

MEMIC

MASTER THE BASICS

OSHA Recordkeeping and Reporting
Requirements

GET STARTED



MEMIC

Webinar Focus & Questions



NOTES

- The focus of this webinar is on Federal OSHA recordkeeping and reporting requirements. **Refer to your state's OSHA website for state specific forms and requirements.**
- Attendees must be prepared to review Human Resource and Employment Practices Liability questions with their independent insurance agent and/or company's legal counsel.



QUESTIONS

- All questions can be sent through the Q&A.
- Our panelists will respond to questions when possible, during the webinar.
- Additional resources, included slide deck will be provided during and at the end of the session.
- Several questions submitted during the registration process are being addressed as time permits.



LEARNING OBJECTIVES



Timely Reporting Requirements

Identify the requirements for timely reporting of injuries and illness to OSHA



Compensability VS. Recordkeeping

Explain the differences between compensating an employee for a work-related injury and OSHA Recordkeeping Requirements



Illustrate 300A Summary Completion

Illustrate the steps required to complete the OSHA 300A Annual summary



Recordkeeping Challenging Scenarios

Summarize some of the more challenging scenarios of OSHA Recordkeeping



INTRODUCING

Your Host & Presenters



Laurie Nolt
Presenter

MANAGER,
LOSS CONTROL TRAINING,
CSP, ARM, WCP®



Peter Koch
Host

MANAGER,
DIGITAL TECHNOLOGY,
WCP®



Stephen Badger
Presenter

MANAGER,
LOSS CONTROL REGION I,
CSP, OHST, WCP®



Reporting vs. Recording

What is the Difference?

REPORTING

Reporting refers to the process of **contacting** OSHA when required by law. This is typically done by contacting the nearest OSHA office or by calling **1-800-321-OSHA (6742)**.

RECORDING

Recording is the act of **documenting** injuries and illnesses on various forms as required by law. OSHA 300 Log, OSHA 300A Summary and OSHA 301 Illness and Injury Incident Report.





Employer Reporting Requirements

All employers are required to notify OSHA in the event of:

Fatality (within 8 hours)*

In-Patient Hospitalization (within 24 hours)*

Amputation (within 24 hours)*

Loss of an Eye (within 24 hours)*

* From the time the employer is made aware of occurrence.



OSHA Reporting

Frequently Asked Questions

Question:

Do I have to report a work-related fatality or in-patient hospitalization caused by a heart attack?

Answer:

Yes, your local OSHA Area Office director will decide whether to investigate the event, depending on the circumstances of the heart attack.



A background image showing several office workers in a modern setting. On the left, a man in a light blue shirt is partially visible. In the center, two women are looking at a laptop; one has glasses and a patterned scarf. On the right, a woman with curly hair is smiling. The image is overlaid with a dark blue gradient.

Employer Recordkeeping Requirements

+10 Employees

If your entire company had more than 10 employees at any time during the calendar year, you need to keep OSHA injury and illness records unless your establishment is classified as a partially exempt industry.* (Subpart B Appendix A)



Partially Exempt Industries

🔗 1904 Subpart B Appendix A

NAICS Code	Industry
4412	Other Motor Vehicle Dealers.
4431	Electronics and Appliance Stores.
4461	Health and Personal Care Stores.
4471	Gasoline Stations.
4481	Clothing Stores.
4482	Shoe Stores.
4483	Jewelry, Luggage, and Leather Goods Stores.
4511	Sporting Goods, Hobby, and Musical Instrument Stores.
4512	Book, Periodical, and Music Stores.
4531	Florists.
4532	Office Supplies, Stationery, and Gift Stores.
4812	Nonscheduled Air Transportation.
4861	Pipeline Transportation of Crude Oil.





Employer Recordkeeping Requirements

Important to Note

*OSHA or the Bureau of Labor Statistics may inform a partially exempt business in writing that they must keep records. They must still report to OSHA any employee's fatality, in-patient hospitalization, amputation, or loss of an eye.



Frequently Asked Questions

Question:

Does our organization, which consists of individual operating companies with fewer than 10 employees each but a combined network total of 130 employees, need to maintain OSHA records?

Answer:

Yes, recordkeeping requirements apply to the entirety of the organization.



Business “Establishments”

An establishment is a single physical location where business is conducted or where services or industrial operations as defined by the NAICS code are performed (29 CFR 1904.46).

EXAMPLE 1

If an employee telecommutes from home, is his or her home considered a separate establishment? **No**

EXAMPLE 2

Can one business location include two or more “establishments”? **Yes**



Frequently Asked Questions

Question:

My construction company has **six different locations** in operation. How many OSHA logs must I maintain?

Answer:

You **must** maintain a separate OSHA 300 Log for each establishment that is expected to operate for one year or longer.

Short-term establishments **may** be recorded on a single OSHA 300 Log.

Recordable injuries and illnesses from short-term establishments **may** also be included on an OSHA 300 Log organized by individual company divisions or geographic regions.





When Do I Have to Record an Injury or Illness?

Each employer required by this part to keep records of fatalities, injuries, and illnesses and must record each fatality, injury and illness that

Is work-related; **and**

Is a new case; **and**

Meets one or more of the general recording criteria or the application to specific cases

1904.4(a) through 1904.4(a)(3)





Work-Relatedness

You must consider an injury or illness to be work-related if:

- I. An event or exposure in the work environment either caused or contributed to the resulting condition or
- II. Significantly aggravated a pre-existing injury or illness.

