of body directly affected by the injury or illness Finger(s)	
40. 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. Hammer			
41. Name of physician or other health care professional Dr. Ron Simpson	42. Was employee treated in an emergency room? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	43. Was employee hospitalized overnight as an in-patient? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
44. If treatment was given away from the workplace, where was it given? (Include name, address, city, state and ZIP code of facility) Spectrum Health, 93963 Main St., Jenison, CA, 39390			

IV. OCCUPATION AND WAGE DATA			
45. Date hired Jan 24, 2014	46. Total gross weekly wage (highest 26 of 52) 400	47. Number of weeks used 40	48. Value of discontinued fringes
49. Occupation (Be specific) Worker	50. Was employee a volunteer worker? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	51. Was employee certified as vocationally handicapped? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
52. Date employer notified by employee Oct 17, 2020		53. If temporary service agency, provide name/address of employer where injury occurred.	

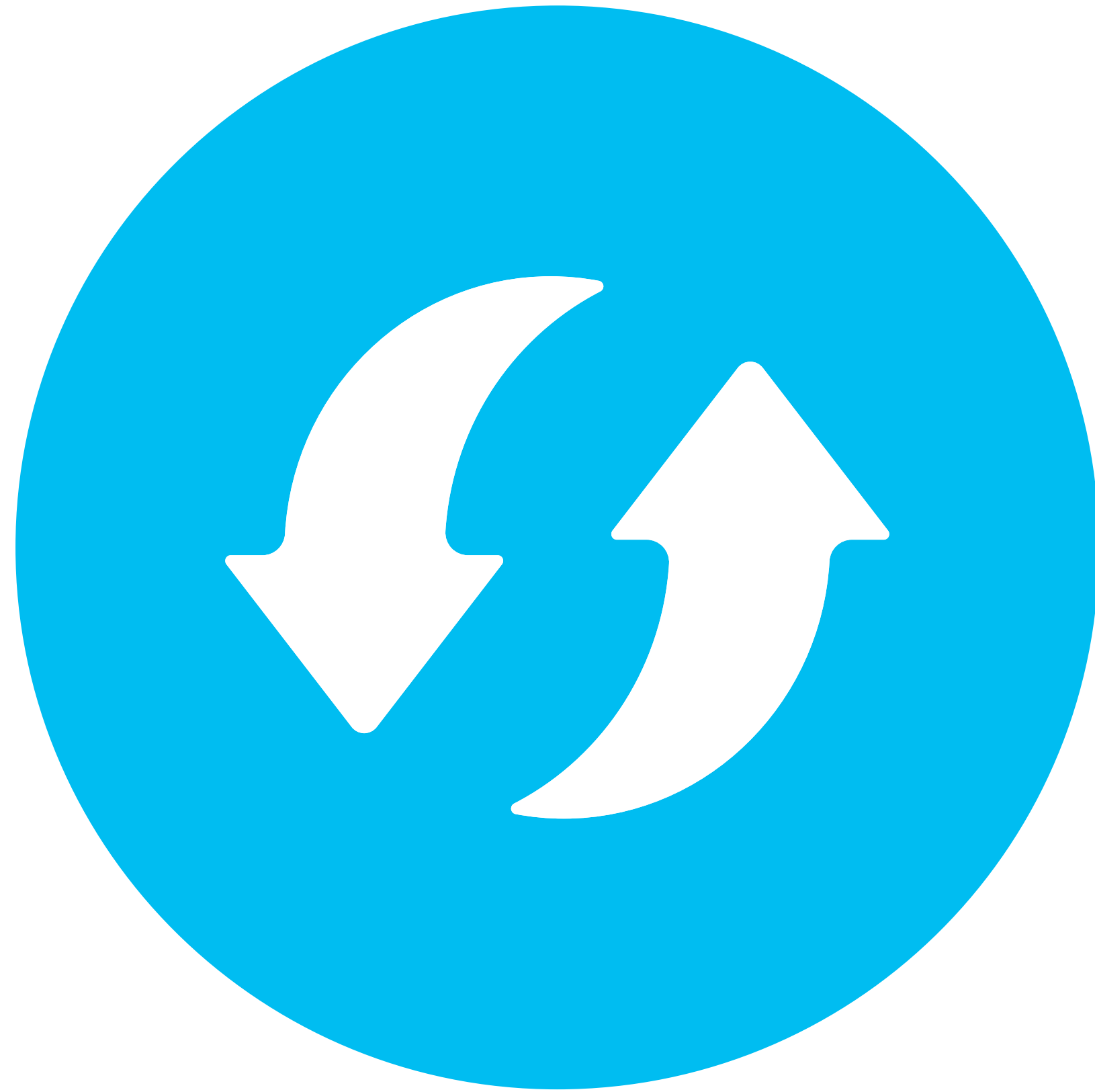
V. PREPARER DATA			
I CERTIFY THAT A COPY OF THIS REPORT HAS BEEN GIVEN TO THE EMPLOYEE			
Making a false or fraudulent statement for the purpose of obtaining or denying benefits can result in criminal or civil prosecution, or both, and denial of benefits.			
54. Preparer's name (Please print or type) Sarah Smith	55. Preparer's signature	56. Telephone number 616-555-3930	57. Date prepared Oct 5, 2020

