

**Rocky Mountain EHS Peer Group – Jan 18, 2024**

# **OSHA Update & Recordkeeping**

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**Hector Tabares**

**Compliance Assistance Specialist  
Occupational Safety and Health Administration**



# Topics

- About OSHA – Mission & Vision
- Emphasis Programs/Statistics
- Recordkeeping
- Compliance Assistance Resources
- Q&A



The poster features the OSHA logo at the top left, followed by the text "Job Safety and Health IT'S THE LAW!". Below this, it lists rights for workers and duties for employers. At the bottom, it provides contact information and a graphic of three workers in safety gear.

**OSHA**  
Occupational Safety and Health Administration

**Job Safety and Health**  
**IT'S THE LAW!**

**All workers have the right to:**

- A safe workplace.
- Raise a safety or health concern with your employer or OSHA, or report a work-related injury or illness, without being retaliated against.
- Receive information and training on job hazards, including all hazardous substances in your workplace.
- Request a confidential OSHA inspection of your workplace if you believe there are unsafe or unhealthy conditions. You have the right to have a representative contact OSHA on your behalf.
- Participate (or have your representative participate) in an OSHA inspection and speak in private to the inspector.
- File a complaint with OSHA within 30 days (by phone, online or by mail) if you have been retaliated against for using your rights.
- See any OSHA citations issued to your employer.
- Request copies of your medical records, tests that measure hazards in the workplace, and the workplace injury and illness log.

**Employers must:**

- Provide employees a workplace free from recognized hazards. It is illegal to retaliate against an employee for using any of their rights under the law, including raising a health and safety concern with you or with OSHA, or reporting a work-related injury or illness.
- Comply with all applicable OSHA standards.
- Notify OSHA within 8 hours of a workplace fatality or within 24 hours of a work-related inpatient hospitalization, amputation, or loss of an eye.
- Provide required training to all workers in a language and vocabulary they can understand.
- Prominently display this poster in the workplace.
- Post OSHA citations at or near the place of the alleged violations.

On-Site Consultation services are available to small and medium-sized employers, without citation or penalty, through OSHA-supported consultation programs in every state.

This poster is available free from OSHA.

Contact OSHA. We can help.

1-800-321-OSHA (6742) • TTY 1-877-889-5627 • [www.osha.gov](http://www.osha.gov)

# OSHA's Mission & Vision



- **Mission: Ensure safe and healthful working conditions for workers** by setting and enforcing standards and by providing training, outreach, education and assistance.
- **Vision: Establish Safety and Health as a Core Value** in every workplace in the nation.
- Embed equity in everything we do.
- Ensure that OSHA protections apply equally to **all** workers.

# What does OSHA do?

- Develops Safety and Health standards
- Conducts inspection and enforcement activities
- Provides Compliance Assistance & Resources



# OSHA offices

OSHA Offices by State

Click on a state to locate your local offices.