Work-relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the work environment, unless an exception specifically applies.

1904.5(a)



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
- Loss of consciousness
- A significant injury or illness diagnosed by a physician or other licensed health care professional
- Medical treatment beyond first aid

1904.7(b)(1)(i) through 1904.7(b)(1)(vi), 1904.7(b)(7)



Non-Work-Related Situations

- | | |
|----|--|
| 1. | The employee was present in the work environment as a member of the public |
| 2. | The injury or illness involves signs or symptoms that surfaced at work |
| 3. | The injury or illness results solely from voluntary participation in a wellness program or recreational activity |
| 4. | The injury or illness is solely the result of an employee eating or drinking |
| 5. | The injury or illness is solely the result of an employee doing personal tasks |
| 6. | The injury or illness is solely the result of personal grooming, self-medication or is intentionally self-inflicted |
| 7. | The injury or illness is caused by a motor vehicle accident and occurs on a company parking lot or company access road while the employee is commuting to or from work |
| 8. | The illness is the common cold or flu |
| 9. | The illness is a mental illness |



OSHA Recordkeeping/Reporting VS. Compensability

- The “compensability” of an injury by Workers Compensation Insurance is a different set a criteria than OSHA’s Reporting and Recordkeeping requirements.

A few EXAMPLES follow to demonstrate the differences.



OSHA Recordkeeping/Reporting VS. Compensability

EXAMPLE 1

If an employee is injured in a traffic accident while driving the company truck after work hours, the employer does not have to report the incident to OSHA (unless it occurs within a construction zone) however, the injured employee may still be compensated by the employer's workers compensation insurance.



OSHA Recordkeeping/Reporting VS. Compensability

EXAMPLE 2

An employee sticks themselves with a needle that is not contaminated with potentially infectious material. The incident is not required to be recorded on the OSHA 300 Log, however, may be compensable if medical treatment is sought to prevent infection.



OSHA Recordkeeping/Reporting VS. Compensability

EXAMPLE 3

Several employees witness a catastrophic injury to a fellow employee. There is no requirement to report their status to OSHA however, psychological referrals may be offered by the employer's workers compensation insurance carrier.



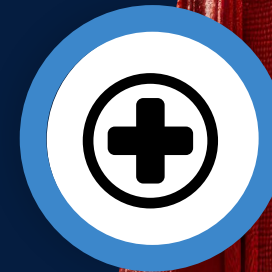
Frequently Asked Questions

Question:

An employee in the work environment stepped on a rusty nail and the only treatment was a tetanus immunization, is this injury recordable?

Answer:

No, this injury is not recordable. Tetanus Immunizations are considered First Aid and therefore no medical treatment beyond first aid was provided.



First Aid Examples

Non-prescription medication at Non-prescription strength

Administering Tetanus Immunization

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

Using eye patches

Cleaning, flushing or soaking wounds on the surface of the skin

Using wound coverings (bandages / gauze pads)

Removing foreign body to the eye (irrigation or a cotton swab) or removing splinters or foreign material from areas other than the eye

Finger guards

Hot/Cold Therapy

Non-rigid means of support (elastic bandages or wraps) or temporary immobilization

Massage

Drinking Fluids for relief of heat stress



First Aid Examples

Non-prescription medication at Non-prescription strength

Administering Tetanus Immunization

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

Using eye patches

Cleaning, flushing or soaking wounds on the surface of the skin

Using wound coverings (bandages / gauze pads)

Removing foreign body to the eye (irrigation or a cotton swab) or removing splinters or foreign material from areas other than the eye

Finger guards

Hot/Cold Therapy

Non-rigid means of support (elastic bandages or wraps) or temporary immobilization

Massage

Drinking Fluids for relief of heat stress



First Aid Examples

Non-prescription medication at Non-prescription strength

Administering Tetanus Immunization

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

Using eye patches

Cleaning, flushing or soaking wounds on the surface of the skin

Using wound coverings (bandages / gauze pads)

Removing foreign body to the eye (irrigation or a cotton swab) or removing splinters or foreign material from areas other than the eye

Finger guards

Hot/Cold Therapy

Non-rigid means of support (elastic bandages or wraps) or temporary immobilization

Massage

Drinking Fluids for relief of heat stress



OSHA Reporting

Frequently Asked Questions

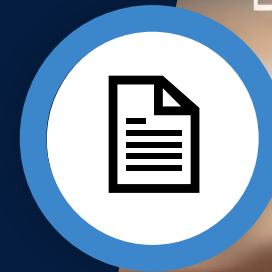
Question:

Where do I retrieve the OSHA Recordkeeping forms?

Answer:

The OSHA website is a resource to find the sample forms.