Notice to employee: Questions or errors should be reported immediately to the individual listed above in space 54

WC-100 (Rev. 2/13) Front



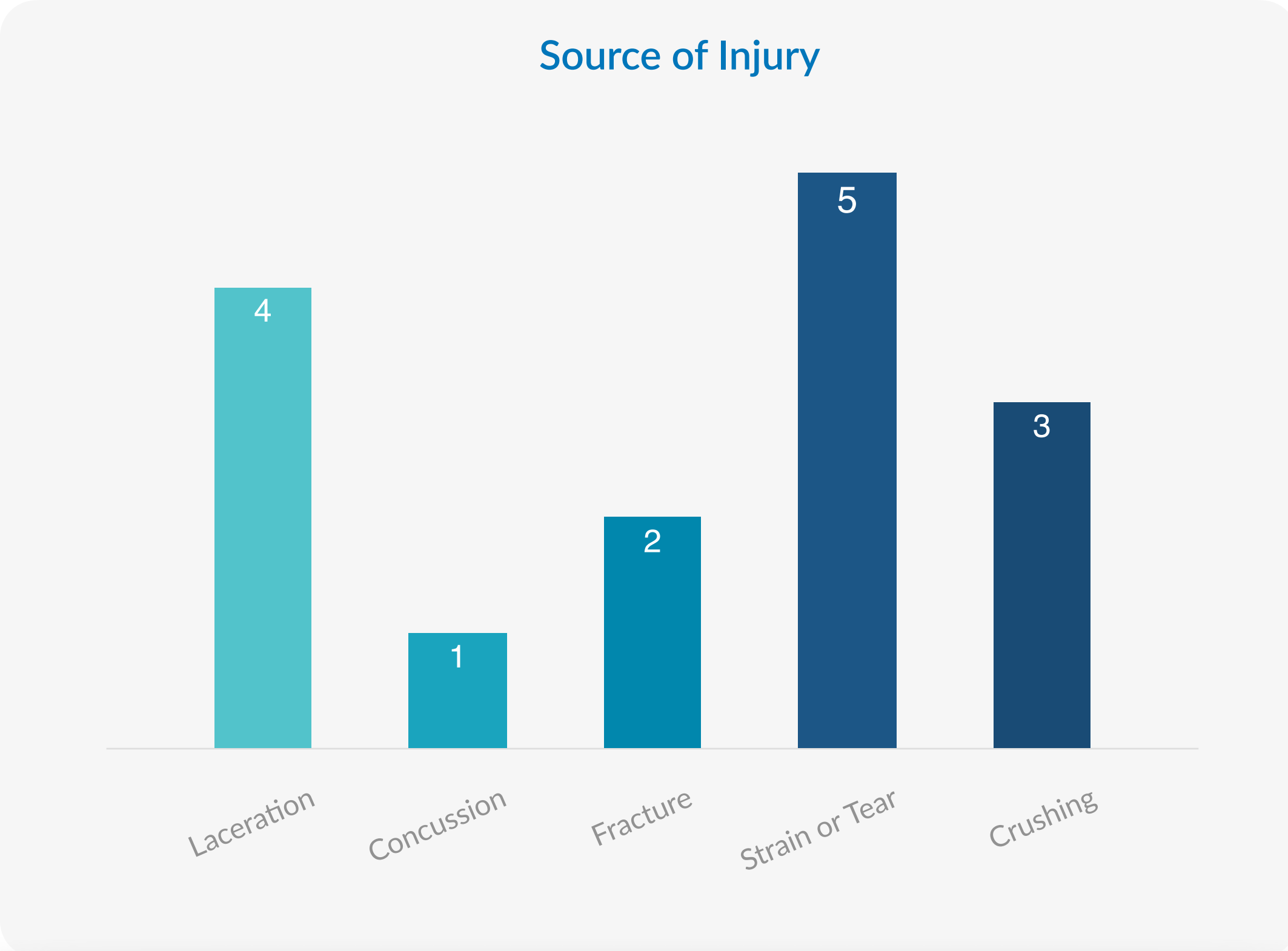
Easy to Update



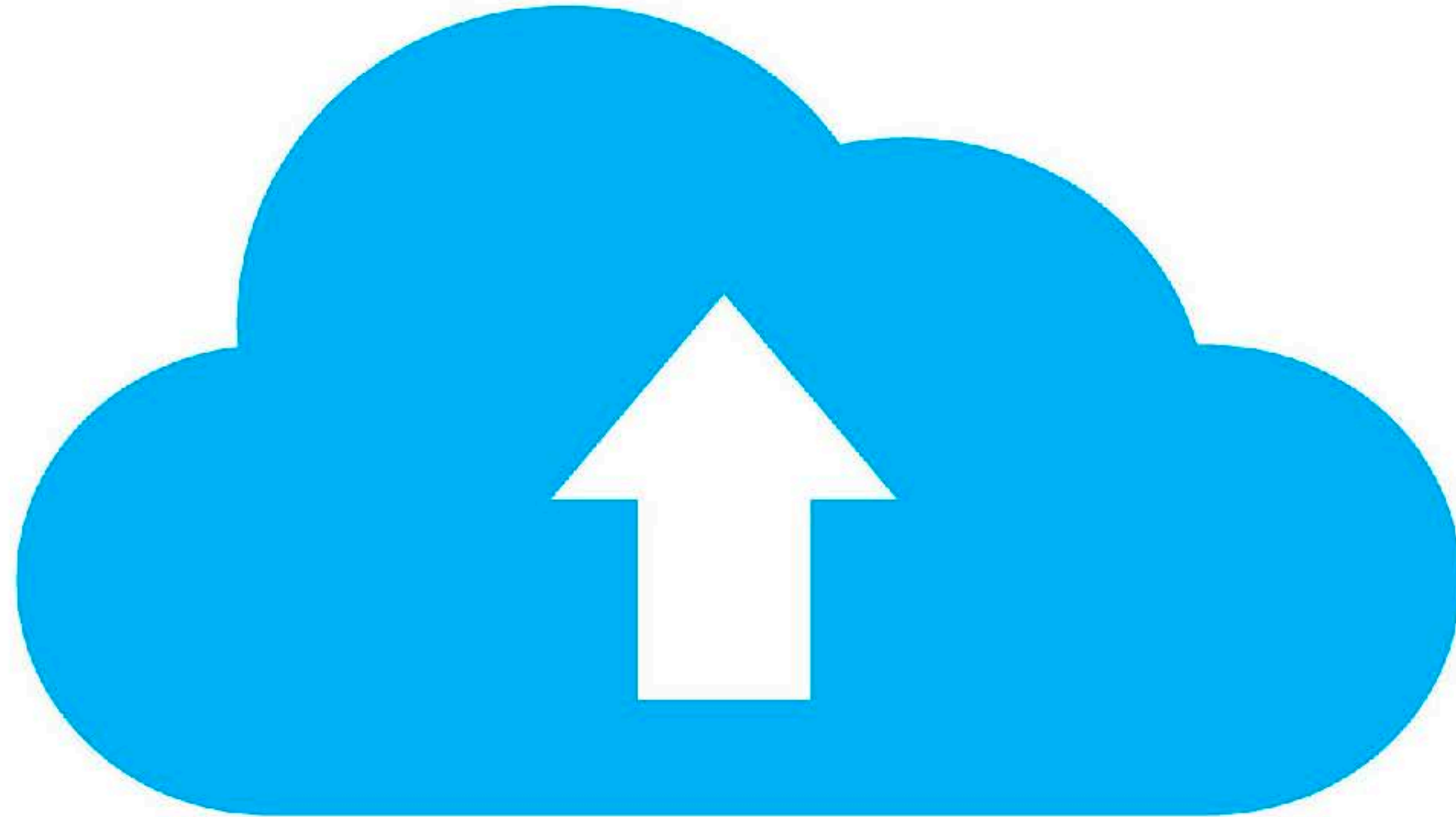