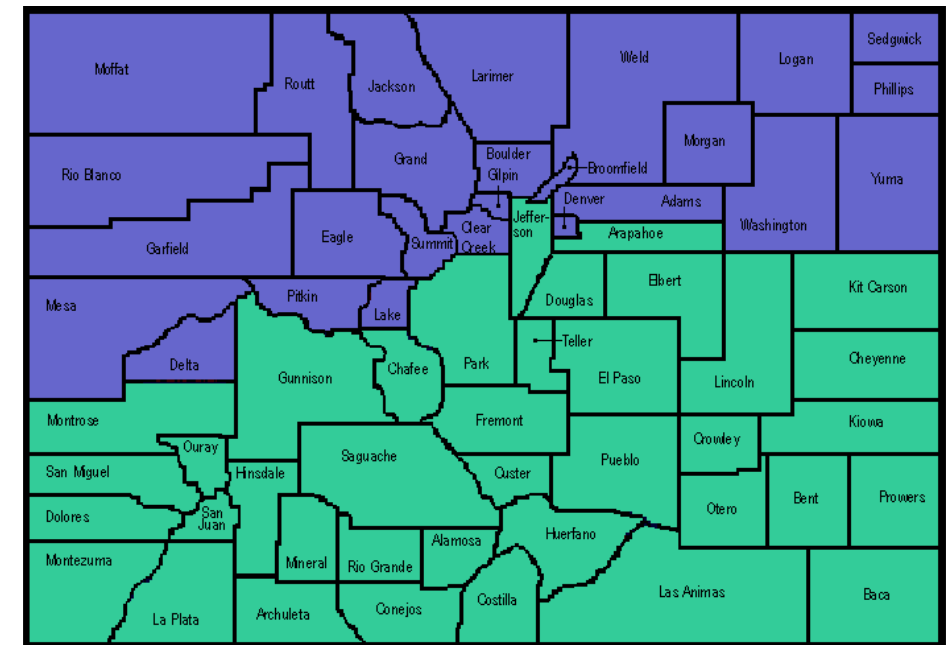
Find Office By State

Select a State

[Consultation Offices](#)  
[State Plans](#)  
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OSHA Regional Offices

- Region 1: Boston
- Region 2: New York
- Region 3: Philadelphia
- Region 4: Atlanta
- Region 5: Chicago
- Region 6: Dallas
- Region 7: Kansas City
- Region 8: Denver
- Region 9: San Francisco
- Region 10: Seattle



Colorado Area Offices

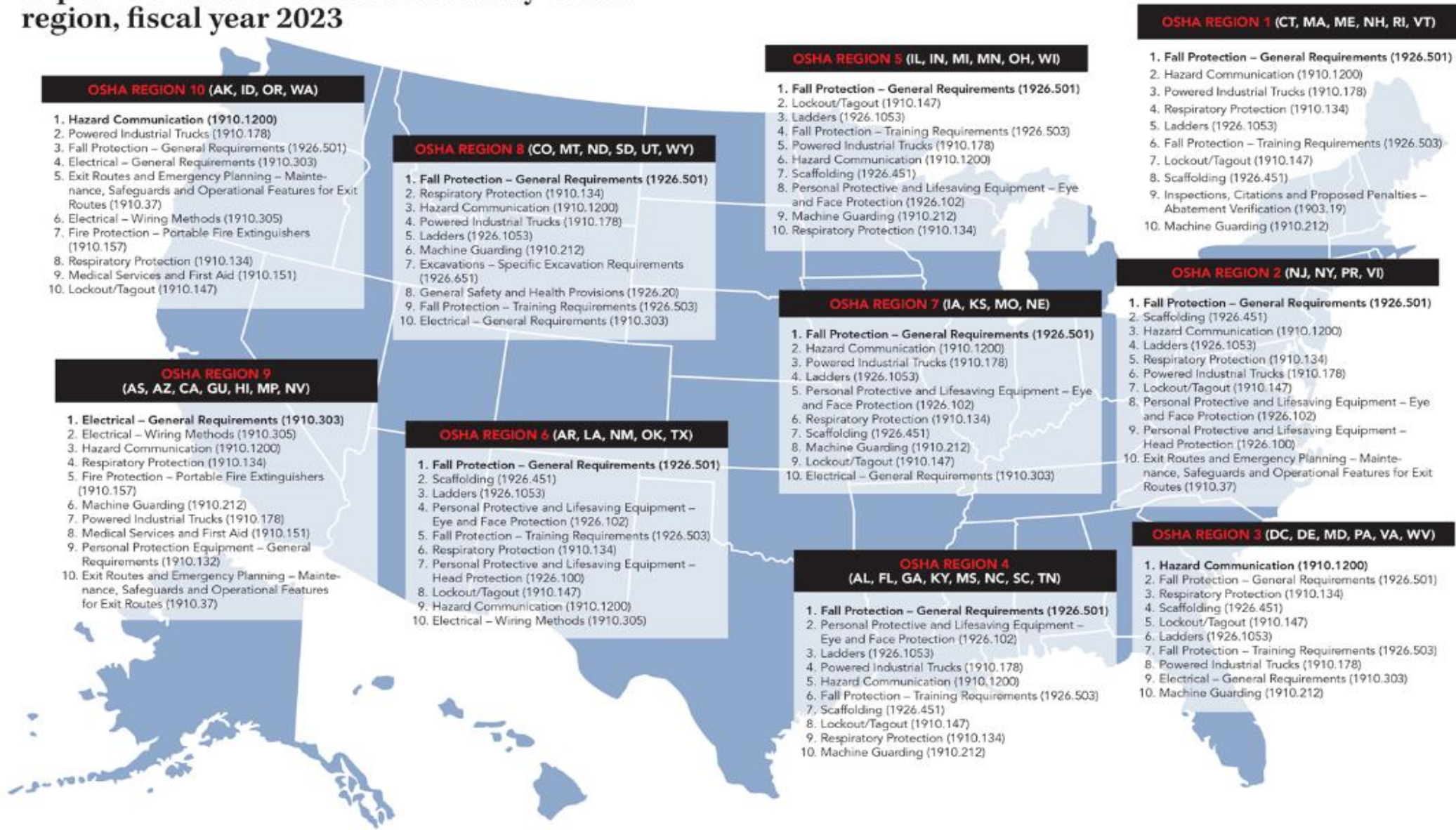
# FY 24 National Emphasis Programs -NEPs