OSHA Website Demonstration • Recordkeeping Forms
WWW.OSHA.GOV



Obtain Form Templates & Instructions

01

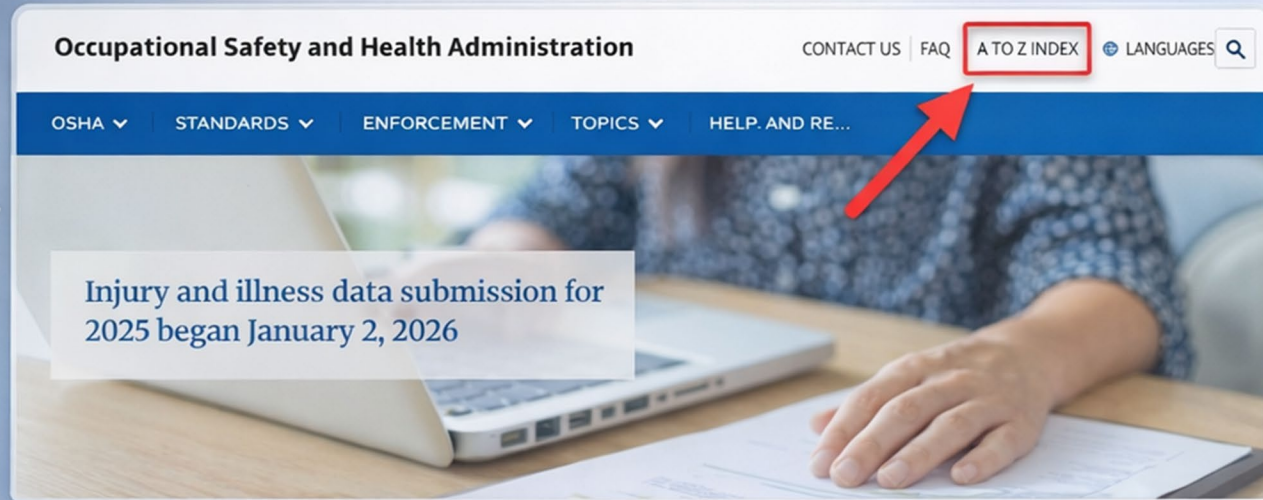
Go to
www.osha.gov

02

Select
A–Z Index
Go to “F”

03

Click
Forms
(300, 300A, 301)



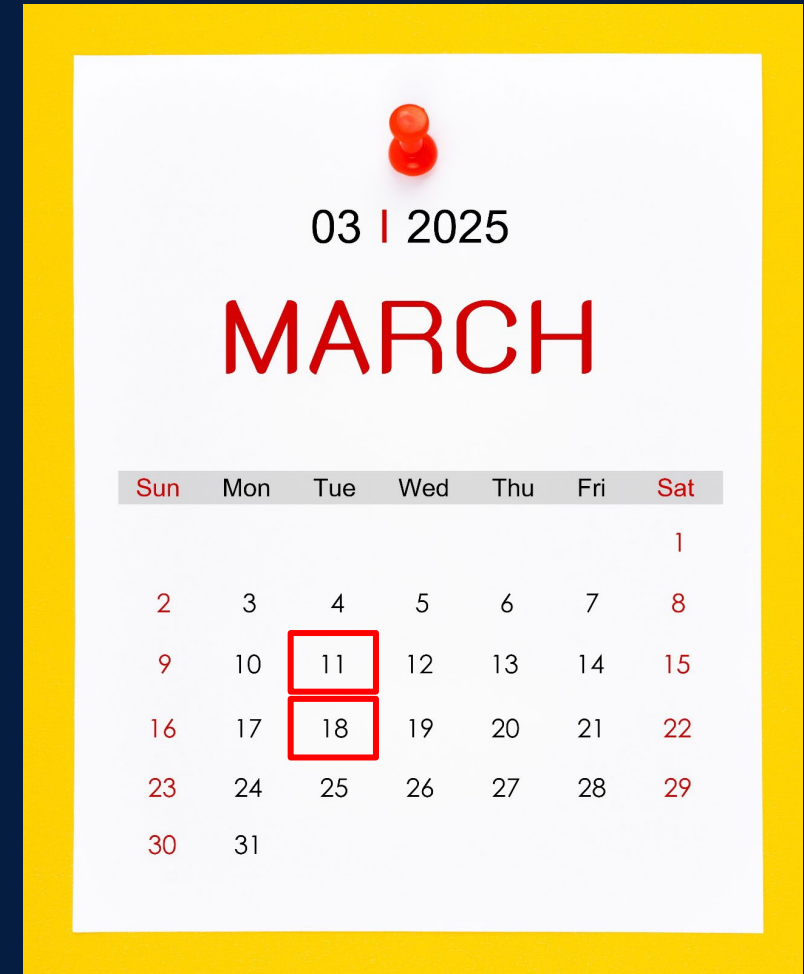
Frequently Asked Questions

Question:

An OSHA recordable injury occurred on March 11, 2025. Is it acceptable to add the injury to the OSHA 300 log at the end of the year when preparing the summary **for posting?**

Answer:

No, OSHA recordable injuries must be placed on the OSHA log within seven (7) calendar days of receiving information that a recordable injury or illness has occurred.





