

## What's inside ...

In this packet, 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:

- ▶ **Overview: recording work-related injuries and illnesses** — General instructions for filling out the forms in this packet 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 *Log* properly.
- ▶ **Log of Work-Related Injuries and Illnesses** — Several pages of the *Log*; make copies of the *Log* if you need more. Notice that the *Log* is separate from the *Summary*.
- ▶ **Summary of Work-Related Injuries and Illnesses** — Removable *Summary* pages for easy posting at the end of the year. Note that you post the *Summary* only, not the *Log*.
- ▶ **Worksheet to help you fill out the Summary** — A worksheet for figuring the average number of employees who worked for your establishment and the total number of hours worked.

Take a few minutes to review this packet. If you have any questions, visit us online at [www.orosha.org](http://www.orosha.org) or call your local OR-OSHA office. We'll be happy to help you.

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



Oregon Occupational Safety  
& Health Division (OR-OSHA)



In compliance with the Americans With Disabilities Act (ADA), this publication is available in alternative formats. Call the OR-OSHA public relations manager, (503) 378-3272 (V/TTY).

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# Overview: recording work-related injuries and illnesses

The *Log of Work-Related Injuries and Illnesses* (OSHA Form 300) is used to classify work-related injuries and illnesses and to note the extent and severity of each case. When an incident occurs, use the *Log* to record specific details about what happened and how it happened. The *Summary* — a separate form (OSHA Form 300A) — shows the totals for the year in each category. At the end of the year, post the *Summary* or an equivalent form in a visible location so that your employees are aware of the injuries and illnesses occurring in their workplace. (*Posting required from Feb. 1 to April 30.*)

Employers must keep a *Log* for each establishment or site. If you have more than one establishment, you must keep a separate *Log* and *Summary* for each physical location that is expected to be in operation for one year or longer.

Note that your employees have the right to review your injury-and-illness records. For more information, see OAR 437-001-0700(20), *Employee Involvement*.

Cases listed on the *Log of Work-Related Injuries and Illnesses* are not necessarily eligible for workers' compensation or other insurance benefits. Listing a case on the *Log* does not mean that the employer or worker was at fault or that an OSHA standard was violated.

## When is an injury or illness work-related?

An injury or illness is work-related if an event or exposure in the work environment caused or contributed to the condition or

significantly aggravated a preexisting condition. Work-relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the workplace, unless an exception specifically applies. See OAR 437-001-0700(6) for the exceptions. The work environment includes the establishment and other locations where one or more employees are working or are present as a condition of their employment.

## Which work-related injuries and illnesses should you record?

Record those work-related injuries and illnesses that result in the following:

- death
- loss of consciousness
- days away from work
- restricted work activity or job transfer
- medical treatment beyond first aid

You must record any significant work-related injury or illness that is diagnosed by a physician or other licensed health-care professional. You must record any work-related case involving cancer, chronic irreversible disease, a fractured or cracked bone, or a punctured eardrum. See OAR 437-001-0700(8).

You must also record the following conditions when they are worked-related:

- any needlestick injury or cut from a sharp object that is contaminated with another person's blood or other potentially infectious material

- any case requiring an employee to be medically removed under the requirements of an OSHA health standard
- any standard threshold shift (STS) in hearing (i.e., cases involving an average hearing loss of 10 dB or more in either ear, and hearing is 25 dB above and audiometric zero in the same ear.)
- tuberculosis infection as evidenced by a positive skin test or diagnosis by a physician or other licensed health-care professional after exposure to a known case of active tuberculosis

## What is "medical treatment"?

Medical treatment includes managing and caring for a patient for the purpose of combating disease or disorder. The following are not considered medical treatments and are **not recordable**:

- visits to a doctor or health-care professional solely for observation or counseling
- diagnostic procedures, including administering prescription medications that are used solely for diagnostic purposes
- any procedure that can be labeled first aid

(See next page for more information about first aid, also see Table 6, OAR 437-001-0700(8))

## What do you need to do?

1. Within seven calendar days after you receive information about a case, decide if the case is recordable under the OSHA recordkeeping requirements.
2. Determine whether the incident is a new case or a recurrence of an existing one.
3. Establish whether the case was work-related.
4. If the case is recordable, fill out the injury and illness incident report, (DCBS 801).