Instant Metrics

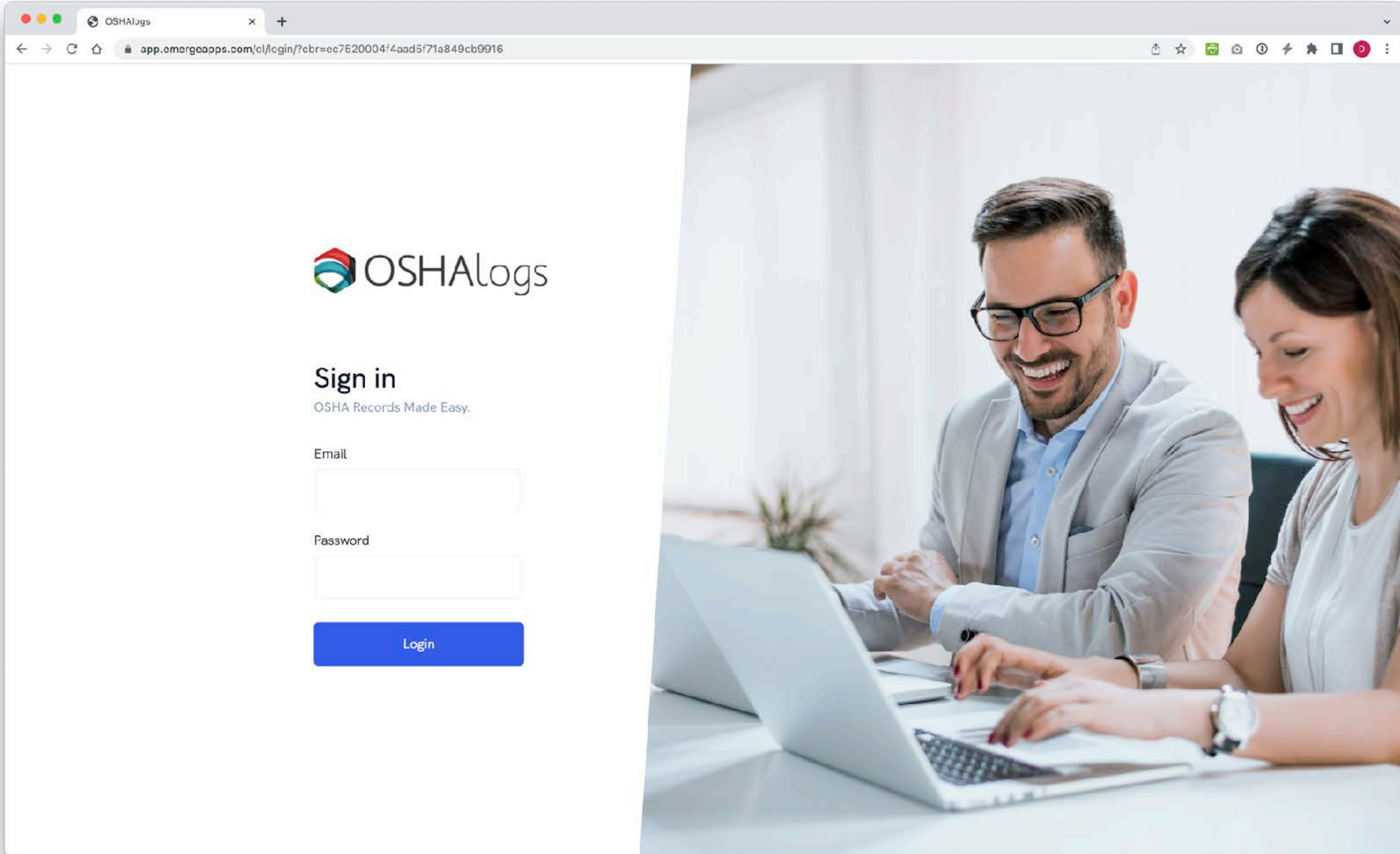
- ✓ Incident Rate
- ✓ DART Rate
- ✓ Lost Time Case Rate
- ✓ Severity Rate