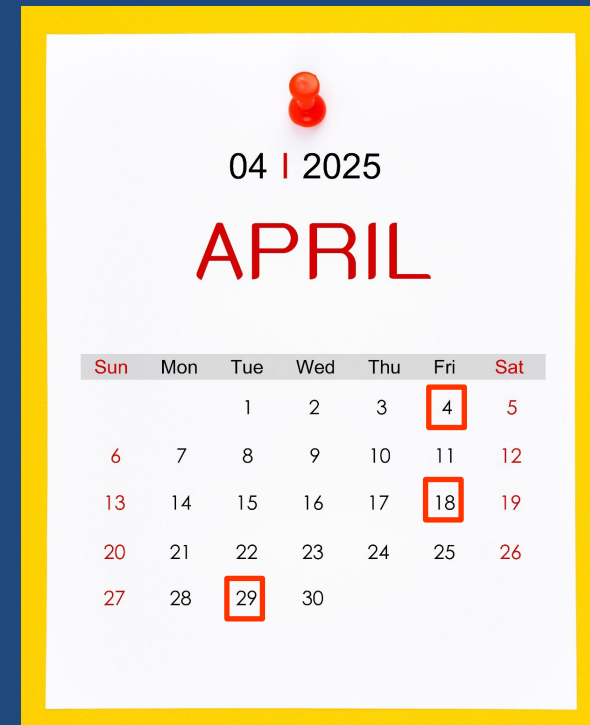
An employee was injured and was out of work for 6 days, employee returned and worked restricted duty for 5 days and was out of work for 6 additional days. Do both day counts need to be captured on the OSHA 300 log (12 days out and 5 restricted)?

Day Count:

Logging Days Away and Restricted Duty Days

SCENARIO 1

- Employee Name: Julie Slick
- Job Title: Machine Operator
- Date of Injury: April 4, 2025
- Injury Description: Slipped and fell on oil
- Injury Sustained: Broken left leg
- Treatment:
 - Placed out of work on April 4, 2025, post incident (13 days)
 - Returned to work on April 18, 2025, on restricted duty
 - Remains on restricted duty until next appointment April 29, 2025 (12 days)



1904.7(b)(3), 1904.7(b)(3)(i), 1904.7(b)(4)



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: 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 **25**

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



Form approved OMB no. 1218-0176

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) 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.
- Feel free to use two lines for a single case if you need to.
- Complete the 5 steps for each case.

Establishment name **ABC Manufacturing**
City **Bradford** State **PA**

Step 1. Identify the person

Step 2. Describe the case

Step 3. Classify the case

Step 4.

Step 5.

(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	Step 3. Classify the case SELECT ONLY ONE circle based on the most serious outcome:				Step 4. Enter the number of days the injured or ill worker was:		Step 5. Select one column:					
						Remained at Work				Away from work (K)	On job transfer or restriction (L)	Illness (M)					
						Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)			Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
Reset 1	Julie Slick	Machine Operator	4 / 4 month / day	Beside machine #35	Broke left leg from slip & fall on oil	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	13 days	12 days	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	days	days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	days	days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	days	days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	days	days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	days	days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	days	days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	days	days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	days	days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	days	days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	days	days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Add a Form Page

Page totals ▶ 0 1 0 0 13 12

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

1 0 0 0 0 0

Injury Skin disorder Respiratory condition Poisoning Hearing loss All other illnesses

(1) (2) (3) (4) (5) (6)



OSHA Form 300

Step 2-F

Step 1. Identify the person			Step 2. Describe the case		
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)
<div>Reset</div> <div>1</div>	Julie Slick	Machine Operator	4 / 4 month / day	Beside machine #35	Broke left leg from slip & fall on oil
<div>Reset</div>					



OSHA Form 300

Step 3, 4, & 5

Step 3. Classify the case				Step 4.		Step 5.						
SELECT ONLY ONE circle based on the most serious outcome:				Enter the number of days the injured or ill worker was:		Select one column:						
Remained at Work						Illness						
Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)	Away from work (K)	On job transfer or restriction (L)	(M)	Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses
						(1)	(2)	(3)	(4)	(5)	(6)	
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	13	12	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____ days	_____ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____ days	_____ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

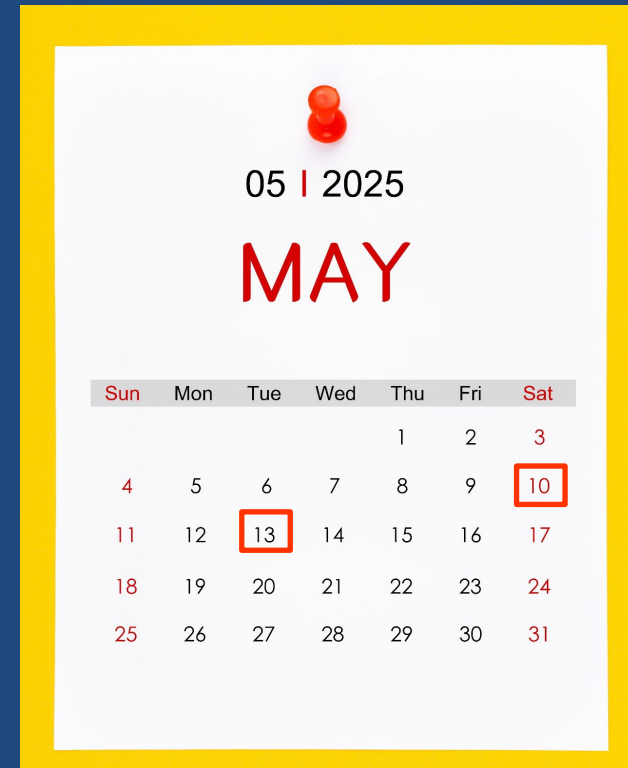


Day Count: Restricted/Transfer Days

SCENARIO 2

Jude Law was injured on May 10, 2025, and was placed on work restrictions on the same day due to the work injury. The doctor noted restricted duty to continue until May 13, 2025. On May 13th, after working a partial shift on restrictions, he was released to full duty.