- Amputations in Manufacturing
- Lead Exposures (GI and Construction)
- Hexavalent Chromium Exposures
- Process Safety Management
- Combustible Dust
- **Trenching and Excavation**
- Primary Metals Industries (Foundries)
- Shipbreaking
- Respirable Crystalline Silica
- **Outdoor and Indoor Heat Related Hazards**
- **Warehousing**
- **Fall Hazards –Const & GI**

# FY 24 Regional Emphasis Programs – Region 8 REPs

- Roadway Work Zone Activities
- **Oil and Gas Industry**
- Grain Handling Facilities
- Workplace Violence
- Woodworking
- Beverage Manufacturing
- Hazards in Automotive Services
- Cut Stone and Stone Products (Silica/Slab Handling)
- Noise induced Hearing Loss
- **Powered Industrial Vehicles**

# Top 10 list of most cited violations by OSHA region, fiscal year 2023





# OSHA Penalty Levels: 2024

## Effective 1/15/2024

Type of Violation	Maximum
<ul style="list-style-type: none"><li>• Serious and</li><li>• Other-Than-Serious</li><li>• Posting Requirements</li></ul>	<b>\$16,131 per violation</b>
Willful or Repeated	<b>\$161,323 per violation</b>
Failure to Abate	<b>\$16,131 per day</b> beyond the abatement date

# 29 CFR 1904 – Recordkeeping - RRS

- ✓ **Record** – Many employers need to record injuries and illnesses on the OSHA 300 forms
- ✓ **Report** – All employers need to report fatalities, hospitalizations, amputations, or eye loss
- ✓ **Submit** – Some employers need to (electronically) submit those records through the Injury Tracking Application(ITA)