## How do you use the *Log*?

1. Record the employee involved unless it is a privacy-concern case as described on the next page.
2. Record when and where the case occurred.
3. Describe the case as specifically as you can.
4. Classify the seriousness of the case by recording the **most serious outcome** associated with the case. Column J, other recordable cases, is the least serious and column G, death, is the most serious. (*Mark only one column.*)
5. Identify whether the case is an injury or illness. If the case is an injury, check the injury category. If the case is an illness, check the appropriate illness category.

### What is first aid?

If the incident required only the following types of treatment, consider it first aid.

Do not record the following:

- using non-prescription medications at non-prescription strength
- administering tetanus immunizations
- cleaning, flushing, or soaking wounds on the skin surface
- using wound coverings, such as bandages, adhesive strips, gauze pads, butterfly bandages, etc.
- using hot or cold therapy
- using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc.
- using temporary immobilization devices while transporting an accident victim (splints, slings, neck collars, or back boards)
- drilling a fingernail or toenail to relieve pressure or draining fluids from blisters
- using eye patches
- using simple irrigation or a cotton swab to remove foreign bodies not embedded in or adhered to the eye
- using irrigation, tweezers, cotton swabs, or other simple means to remove splinters or foreign material from areas other than the eye

- using finger guards
- using massages
- drinking fluids to relieve heat stress

### How do you decide if the case involved restricted work?

Restricted work activity occurs when, as the result of a work-related injury or illness, an employer or health-care professional keeps, or recommends keeping, employees from doing the routine functions of their jobs or from working the full workday that they would have been scheduled to work before the injury or illness occurred.

### How do you count the number of days of restricted work activity or the number of days away from work?

Count the number of calendar days the employee was on restricted work activity or was away from work as a result of the recordable injury or illness. Do not count the day on which the injury or illness occurred in this number.

Begin counting days from the day after the incident occurs. If a single injury or illness involved days away from work *and* days of restricted work activity, enter the total number of days for each. You may stop counting days of restricted work activity or days away from work once the total of either or their combination reaches 180 days.

### Under what circumstances should you not enter the employee's name on the OSHA Form 300?

You must consider the following types of injuries or illnesses to be privacy cases, *not* to be entered on the *OSHA Form 300 Log*:

- an injury or illness to an intimate body part or to the reproductive system
- an injury or illness resulting from a sexual assault
- a mental illness
- a case of HIV infection, hepatitis, or tuberculosis
- a needlestick injury or cut from a sharp object that is contaminated with blood or other potentially infectious material (See OAR-437-001-0700(9).)
- other illnesses, if the employee independently and voluntarily requests that his or her name not be entered on the log. Musculoskeletal disorders (MSDs) are not considered privacy cases

Enter “privacy case” in the space normally used for the employee’s name. You must keep a separate, confidential list of the case numbers and employee names for the establishment’s privacy cases so that you can update the cases and provide information to the government if asked to do so.

If you have a reasonable basis to believe that information describing the privacy-concern case may be personally identifiable even though the employee’s name has been omitted, you may use discretion in describing the injury or illness on both the *OSHA 300* and the *DCBS 801 supplemental form*. You must enter enough information to identify the cause of the incident and the general severity of the injury or illness, but you do not need to include details of an intimate or private nature.

### What if the outcome changes after you record the case?

If the outcome or extent of the injury or illness changes after you have recorded the case, simply draw a line through the original entry or, if you wish, delete or use correction fluid over the original entry. Then write the new entry where it belongs. Remember, you need to record the most serious outcome for each case.

### Classifying injuries

An injury is any wound or damage to the body resulting from an event in the work environment.

**Examples:** Cut; puncture; laceration; abrasion; fracture; bruise; contusion; chipped tooth; amputation; insect bite; electrocution; or a thermal, chemical, electrical, or radiation burn. Sprain and strain injuries to muscles, joints, and connective tissues are classified as injuries when they result from a slip, trip, fall, or other similar accidents.