How many restricted / transfer days should be entered onto the OSHA 300 log?



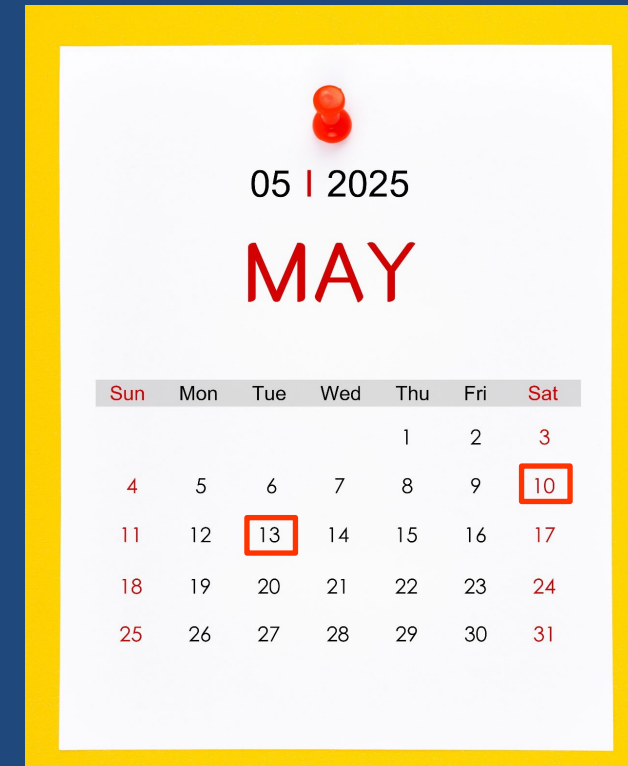
Day Count: Restricted/Transfer Days (Cont.)

SCENARIO 2 - Answer

3 Days

- Count calendar days, including the partial day on May 13.
- Do not count May 10, 2025, the day the injury or illness began for restricted or job transfer cases.

1904.7(b)(4)(v)



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: 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 **25**

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



Form approved OMB no. 1218-0176

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) 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.
- Feel free to use two lines for a single case if you need to.
- Complete the 5 steps for each case.

Establishment name **ABC Manufacturing**
City **Bradford** State **PA**

Step 1. Identify the person

Step 2. Describe the case

(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(E) Where the event occurred (e.g., Loading dock north end)
Reset 1	Julie Slick	Machine Operator	4 / 4 month / day	Beside machine #35
Reset 2	Jude Law	Maintenance	5 / 10 month / day	Maint. Shop
Reset			/ month / day	
Reset			/ month / day	
Reset			/ month / day	
Reset			/ month / day	
Reset			/ month / day	
Reset			/ month / day	
Reset			/ month / day	
Reset			/ month / day	
Reset			/ month / day	

(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)

Broke left leg from slip & fall on oil
Back Strain / Sprain from grinding

Step 3. Classify the case

SELECT ONLY ONE circle based on the most serious outcome:

Remained at Work			
Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Step 4.

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

Away from work (K)	On job transfer or restriction (L)
13 days	12 days
 days	3 days
 days	 days
 days	 days
 days	 days
 days	 days
 days	 days
 days	 days
 days	 days
 days	 days
 days	 days

Step 5.

Select one column:

Illness					
Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Add a Form Page

Page totals ▶ 0 1 1 0 13 15

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

2 0 0 0 0

Injury
(1)

Skin disorder
(2)

Respiratory condition
(3)

Poisoning
(4)

Hearing loss
(5)

All other illnesses
(6)



OSHA Form 300

Step 2-F

Step 1. Identify the person			Step 2. Describe the case		
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)
<input type="button" value="Reset"/> 1	Julie Slick	Machine Operator	4 / 4 month / day	Beside machine #35	Broke left leg from slip & fall on oil
<input type="button" value="Reset"/> 2	Jude Law	Maintenance	5 / 10 month / day	Maint. Shop	Back Strain / Sprain from grinding



OSHA Form 300

Steps 3, 4, & 5

Step 3. Classify the case				Step 4.		Step 5.					
SELECT ONLY ONE circle based on the most serious outcome:				Enter the number of days the injured or ill worker was:		Select one column:					
Remained at Work											
Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)	Away from work (K)	On job transfer or restriction (L)	(M) Illness					
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	13	12	(1) Injury	(2) Skin disorder	(3) Respiratory condition	(4) Poisoning	(5) Hearing loss	(6) All other illnesses
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	_____ days	_____ days	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					3						
				_____ days	_____ days						