# Recording - 1904.4

Many but not all employers must complete the Injury/Illness forms

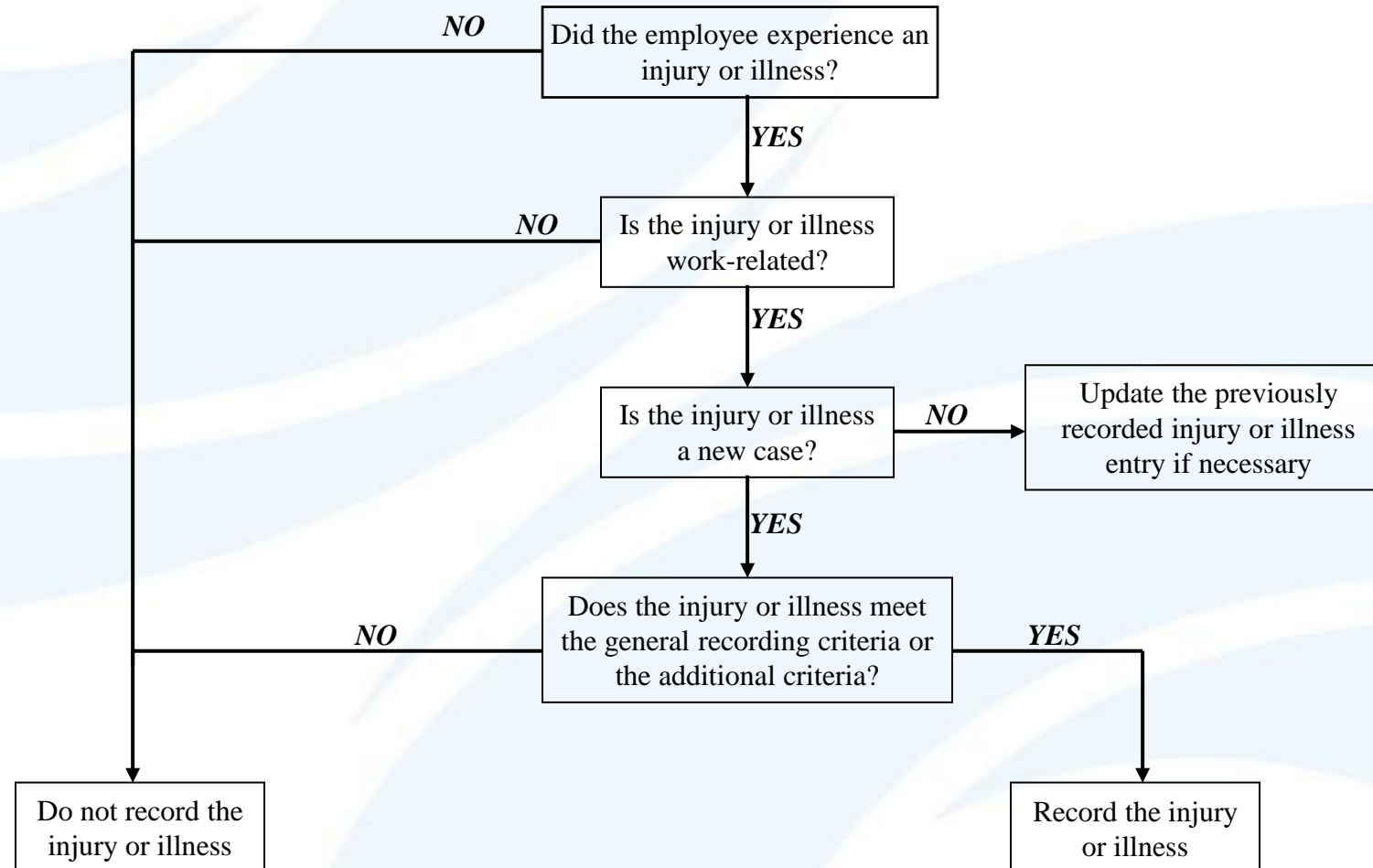
Exceptions are based on:

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

**Note:** Small employers are NOT exempt from reporting fatalities, hospitalizations, amputations and loss of an eye.

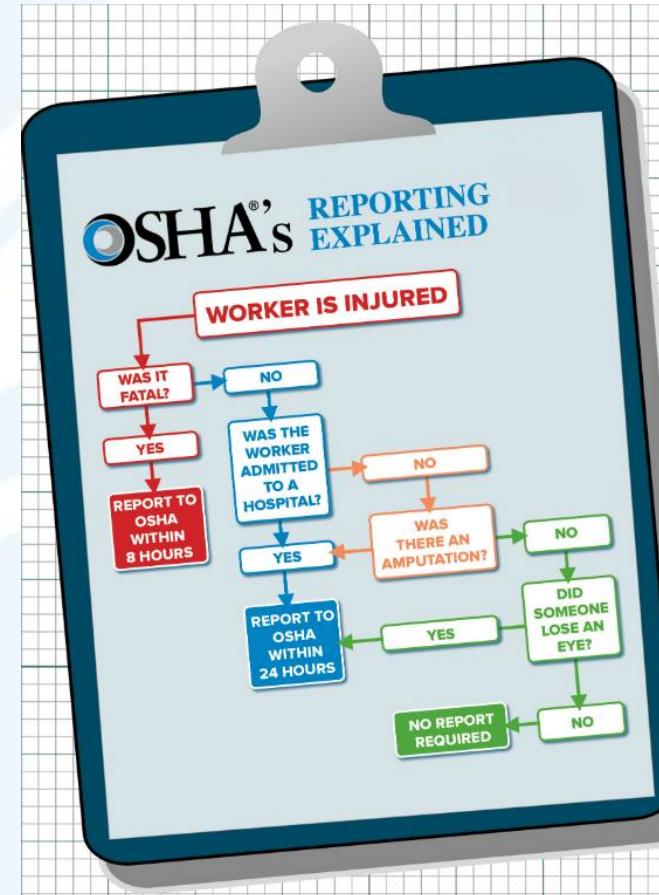


# Recording Decision Flowchart 1904.4(b)(2)



# Reporting - 1904.39

- All employers are required to notify OSHA of any **Fatalities** on the job or work-related **hospitalization, amputation, or loss of an eye.**
- A fatality must be reported **within 8 hours.**
- An in-patient hospitalization, amputation, or eye loss must be reported **within 24 hours.**



# Submitting – 1904.29

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



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Directorate of Technical Support and Emergency Management > Recordkeeping

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# Injury & Illness Recordkeeping Forms - 300, 300A, 301

## OSHA Forms for Recording Work-Related Injuries and Illnesses

### Dear Employer:

This booklet includes the forms needed for maintaining occupational injury and illness records. Many but not all employers must complete the OSHA injury and

### What's Inside...

In this package, you'll find everything you need to complete OSHA's *Log* and the *Summary of Work-Related Injuries and Illnesses* for the next several years. On the following pages, you'll find:

- An Overview: Recording Work-Related Injuries and Illnesses** — General instructions for filling out the forms in this package and definitions of terms you should use when you classify your cases as injuries or illnesses.
- How to Fill Out the Log** — An example to guide you in filling out the

**NOTE: When accessing the PDF file below, "RIGHT CLICK" on the link and save the file directly to your computer. Attempting to view or print PDF files through your browser with a plug-in viewer, can result in various technical difficulties.**

[Forms 300, 300A, 301 and Instructions](#) - PDF Fillable Format

[Forms 300, 300A, 301 Excel format \(Forms ONLY\)](#)

Requires Microsoft Excel or equivalent

# OSHA.gov/recordkeeping/forms

# 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 **23**



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 1904.12 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 **Widgets-R-Us**  
 City **Las Vegas** State **NV**

**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	Elvin Preslay	Lead Forklift	1 / 14 month / day	North loading dock, left bay	Forklift tipped over, driver crushed
Reset 2	James Handrex	Inventory Mgr	2 / 26 month / day	Conveyor Station 4	Laceration /right hand. Stitches Caught on side of conveyor belt
Reset 3	Tommy Pritty	Shift Super.	6 / 7 month / day	Warehouse Isle 26	Lung Infection. Early onset Asbestosis.
Reset 4	Privacy Case	Nurse	7 / 15 month / day	Office, room 3	Used needle stuck into palm. Right hand.
Reset 5	Jimmy Morris	Technician	9 / 16 month / day	Chemical Storage Room	Exposure to Benzene. Container leak Feels dizzy, nausea, headache
Reset 6	Larry Braythoven	Laborer	9 / 27 month / day	Conveyor Station 5	Laceration/right hand. Stitches. Caught on side of conveyor belt
Reset 7	Jonathan Cash	Maintenance	10 / 23 month / day	Main Lobby	Fell off of ladder Ruptured discs L1, L2, L3
Reset 8	Tyler Summers	Laborer	11 / 10 month / day	Conveyor Station 4	Amputation. Index, middle finger. Caught/ side of conveyor belt.

SELECT ONLY ONE circle based on the most serious outcome:

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

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

Away from work (K)	On job transfer or restriction (L)
3 days	15 days
10 days	60 days
3 days	15 days
94 days	30 days
21 days	30 days

Select one column:

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



# OSHA's Form 301 (Rev. 04/2004)

## Injury and Illness Incident Report

**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.



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 the printout or insert additional form pages in the PDF, and then use as many as you need.