### Classifying illnesses

#### *Skin diseases or disorders*

Skin diseases or disorders are illnesses involving the worker's skin that are caused by work exposure to chemicals, plants, or other substances.

**Examples:** Contact dermatitis, eczema, or rash caused by primary irritants, and sensitizers or poisonous plants; oil acne; friction blisters, chrome ulcers, inflammation of the skin.

#### *Respiratory conditions*

Respiratory conditions are illnesses associated with breathing hazardous biological agents, chemicals, dust, gasses, vapors, or fumes at work.

**Examples:** Silicosis; asbestosis; pneumonitis; pharyngitis; rhinitis; acute congestion; farmer's lung; beryllium disease; tuberculosis; occupational asthma; reactive airways dysfunction syndrome (RADS); chronic obstructive pulmonary disease (COPD); hypersensitivity pneumonitis; toxic inhalation injury, such as metal fume fever; chronic obstructive bronchitis; and other pneumoconioses.

#### *Poisoning*

Poisoning includes disorders evidenced by abnormal concentrations of toxic substances in blood, other tissues or bodily fluids, or the breath that are caused by the ingestion or absorption of toxic substances into the body.

**Examples:** Poisoning by lead, mercury, cadmium, arsenic, or other metals; poisoning by carbon monoxide, hydrogen sulfide, or other gases; poisoning by benzene, benzol, carbon tetrachloride, or other organic solvents; poisoning by insecticide sprays, such as parathion or lead arsenate; poisoning by other chemicals, such as formaldehyde.

#### *Hearing loss*

Noise-induced hearing loss is defined for recordkeeping purposes as a change in hearing threshold relative to the baseline audiogram of an average of 10 decibels or more in either ear at 2,000, 3,000, and 4,000 hertz, and the employee's total hearing level is 25 decibels or more above audiometric zero (also averaged at 2,000, 3,000, and 4,000 hertz) in the same ear.

#### *All other illnesses*

All other occupational illnesses.

**Examples:** Heatstroke, sunstroke, heat exhaustion, heat stress, and other effects of environmental heat; freezing, frostbite, and other effects of exposure to low temperatures; decompression sickness; effects of ionizing radiation (isotopes, X-rays, radium); effects of nonionizing radiation (welding flash, ultra-violet rays, lasers); anthrax; blood-borne pathogenic diseases such as AIDS, HIV, hepatitis B or hepatitis C; brucellosis; malignant or benign tumors; histoplasmosis; coccidioidomycosis; musculoskeletal disorders (MSDs); noise-induced hearing loss.

#### **When must you post the *Summary*?**

You must post the *Summary* only — not the *Log* — by February 1 of the year following the year covered by the form and keep it posted until April 30 of that year.

#### **How long must you keep the *Log* and *Summary* on file?**

You must keep the *Log* and *Summary* for five years following the year to which they pertain.

#### **Do you have to send these forms to OR-OSHA at the end of the year?**

No. You do not have to submit the completed forms unless specifically asked to do so.

#### **How can we help you?**

If you have a question about how to fill out the *Log*:

- Visit us on line at [orosha.org](http://orosha.org)
- call OR-OSHA  
(800) 922-2689 or  
(503) 378-3272

en Español: (800) 843-8086

## Optional: calculating injury and illness incidence rates

### What is an incidence rate?

An incidence rate is the number of recordable injuries and illnesses occurring among a given number of full-time workers (usually 100 full-time workers) over a given period of time (usually one year). To evaluate your firm's injury-and-illness experience over time or to compare your firm's experience with that of your industry as a whole, you need to compute your incidence rate. Incidence rates can help you identify problems in your workplace or progress made toward preventing work-related injuries and illnesses. This is also the information used by OR-OSHA to calculate potential penalty reductions.

### How do I calculate an incidence rate?

You can quickly and easily compute an occupational-injury-and-illness incidence rate for all recordable cases or for cases that involved days away from work and days of restricted work. Follow instructions in paragraph (a) below for the total recordable cases, follow those in paragraph (b) for cases that involved days away from work and days of restricted work, and follow instructions in paragraph (c) for both rates.