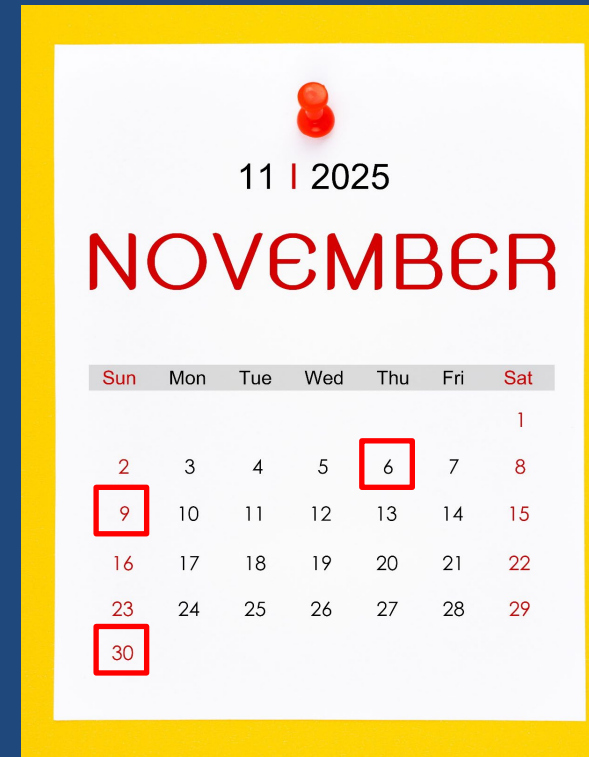


Day Count: Employee Leaves Company

SCENARIO 3

Frank Carpenter was injured on November 6, 2025, and was placed out of work due to the work injury. He retired from the company on November 9, 2025. The doctor note kept him out of work until November 30, 2025.

How many lost time days should be entered on the OSHA 300 log?

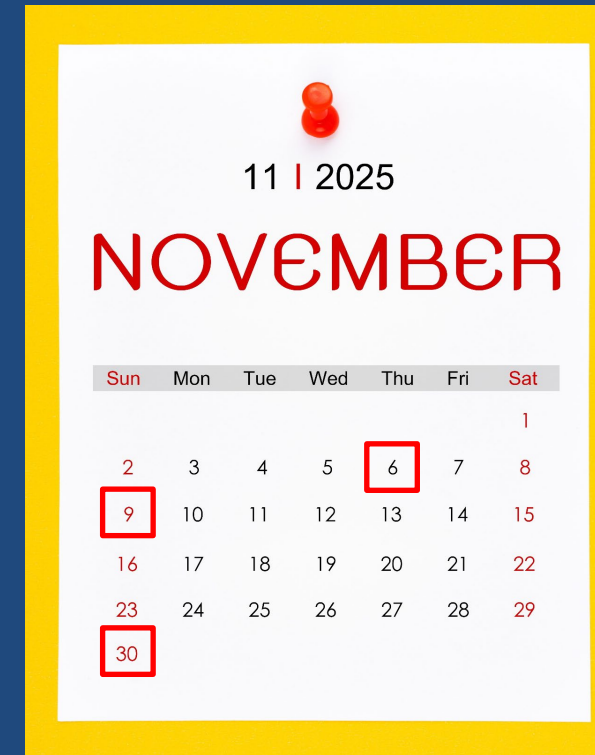


Day Count: Employee Leaves the Company (Cont.)

SCENARIO 3 - Answer

3 Days

- Count calendar days, excluding the day the injury or illness began.
- Stop counting if the employee retires, takes another job, or leaves the company for reasons unrelated to the work injury.



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: 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 **25**

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



Form approved OMB no. 1218-0176

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) 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.
- Feel free to use two lines for a single case if you need to.
- Complete the 5 steps for each case.

Establishment name

ABC Manufacturing

City

Bradford

State

PA

Step 1. Identify the person

Step 2. Describe the case

(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(E) Where the event occurred (e.g., Loading dock north end)
Reset 1	Julie Slick	Machine Operator	4 / 4 month / day	Beside machine #35
Reset 2	Jude Law	Maintenance	5 / 10 month / day	Maint. Shop
Reset 3	Frank Carpenter	Administration	11 / 6 month / day	Office worker
Reset			/ month / day	
Reset			/ month / day	
Reset			/ month / day	
Reset			/ month / day	
Reset			/ month / day	
Reset			/ month / day	
Reset			/ month / day	

(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)

Broke left leg from slip & fall on oil

Back Strain / Sprain from grinding

Tripped & fell over cord & injured right knee

Step 3. Classify the case

SELECT ONLY ONE circle based on the most serious outcome:

Remained at Work			
Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Step 4.

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

Away from work (K)	On job transfer or restriction (L)
13 days	12 days
 days	3 days
3 days	 days
 days	 days
 days	 days
 days	 days
 days	 days
 days	 days
 days	 days

Step 5.

Select one column:

Illness					
Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Add a Form Page

Page totals

0 2 1 0 16 15 3 0 0 0

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Injury
(1)

Skin disorder
(2)

Respiratory condition
(3)

Poisoning
(4)

Hearing loss
(5)

All other illnesses
(6)



OSHA Form 300

Step 2-F

Step 1. Identify the person			Step 2. Describe the case		
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)
Reset 1	Julie Slick	Machine Operator	4 / 4 month / day	Beside machine #35	Broke left leg from slip & fall on oil
Reset 2	Jude Law	Maintenance	5 / 10 month / day	Maint. Shop	Back Strain / Sprain from grinding
Reset 3	Frank Carpenter	Administration	11 / 6 month / day	Office worker	Tripped & fell over cord & injured right knee



OSHA Form 300

Steps 3, 4, & 5

Step 3. Classify the case				Step 4.		Step 5.						
SELECT ONLY ONE circle based on the most serious outcome:				Enter the number of days the injured or ill worker was:		Select one column:						
Remained at Work						Illness						
Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)	Away from work (K)	On job transfer or restriction (L)	(M)	Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses
						(1)	(2)	(3)	(4)	(5)	(6)	
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	13 days	12 days	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	3 days	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	3 days	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	





Restricted Duty: Routine Functions

QUESTION

Do I have to record on an OSHA 300 log, a job restriction if the employee is still capable of performing all their job functions?