- ✓ Body Parts Affected
- ✓ Nature of Injury
- ✓ Source of Injury



Electronic Submission





Sign in

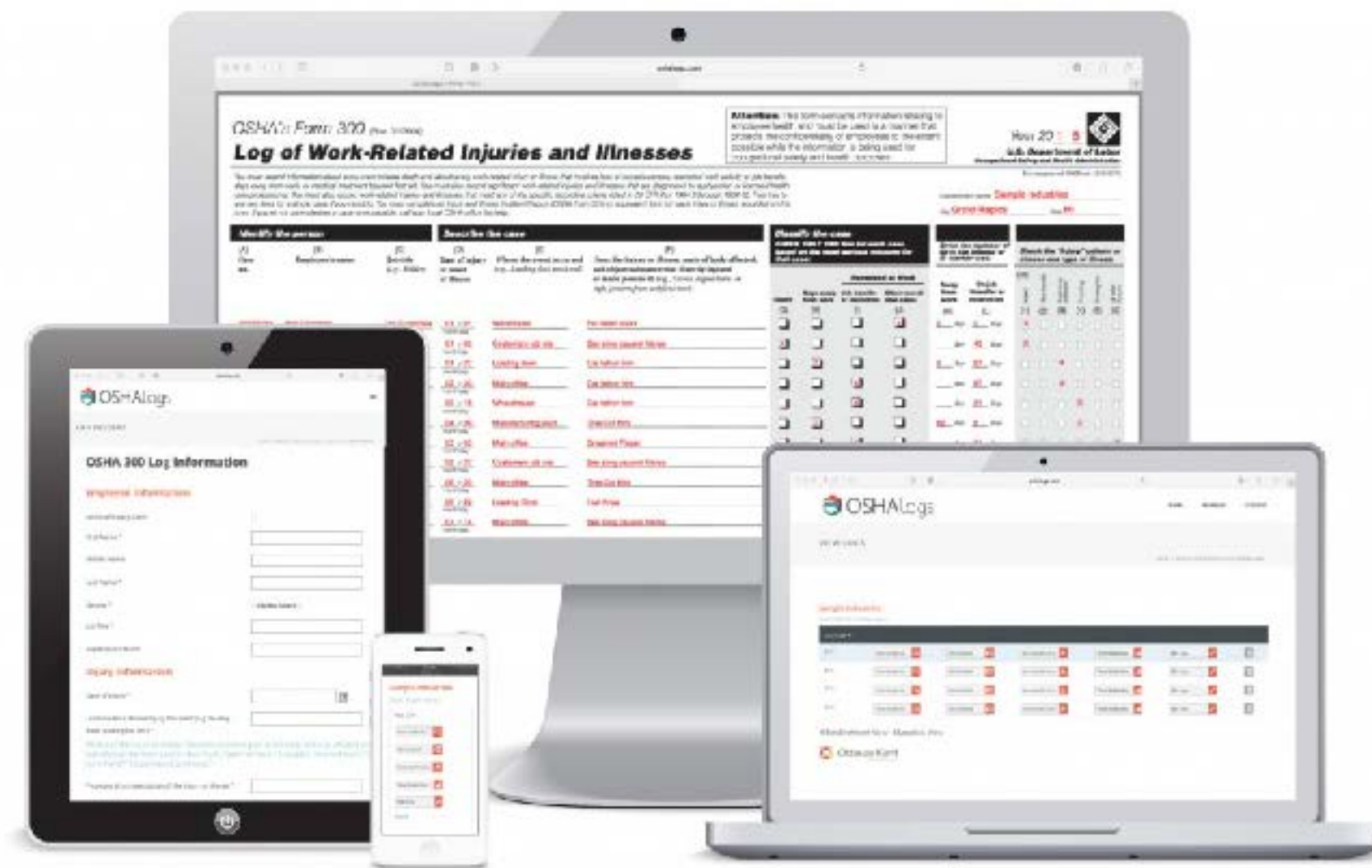
