



# Completing OSHA Recordkeeping Forms

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# Who has to complete the OSHA injury and illness recordkeeping forms?

Many but not all employers. Exceptions are based on:

- Small employer exemption – 10 or fewer employees at all times during the year
- Low-hazard industry exemption – [see list of Partially Exempt Industries \(PDF\)](#)

Fatality and other serious event reporting as well as injury and illness surveys involve other considerations.



# What forms must be completed?

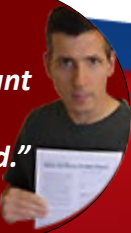
- **OSHA Form 300** – Log of Work-Related Injuries and Illnesses
- **OSHA Form 301** – Injury and Illness Incident Report
- **OSHA Form 300A** – Summary of Work-Related Injuries and Illnesses



# What cases need to be recorded on the forms?

- Injuries and illnesses
- Work related
- Meet certain severity criteria

*"It's  
important  
and  
required."*



# What cases are work related?

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

(For a list of activities that are not work related, see section [1904.5\(b\)\(2\)](#) [PDF].)



# What are the severity criteria for recording a work-related injury or illness?

- Death
- Loss of consciousness
- Days away from work
- Restricted work activity or job transfer
- Medical treatment beyond first aid



# When do you need to report an accident to OSHA?

- **Fatality within 8 hours**
  - All heart attacks must be reported
  - Motor vehicle accidents are not reportable if they occurred on a public street or highway
- **Hospitalization within 24 hours**



# Determining Work Relatedness of Covid-19

## May 19, 2020 Compliance Guidance letter

Under OSHA's recordkeeping requirements, COVID-19 is a recordable illness, and thus employers are responsible for recording cases of COVID-19, if:

1. The case is a confirmed case of COVID-19, as defined by the Centers for Disease Control and Prevention (CDC);[2]
2. The case is work-related as defined by 29 CFR § 1904.5;[3] and
3. The case involves one or more of the general recording criteria set forth in 29 CFR § 1904.7.[4]

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# Covid 19 Work Relatedness

- COVID-19 illnesses are likely work-related when several cases develop among workers who work closely together and there is no alternative explanation.
- An employee's COVID-19 illness is likely work-related if it is contracted shortly after lengthy, close exposure to a particular customer or coworker who has a confirmed case of COVID-19 and there is no alternative explanation.
- An employee's COVID-19 illness is likely work-related if his job duties include having frequent, close exposure to the general public in a locality with ongoing community transmission and there is no alternative explanation.
- An employee's COVID-19 illness is likely not work-related if she is the only worker to contract COVID-19 in her vicinity and her job duties do not include having frequent contact with the general public, regardless of the rate of community spread.
- An employee's COVID-19 illness is likely not work-related if he, outside the workplace, closely and frequently associates with someone (e.g., a family member, significant other, or close friend) who (1) has COVID-19; (2) is not a coworker, and (3) exposes the employee during the period in which the individual is likely infectious.
- CSHOs should give due weight to any evidence of causation, pertaining to the employee illness, at issue provided by medical providers, public health authorities, or the employee herself.

***"It's  
important  
and  
required."***




# OSHA Form 300: Recording a Fatality

<b>OSHA's Form 300 (Rev. 01/2004)</b> <b>Log of Work-Related Injuries and Illnesses</b>						<b>Attention:</b> 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 <input type="text"/> <b>U.S. Department of Labor</b> Occupational Safety and Health Administration										
You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two						Form approved OMB no. 1218-0176												
Establishment name <input type="text"/>						City <input type="text"/> State <input type="text"/>												
Identify the person		Describe the case		Classify the case		Enter the number of days the injured or ill worker was:												
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	<b>CHECK ONLY ONE</b> box for each case based on the most serious outcome for that case:		Check the "injury" column or choose one type of illness:										
						Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M) Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses	
								Job transfer / restriction	Other recordable cases									
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)	
1	Mark Bagin	Welder	5/25	basement	fell from ladder	✓						✓						


*"It's important and required."*



# OSHA Form 300: Recording a Case with Days Away From Work


<b>OSHA's Form 300 (Rev. 01/2004)</b> <b>Log of Work-Related Injuries and Illnesses</b>						<b>Attention:</b> 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 <input type="text"/> 		<b>U.S. Department of Labor</b> Occupational Safety and Health Administration							
You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two						Form approved OMB no. 1218-0176											
Establishment name <input type="text"/>						City <input type="text"/> State <input type="text"/>											
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)	(B)	(C)	(D)	(E)	(F)	Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M)					
Case No.	Employee's Name	Job Title (e.g., Welder)	Date of injury or onset of illness (mo./day)	Where the event occurred (e.g. Loading dock north end)	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)			Job transfer / restriction	Other recordable cases			Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
1	Mark Bagin	Welder	5/25	basement	fell from ladder	✓						✓					
2	Shana Alexander	Foundry man	7/2	pouring dock	poisoning from lead fumes		✓			12					✓		