Restricted Duty: Routine Functions

QUESTION

Do I have to record on an OSHA 300 log, a job restriction if the employee is still capable of performing all their job functions?

ANSWER

No. If the employee can perform all of his or her routine job functions (activities the employee regularly performs at least once per week), the case does not involve restricted work. Loss of productivity is not considered restricted work.

1904.7(b)(4)(i), 1904.7(b)(4)(i)(A), 1904.7(b)(4)(i)(B), 1904.7(b)(4)(ii)



Temporary Employees

QUESTION

Do I have to record a temporary employee on my establishment OSHA log as the host employer?



Temporary Employees

QUESTION

Do I have to record a temporary employee on my establishment OSHA log as the host employer?

ANSWER

The host employer must record the recordable injuries and illnesses of employees not on its payroll if it supervises them on a day-to-day basis. Day-to-day supervision occurs when "in addition to specifying the output, product or result to be accomplished by the person's work, the employer supervises the details, means, methods and processes by which the work is to be accomplished."

1904.7(b)(4)(i), 1904.7(b)(4)(i)(A), 1904.7(b)(4)(i)(B), 1904.7(b)(4)(ii)



Day Count: 180 Day Cap

QUESTION

Bob Ross was placed out of work due to a work injury on February 10, 2025, and has not returned as of August 10, 2025. Out of work counts have been estimated since February 10, 2025.

Do I have to continue counting days away from work indefinitely on the OSHA 300 log?



Day Count: 180 Day Cap

QUESTION

Bob Ross was placed out of work due to a work injury on February 10, 2025, and has not returned as of August 10, 2025. Out of work counts have been estimated since February 10, 2025.

Do I have to continue counting days away from work indefinitely on the OSHA 300 log?

ANSWER

You may “cap” the total days away at 180 calendar days.

In such a case, entering 180 in the total days away column will be considered adequate.

1904.7(b)(3)(vii)



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: 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

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) 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.
- Feel free to use two lines for a single case if you need to.
- Complete the 5 steps for each case.

Establishment name **ABC Warehouse**
City **Mercersburg** State **PA**

Step 1. Identify the person Step 2. Describe the case Step 3. Classify the case Step 4. Step 5.

(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)
Reset 1	Bob Ross	Material Handler	2 / 10 month / day	Warehouse	Back strain from lifting 50 lb bags
Reset			month / day		
Reset			month / day		
Reset			month / day		
Reset			month / day		
Reset			month / day		
Reset			month / day		
Reset			month / day		
Reset			month / day		
Reset			month / day		
Reset			month / day		

SELECT ONLY ONE circle based on the most serious outcome:

Remained at Work			
Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Step 4. Enter the number of days the injured or ill worker was:

Away from work (K)	On job transfer or restriction (L)
180 days	180 days

Step 5. Select one column:

Illness						
(M)	Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Add a Form Page



If a case occurs in one year but results in days away during the next calendar year, do I record the case in both years?

Frequently Asked Questions

Question:

If a case occurs in one year but results in days away during the next calendar year, do I record the case in both years?

Answer:

No, you only record the injury and illness once. You must enter the number of calendar days away for the injury or illness on the OSHA 300 log for the year in which the injury or illness occurred.

1904.7(b)(3)(ix)



EMBER 31, 2025

JANUARY 1, 2026



Example Completed OSHA 300 Log

A.B.C. Manufacturing Company, Inc.

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: 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 **25**

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



Form approved OMB no. 1218-0176

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) 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.
- Feel free to use two lines for a single case if you need to.
- Complete the 5 steps for each case.

Establishment name **ABC Manufacturing**
City **Bradford** State **PA**

Step 1. Identify the person

Step 2. Describe the case

Step 3. Classify the case

SELECT ONLY ONE circle based on the most serious outcome:

Step 4.

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

Step 5.

Select one column:

(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	Remained at Work				Enter the number of days the injured or ill worker was:		Select one column:						
						Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)	Away from work (K)	On job transfer or restriction (L)	Illness						
												(M)	Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses
												(1)	(2)	(3)	(4)	(5)	(6)	
Reset 1	Julie Slick	Machine Operator	4 / 4	Beside machine #35	Broke left leg from slip & fall on oil	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	13	12	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset 2	Jude Law	Maintenance	5 / 10	Maint. Shop	Back Strain / Sprain from grinding	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>		3	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset 3	Frank Carpenter	Administration	11 / 6	Office worker	Tripped & fell over cord & injured right knee	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	3		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset 4	Brandy Beekeeper	Landscaper	12 / 10	Outside walkway	Struck in eye by branch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset 5	Marvin Hays	Tool Set-up	12 / 12	Machine #6	Dermatitis on Arms from cutting fluid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>			<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Add a Form Page

Page totals ▶ 0 2 1 2 16 15 4 1 0 0 0 0

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Injury
(1)

Skin disorder
(2)

Respiratory condition
(3)

Poisoning
(4)

Hearing loss
(5)

All other illnesses
(6)



Example Completed OSHA 300A Summary

A.B.C. Manufacturing Company, Inc.