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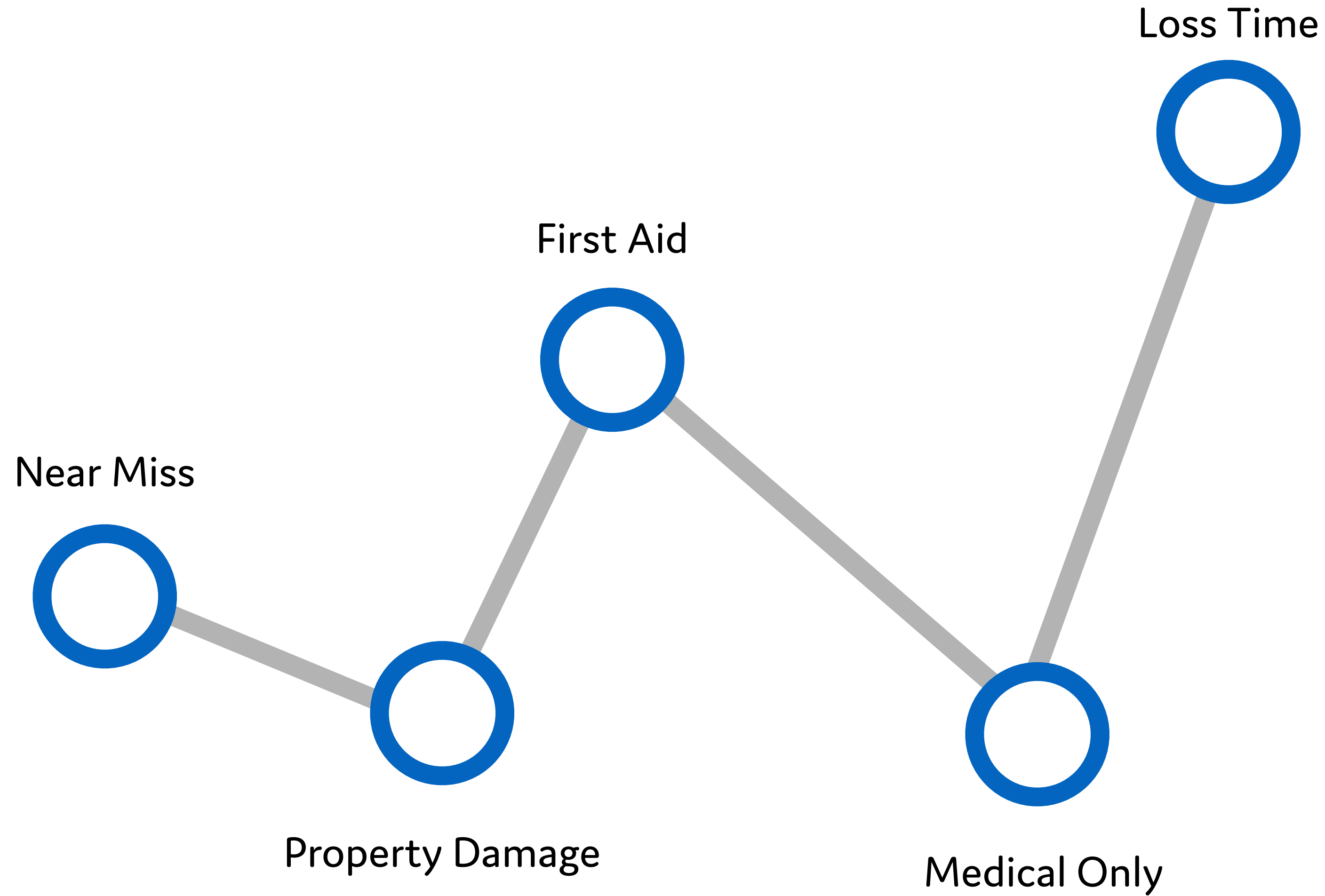
Why This Matters?