**(a) To find out the total number of recordable injuries and illnesses that occurred during the year** — count the number of line entries on your OSHA Form 300 or refer to the OSHA Form 300A and sum the entries for columns (G), (H), (I), and (J).

**(b) to find out the number of injuries and illnesses that involved days away from work and days of restricted work (DART)**— count the number of line entries on your OSHA Form 300 that received a check mark in columns (H) and (I), or refer to the entry in columns (H) and (I) on the OSHA Form 300A.

**(c) The number of hours all employees actually worked during the year** — refer to OSHA Form 300A and optional worksheet to calculate this number.

You can compute the incidence rate for all recordable cases of injuries and illnesses using the following formula:

*Total number of injuries and illnesses ÷ number of hours worked by all employees x 200,000 hours = total recordable case rate.*

(The 200,000 figure in the formula represents the number of hours 100 employees working 40 hours per week, 50 weeks per year would work and provides the standard base for calculating incidence rates.)

You can compute the incidence rate for recordable cases involving days away from work, days of restricted work activity, or job transfer using the following formula:

*(Number of entries in column H + number of entries in column I) ÷ number of hours worked by all employees x 200,000 hours = (DART) incidence rate.*

You can use the same formula to calculate incidence rates for other variables such as cases involving restricted work activity (column (I) on OSHA Form 300A), cases involving skin disorders (column (M-2) on OSHA Form 300A), etc. Just substitute the appropriate total for these cases, from OSHA Form 300A, into the formula in place of the total number of injuries and illnesses.

### What can I compare my incidence rate to?

The Bureau of Labor Statistics (BLS) conducts a survey of occupational injuries and illnesses each year and publishes incidence-rate data by various classifications (e.g., by industry, by employer size, etc.). You can get the data at [www.bls.gov](http://www.bls.gov) or by calling a BLS regional office, or by visiting [www.cbs.state.or.us/imd](http://www.cbs.state.or.us/imd) to look at OSHA reports.

### Worksheet

Total number of recordable injuries and illnesses in your establishment

÷

Hours worked by all your employees

× 200,000 =

Total recordable cases incidence rate

Total number of recordable injuries and illnesses with days away from work and restricted work

÷

Hours worked by all your employees

× 200,000 =

Cases involving days away from work and restricted work incidence rate

# How to fill out the Log

## How to fill out the Log

The *Log of Work Related Injuries and Illnesses* is used to classify work-related injuries and illnesses and to note the extent and severity of each case. When an incident occurs, use the log to record details about what happened and how it happened.

If your company has more than one establishment or site, you must keep separate records for each physical location that is expected to remain in operation for one year or longer.

We have given you several copies of the *Log* in this packet. If you need more than we provided, you may make photocopies.

The *Summary* — a separate form— shows the work-related injury and illness totals for the year in each category. At the end of the year, total each column and transfer the totals from the *Log* to the *Summary*. Complete the establishment information then post the *Summary* in a visible location so that your employees are aware of injuries and illnesses occurring in their workplace.

**You don't post the Log. You post only the Summary at the end of the year.**

## OSHA's Form 300 Log of Work-Related Injuries and Illnesses

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

Year 20 04  
Department of Consumer & Business Services  
Oregon Occupational Safety & Health Division (OR-OSHA)

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity, or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health-care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in OAR 437-001-0700. Use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (DCBS form 801) 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 OR-OSHA office for help.

Establishment name: XYZ Company  
City: Anywhere State: OR

Identify the person		Describe the case				Classify the case											
(A) Case no.	(B) Employee's name	(C) Job title (e.g., "welder")	(D) Date of injury or illness	(E) Where the event occurred (e.g., "loading dock-north end")	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., "second-degree burns on right forearm from acetylene torch")	Using these four categories, check only the most serious result for each 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	Job transfer or restriction	Other recordable cases	Away from work	On job transfer or restriction	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	5 125 month day	basement	fracture, left arm and left leg fell from ladder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15 days	12 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Shana Alexander	Foundry man	7 112 month day	pouring deck	poisoning from lead fumes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	days	30 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Sam Sander	Electrician	8 1 5 month day	2 flr storeroom	broken left foot, fell over box	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30 days	7 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Ralph Boccella	Laborer	9 1 7 month day	packaging dept.	back strain lifting boxes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3 days	days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	James Daniels	Machine opr.	10 1 23 month day	production flr.	dust in eye	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	days	days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Be as specific as possible. You can use two lines if you need more room.