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

Summary of Work-Related Injuries and Illnesses

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

Year 20 25



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

Form approved OMB no. 1218-0176

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
<u>0</u>	<u>2</u>	<u>1</u>	<u>2</u>
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>16</u>	<u>15</u>
(K)	(L)

Injury and Illness Types

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

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 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name ABC Manufacturing Company, Inc.
Street 123 Sunnyside Boulevard
City Bradford State PA Zip 16701
Industry description (e.g., *Manufacture of motor truck trailers*)
Knife Manufacturer
North American Industrial Classification (NAICS), if known (e.g., 336212)

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

Annual average number of employees 30
Total hours worked by all employees last year 60,000.00

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.

[Signature] President
Company executive Title
Phone 814-552-598 Date 1/2/26

Reset



OSHA Form 300A Submission

1

**Ensure the OSHA
300A is completed
& accurate**

2

**Certify the
summary with an
executive signature**

3

**Post the OSHA
300A Summary in a
conspicuous
location**

February 1st – April 30th

4

**Submit the
OSHA 300A
Injury Tracking
Application**

January 2nd – March 2nd



Injury Tracking Application (ITA)

This page provides requirements and guidance about electronically submitting your establishments' injury and illness data from the OSHA Form 300A: Summary of Work-Related Injuries and Illnesses, OSHA Form 300: Log of Work-Related Injuries and Illnesses, and OSHA Form 301: Injury and Illness Incident Report.

Injury Tracking Application (ITA) Information Resources for Electronic Submission of Injury and Illness Data

NOTICE:

Injury and illness data submission begins January 2, 2026. Visit the [ITA Coverage Application](#) to help determine whether you are required to submit this data.

This page provides requirements and guidance about electronically submitting your establishments' injury and illness data from the OSHA Form 300A: Summary of Work-Related Injuries and Illnesses, OSHA Form 300: Log of Work-Related Injuries and Illnesses, and OSHA Form 301: Injury and Illness Incident Report. OSHA provides a secure website, the [Injury Tracking Application \(ITA\)](#), where you can manually enter your data to the ITA via the web form, upload a CSV file to the ITA, or transmit data electronically via an API (application programming interface).



[Download the ITA User Guide](#)

Unsure where to begin? Can't remember how to submit your data? Download our NEW ITA User Guide to help guide you through the submission process.



[Take me to the ITA](#)

Navigate to the ITA Login Page to begin submitting your injury and illness data. If this is your first year using the ITA, please review the ITA User Guide before getting started.



[ITA Frequently Asked Questions](#)

Have a question about the requirements or using the ITA? Review our Frequently Asked Questions, updated annually, to help you during the submission process.



Industries with 250 or More Employees Required to Submit Records

(29 CFR 1904 Subpart E)

WHO:

Employers with 250 or more employees and are not partially exempted in Subpart B Appendix A.

WHAT:

OSHA 300A Summary Form

WHERE:

OSHA – Injury Tracking Application (ITA)

Appendix A Partially Exempt Industries

*This is not a complete list

<u>NAICS</u>	<u>Industry*</u>
4481	Clothing Stores
5411	Legal Services
6111	Elementary & Secondary Schools
6112	Junior Colleges
6211	Offices of Physicians
6244	Child Day Care Services
7221	Full-Service Restaurants



Industries with 20 or More Employees Required to Submit Records

(29 CFR 1904 Subpart E App. A)

WHO:

Employers with more than 20 employees in certain designated industries (higher hazard) in Subpart E Appendix A

WHAT:

OSHA 300A Summary Form

WHERE:

OSHA Injury Tracking Application (ITA)

<u>NAICS</u>	<u>Industry*</u>
22	Utilities
23	Construction
31-33	Manufacturing
42	Wholesale Trade
4451	Grocery Stores
4441	Building Material & Supplies
4931	Warehousing

*This is not a complete list.



Industries with 100 or More Employees Required to Submit Records

(29 CFR 1904 Subpart E App. B)

WHO:

Employers with more than 100 employees in certain designated industries (higher hazard) in Subpart E Appendix A

WHAT:

OSHA 300 Log and the OSHA Form 301

WHERE:

OSHA Injury Tracking Application (ITA)

NAICS

Industry*

1133

Logging

2213

Water, Sewage, Other Systems

3118

Bakeries & Tortilla Mfg.

3162

Footwear Manufacturing

3211

Sawmills & Wood Preservation

*This is not a complete list.



Questions?

Summary

OSHA recordkeeping can be complex. Review each scenario and determine what applies. Utilize the resources and tools on the OSHA website and provided through this webinar.

Reach out to a [MEMIC Safety Expert](#) for assistance.

Q & A



1. Use the Chat box to type your questions or share your thoughts.
2. Feel free to ask about specific scenarios or challenges that you face.
3. Let us know if you'd like further clarification on any topic discussed.





THANK YOU FOR YOUR PARTICIPATION

MEMIC

TO DOWNLOAD THIS AND OTHER WEBINARS:

www.memmic.com/webinars-downloads

Check your email next week for:

- Resources associated with this webinar.
- A link to this recording.