# OSHA Form 300: Recording a Case with Restricted Work Activity or Job Transfer

<b>OSHA's Form 300 (Rev. 01/2004)</b>						<b>Attention:</b> 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 <input type="text"/>									
<b>Log of Work-Related Injuries and Illnesses</b>								<b>U.S. Department of Labor</b>		Occupational Safety and Health Administration							
You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two								Form approved OMB no. 1218-0176									
						Establishment name <input type="text"/>											
						City <input type="text"/>		State <input type="text"/>									
<b>Identify the person</b>		<b>Describe the case</b>		<b>Classify the case</b>													
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	<b>CHECK ONLY ONE</b> box for each case based on the most serious outcome for that case:		Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:							
						Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M) Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses:
								Job transfer / restriction	Other recordable cases	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
1	Mark Bagin	Welder	5/25	basement	fell from ladder	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
2	Shana Alexander	Foundry man	7/2	pouring dock	poisoning from lead fumes		<input checked="" type="checkbox"/>			12					<input checked="" type="checkbox"/>		
3	Sam Sander	Electrician	8/5	2nd floor storeroom	sprained left foot, fell over box			<input checked="" type="checkbox"/>			10	<input checked="" type="checkbox"/>					
4	Ralph Boccella	Laborer	9/17	packaging department	back strain lifting a box		<input checked="" type="checkbox"/>			5	14	<input checked="" type="checkbox"/>					



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

<b>OSHA's Form 300 (Rev. 01/2004)</b> <b>Log of Work-Related Injuries and Illnesses</b>						<b>Attention:</b> 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 <input type="text"/> 									
You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two						Form approved OMB no. 1218-0176											
Establishment name <input type="text"/>						City <input type="text"/> State <input type="text"/>											
<b>Identify the person</b>						<b>Describe the case</b>											
<b>Classify the case</b>						<b>Enter the number of days the injured or ill worker was:</b>											
<b>CHECK ONLY ONE box for each case based on the most serious outcome for that case:</b>						<b>Check the "injury" column or choose one type of illness:</b>											
(A)	(B)	(C)	(D)	(E)	(F)	Death	Days away from work	Remained at work	Away From Work (days)	On job transfer or restriction (days)	(M)						
Case No.	Employee's Name	Job Title (e.g., welder)	Date of injury or onset of illness (mo./day)	Where the event occurred (e.g. Loading dock north end)	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)			Job transfer / restriction	Other recordable cases			Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
1	Mark Bagin	Welder	5/25	basement	fell from ladder	✓						✓					
2	Shana Alexander	Foundry man	7/2	pouring dock	poisoning from lead fumes		✓			12					✓		
3	Sam Sander	Electrician	8/5	2nd floor storeroom	sprained left foot, fell over box			✓			10						
4	Ralph Boccella	Laborer	9/17	packaging department	back strain lifting a box		✓			5	14						
5	Jarrold Daniels	Machine operator	10/23	production floor	dust in eye				✓			✓					

(For a list of specific treatments considered to be first aid, see section [1904.7\(b\)\(5\)](#) [PDF].)

## Other Recording Criteria

- Significant diagnosed injury or illness
- Needlestick and sharps injuries – section [1904.8](#) (PDF)
- Medical removal – section [1904.9](#) (PDF)
- Hearing loss – section [1904.10](#) (PDF)
- Tuberculosis – section [1904.11](#) (PDF)
- 1910.502- You must maintain a covid 19 log if you are in healthcare

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and  
required."*



# OSHA Form 301: Injury and Illness Incident Report

OSHA's Form 301 <b>Injury and Illness Incident Report</b>		<b>Attention:</b> This form contains information about employee health and must be used in a manner that protects the confidentiality of employees to the maximum possible while the information is being used for occupational safety and health purposes.
<p>This <i>Injury and Illness Incident Report</i> is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the <i>Log of Work-Related Injuries and Illnesses</i> and the accompanying <i>Summary</i>, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.</p> <p>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.</p> <p>According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep</p>	<p><b>Information about the employee</b></p> <p>1) Full name _____</p> <p>2) Street _____</p> <p>City _____ State _____ ZIP _____</p> <p>3) Date of birth ____/____/____</p> <p>4) Date hired ____/____/____</p> <p>5) <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p><b>Information about the physician or other health care professional</b></p> <p>6) Name of physician or other health care professional _____</p>	<p><b>Information about the case</b></p> <p>10) Case number from the <i>Log</i> _____</p> <p>11) Date of injury or illness ____/____/____</p> <p>12) Time employee began work _____</p> <p>13) Time of event _____</p> <p>14) <b>What was the employee doing just before the injury or illness?</b> _____ tools, equipment, or material the employee was carrying roofing materials"; "spraying _____"</p> <p>15) <b>What happened?</b> Tell us how the injury or illness happened. _____ fell 20 feet"; "Worker was sprayed with _____ developed soreness in wrist over time.</p>



# OSHA Form 300A: Summary of Work-Related Injuries and Illnesses

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

## Summary of Work-Related Injuries and Illnesses

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

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

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

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

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

Injury and Illness Types
Total number of . . .
(M)

**Estab**

Your est

Street

City

Industry

Standar

OR

North A

**Empl**

Workdays

Annual

Total ho

**Sign**

Knowi





# Keep the Forms on File

- **OSHA 300A must be posted from February 1 through April 30**
- File and update for 5 years
- Do not send copies to OSHA unless asked to do so
- Allow access to the records

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



# Resources

- Recordkeeping web page  
(<https://www.osha.gov/recordkeeping>)
- Q&A Search web page  
([https://www.osha.gov/recordkeeping/faq\\_search/index.html](https://www.osha.gov/recordkeeping/faq_search/index.html))
- Local OSHA Offices  
(<https://www.osha.gov/html/RAmap.html>)
- E-correspondence/Contact us  
([https://www.osha.gov/html/Feed\\_Back.html](https://www.osha.gov/html/Feed_Back.html))