Completed by Randall Foreman

Title Safety Manager

Phone 702-775-9456

Date 10/30/2023

Month Day Year

### Information about the employee

- 1) Full name Jonathan Wendell Cash
- 2) Street 777 Ring of Fire Lane
- City Las Vegas State NV ZIP 89131
- 3) Date of birth 8/1/1984
- Month Day Year
- 4) Date hired 3/5/2015
- Month Day Year
- 5)  Male  Female

### Information about the physician or other health care professional

- 6) Name of physician or other health care professional  
Dr. Samuel Bones
- 7) If treatment was given away from the worksite, where was it given?
- Facility University Medical Center
- Street 1800 W. Charleston Blvd.
- City Las Vegas State NV ZIP 89102
- 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 7 (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness 10/23/2023
- Month Day Year
- 12) Time employee began work (HH:MM) 8:00 am  AM  PM
- 13) Time of event (HH:MM) 2:45 pm  AM  PM  Check if time cannot be determined

\* Re fields 14 to 17: Please do not include any personally identifiable information (PII) pertaining to worker(s) involved in the incident (e.g., no names, phone numbers, or Social Security numbers).

- 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."

Employee was standing on a ladder in the main lobby changing out a broken light fixture. He was unscrewing the fixture from the ceiling mount with a drill.

- 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."

When the employee shifted his weight on the ladder it twisted causing Jonathan to lose his balance and fall off of the ladder. The ladder also fell over as Jonathan fell.

- 16)\* What was the injury or illness? Tell us the part of the body that was affected and how it was affected. Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

Jonathan landed on his back. Ruptured disc L1, L2, and L3.

- 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.

Landed on the concrete floor.

- 18) If the employee died, when did death occur? Date of death

Month Day Year

Add a Form Page

Reset

# 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 23



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
1	6	1	0
(G)	(H)	(I)	(J)

## Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
134	150
(K)	(L)

## Injury and Illness Types

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

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 Widgets-R-Us

Street 12345 Any St. Suite 7

City Las Vegas State NV Zip 89102

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

Manufacturer of Widgets

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

3 1 - 3 3

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

Annual average number of employees 175

Total hours worked by all employees last year 338,156.00

### 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.

Guy Incharge! Title CEO

Company/executive

Phone 702-486-9140 Date 1/15/2024

Reset

# Final Rule Requirements – 29 CFR 1904.41

## Effective Jan 2, 2024

- **New:** Establishments with 100 or more employees in the highest-hazard industries must electronically submit information from their Form 300 Log and Form 301 Incident Report. ([Appendix B to Subpart E](#))
- **Has NOT CHANGED:** Establishments with 20 to 249 employees in certain high-hazard industries ([Appendix A to Subpart E](#)), **AND** All establishments with 250 or more employees in industries that are routinely required to keep injury and illness records - **Must continue to electronically submit information from their Form 300A Annual Summary.**
- Establishments are required to include their **legal company name** in their submission. <https://www.osha.gov/laws-regs/regulations/standardnumber/1904/1904SubpartEAppA>



## **250 or more employees**

- **300-A -Summary**

## **20-249 employees**

- Listed in Appendix A
- **300-A - Summary**

## **100 or more employees (NEW)**

- Listed in Appendix B- 300, 301, 300A – **Log, Report & Summary**



# **Electronic Reporting**

## **1904.41**

# Who reports electronically? Injury Tracking Application - ITA

The screenshot shows the OSHA Injury Tracking Application (ITA) Coverage Application page. The browser address bar shows [osha.gov/itareportapp](https://www.osha.gov/itareportapp). The page header includes the OSHA logo and navigation links: CONTACT US, FAQ, A TO Z INDEX, LANGUAGES, and a search box. A secondary navigation bar contains links for OSHA, STANDARDS, ENFORCEMENT, TOPICS, HELP AND RESOURCES, and NEWS. The breadcrumb trail reads: Injury Tracking Application (ITA) > ITA Coverage Application.