Be Proactive



Be Proactive



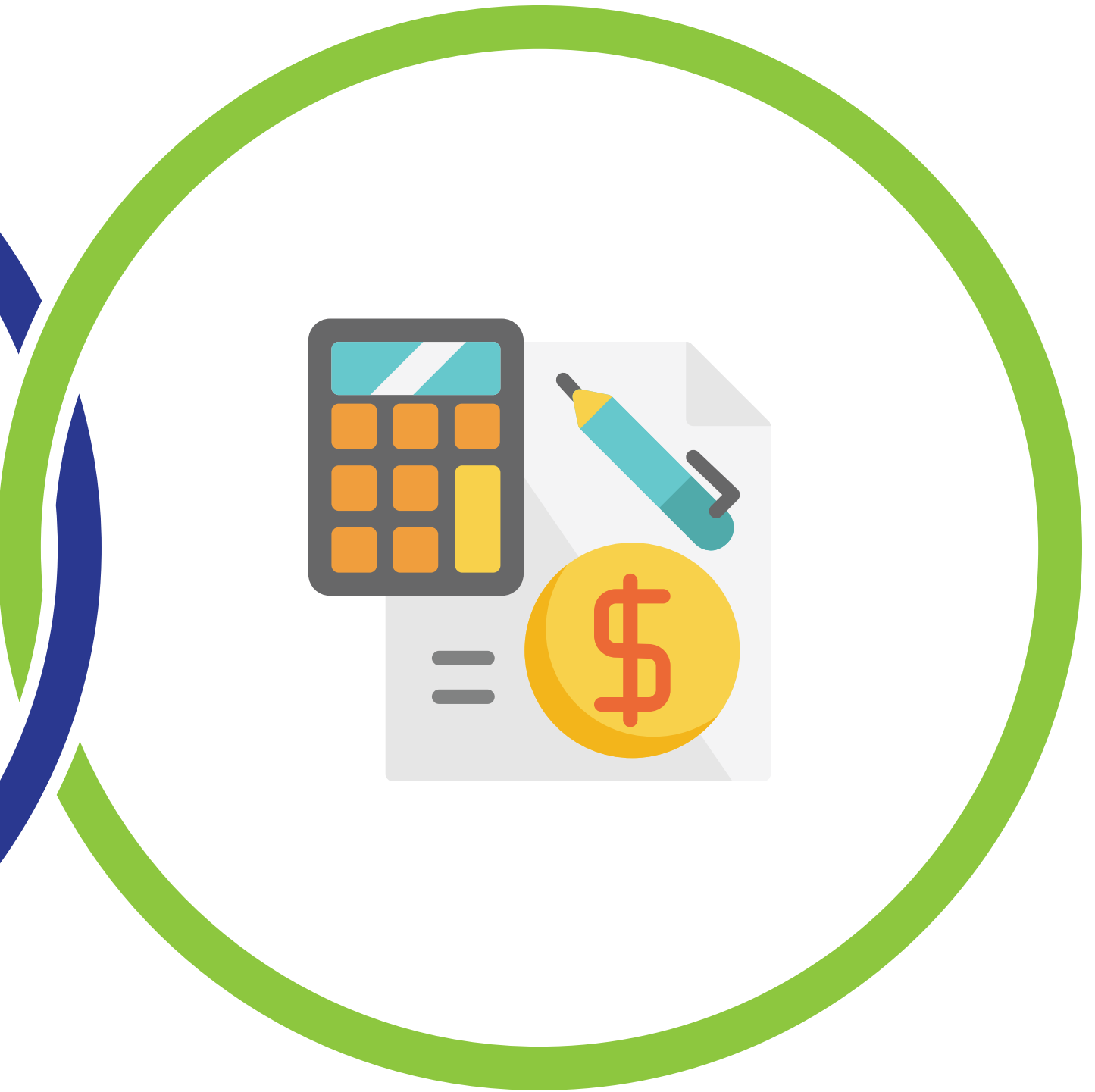
Not only will it save money...



**Workplace
Safety**



**OSHA
Recordkeeping**



**Work Comp
Costs**

Its about saving lives...



Go home healthy and safe each and every day.



Thanks for joining us!

Thank You

Questions