## ITA Coverage Application

Covered establishments must electronically submit their OSHA injury and illness data (Forms 300A, 300, and 301 data) by March 2 of the year following the covered year of the data (e.g., for submission of calendar year 2022 data that is March 2, 2023). However, not all establishments need to submit these data. To determine if your establishment is required to electronically submit data to OSHA, please complete the following selections. All selections are required.

This application only applies to establishments located in states under Federal OSHA jurisdiction. If your establishment is located in a [State Plan State](#), please contact their OSH plan for guidance.

More information on the reporting requirements and process is available at OSHA's injury and illness [ITA page](#).

**State**

**Did your firm have 11 or more employees during the previous year?**  No  Yes

**Peak establishment employment from the previous year**

**Is the establishment a government facility?**  No  Yes, Federal Government  Yes, State or Local Government

**NAICS Code**

The footer contains links for OSHA, Standards, Enforcement, Topics, Media Center, and Contact Us.

- <https://www.osha.gov/itareportapp>

# ITA Coverage Application

Covered establishments must electronically submit their OSHA injury and illness data (Forms 300A, 300, and 301 data) by March 2 of the year following the covered year of the data (e.g., for submission of calendar year 2022 data that is March 2, 2023). However, not all establishments need to submit these data. To determine if your establishment is required to electronically submit data to OSHA, please complete the following selections. All selections are required.

This application only applies to establishments located in states under Federal OSHA jurisdiction. If your establishment is located in a [State Plan State](#), please contact their OSH plan for guidance.

More information on the reporting requirements and process is available at OSHA's injury and illness [ITA page](#).

**State**

**Did your firm have 11 or more employees during the previous year?**  No  Yes

**Peak establishment employment from the previous year**

**Is the establishment a government facility?**  No  Yes, Federal Government  Yes, State or Local Government

**NAICS Code**



# ITA Coverage Application

## • Reporting is NOT required for this establishment.

- Based on your entry for NAICS code and peak establishment employment, you are NOT required to submit your injury and illness data through the Injury Tracking Application. In your industry, only establishments with 250 or more employees are required to report their injury and illness data through the ITA.
  - State = Colorado
  - Firm has 11 or more employees = Yes
  - Peak establishment employment = 110
  - Government = Non-government
  - NAICS code = 213112: Support Activities for Oil and Gas Operations

Reset



### U.S. DEPARTMENT OF LABOR

Occupational Safety and Health Administration  
200 Constitution Ave NW  
Washington, DC 20210  
1-800-321-OSHA  
1-800-321-6742  
www.osha.gov

### FEDERAL GOVERNMENT

[White House](#)  
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[Coronavirus Resources](#)  
[Disaster Recovery Assistance](#)  
[DisasterAssistance.gov](#)  
[USA.gov](#)  
[Notification of EEO Violations](#)  
[No Fear Act Data](#)

### OCCUPATIONAL SAFETY & HEALTH

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[Accessibility Statement](#)

Recordkeeping - Overview | C x +

osha.gov/recordkeeping

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Directorate of Technical Support and Emergency Management > Recordkeeping

Forms ▾ Requirements ▾ Related Documents and Information ▾ Training ▾

## OSHA Injury and Illness Recordkeeping and Reporting Requirements

### Electronic Submission of Records

The [Injury Tracking Application \(ITA\)](#) is accessible from the [ITA launch page](#), where you can provide the Agency your OSHA Form 300A information. The date by which certain employers are required to submit to OSHA the information from their completed Form 300A is March 2nd of the year after the calendar year covered by the form. The ITA launch page also has answers to [frequently asked questions](#).

### Recordkeeping Requirements

Many employers with more than 10 employees are required to keep a record of serious work-related injuries and illnesses. ([Certain low-risk industries are exempted](#).) Note: The list of partially exempt industries is based on the 2007 NAICS codes. If an industry listed on the "Non-Mandatory Appendix A to Sub part B - Partially Exempt Industries" no longer exists in the 2017 and 2022 NAICS coding system, this would not change your partially exempt status. {See [FAQ 2-3](#) and [2-4](#)}. Minor injuries requiring first aid only do not need to be recorded.

- [How does OSHA define a recordable injury or illness?](#)
- [How does OSHA define first aid?](#)

This information helps employers, workers and OSHA evaluate the safety of a workplace, understand industry hazards, and implement worker protections to reduce and eliminate hazards -preventing future workplace injuries and illnesses.

For information on recording cases of work-related COVID-19 during the COVID-19 Pandemic, see OSHA's [COVID-19 Regulations](#) page or OSHA's [COVID-19](#) page.

### Maintaining and Posting Records

The records must be maintained at the worksite for at least five years. Each February through April, employers must post a summary of the injuries and illnesses recorded the previous year. Also, if requested, copies of the records must be provided to current and former employees, or their representatives.

Better data, safer workplaces

USDepartmentofLabor



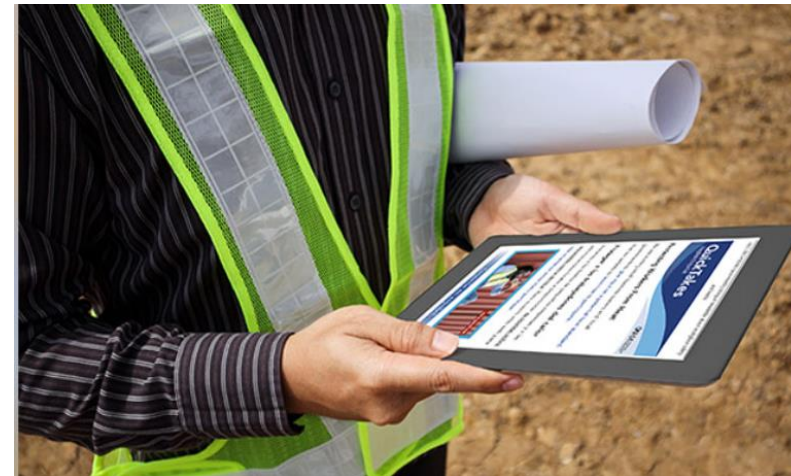
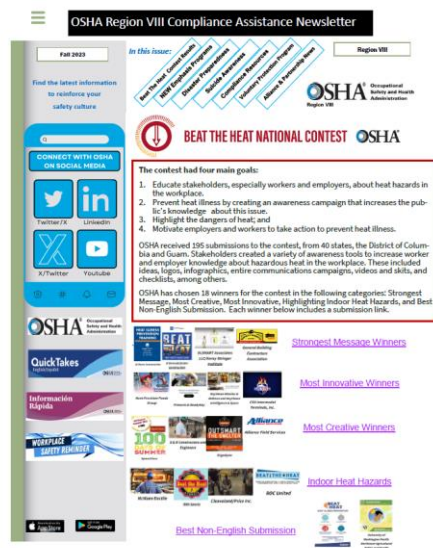
The biggest change is that certain employers with 100+ employees in high-risk industries



# OSHA Compliance Assistance

- Region VIII Compliance Assistance Newsletter
- Send request to [Post.Meredith@dol.gov](mailto:Post.Meredith@dol.gov) or [Tabares.Hector@dol.gov](mailto:Tabares.Hector@dol.gov) to subscribe

- OSHA Quick Takes (on-line newsletter)
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# Disclaimer

- This information has been developed by an OSHA Compliance Assistance Specialist and is intended to assist employers, workers, and others as they strive to improve workplace health and safety.
- While we attempt to thoroughly address specific topics, it is not possible to include discussion of everything necessary to ensure a healthy and safe working environment in a presentation of this nature.
- Thus, this information must be understood as a tool for addressing workplace hazards, rather than an exhaustive statement of an employer's legal obligations, which are defined by statute, regulations, and standards. Likewise, to the extent that this information references practices or procedures that may enhance health or safety, but which are not required by a statute, regulation, or standard, it cannot, and does not, create additional legal obligations.
- Finally, over time, OSHA may modify rules and interpretations in light of new technology, information, or circumstances; to keep apprised of such developments, or to review information on a wide range of occupational safety and health topics, you can visit OSHA's website at [www.osha.gov](http://www.osha.gov).

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