Revise the log if the injury or illness progresses and the outcome is more serious than you originally recorded for the case. Cross out, erase, or use correction fluid on the original entry.

Choose ONE of these categories. Classify the case by recording the most serious outcome of the case, with column J, Other recordable cases, being least serious and column G, Death, being most serious.

Note whether the case involves an injury or an illness.



# OSHA's Form 300

## Log of Work-Related Injuries and Illnesses

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

**Year 20** \_\_\_\_\_  
 Department of Consumer & Business Services  
 Oregon Occupational Safety &  
 Health Division (OR-OSHA)

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity, or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health-care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in OAR 437-001-0700. Use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (DCBS form 801) 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 OR-OSHA office for help.

Establishment name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Identify the person		Describe the case		Classify the case				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:										
(A) Case no.	(B) Employee's name	(C) Job title (e.g., "welder")	(D) Date of injury or of illness	(E) Where the event occurred (e.g., "loading dock-north end")	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., "second-degree burns on right forearm from acetylene torch")	Using these four categories, check only the most serious result for each 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		On job transfer or restriction		Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses	
						(G)	(H)	Job transfer or restriction (I)	Other recordable cases (J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)			
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<b>Page totals</b> ▶						_____	_____	_____	_____	_____ days	_____ days	_____	_____	_____	_____	_____	_____	_____	_____	

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







# OSHA's Form 300

## Log of Work-Related Injuries and Illnesses

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

**Year 20** \_\_\_\_\_  
 Department of Consumer & Business Services  
 Oregon Occupational Safety &  
 Health Division (OR-OSHA)

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity, or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health-care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in OAR 437-001-0700. Use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (DCBS form 801) 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 OR-OSHA office for help.

Establishment name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Identify the person		Describe the case		Classify the case				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:							
(A) Case no.	(B) Employee's name	(C) Job title (e.g., "welder")	(D) Date of injury or of illness	(E) Where the event occurred (e.g., "loading dock-north end")	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., "second-degree burns on right forearm from acetylene torch")	Using these four categories, check only the most serious result for each 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									
								Job transfer or restriction	Other recordable cases	Away from work	On job transfer or restriction	Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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# OSHA's Form 300

## Log of Work-Related Injuries and Illnesses

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

**Year 20** \_\_\_\_\_  
 Department of Consumer & Business Services  
 Oregon Occupational Safety &  
 Health Division (OR-OSHA)

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity, or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health-care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in OAR 437-001-0700. Use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (DCBS form 801) 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 OR-OSHA office for help.

Establishment name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Identify the person		Describe the case		Classify the case													
(A) Case no.	(B) Employee's name	(C) Job title (e.g., "welder")	(D) Date of injury or of illness	(E) Where the event occurred (e.g., "loading dock-north end")	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., "second-degree burns on right forearm from acetylene torch")	Using these four categories, check only the most serious result for each 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	On job transfer or restriction	Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses
						(G)	(H)	Job transfer or restriction (I)	Other recordable cases (J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ days	_____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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# OSHA Form 300A

## Summary of Work-Related Injuries and Illnesses

**Year 20** \_\_\_\_\_  
 Department of Consumer & Business Services  
 Oregon Occupational Safety &  
 Health Division (OR-OSHA)

All establishments covered by OAR 437-001-0700 must complete this *Summary*, 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 *DCBS Form 801* or its equivalent. See OAR 437-001-0700(20)

### Number of cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfers 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)	(1) Injuries	(2) Skin disorders	(3) Respiratory conditions	(4) Poisonings	(5) Hearing loss	(6) All other illnesses
_____	_____	_____	_____	_____	_____	_____

**Keep this Summary posted from February 1 to April 30 of the year following the year covered by this form.**

### Establishment information

Your establishment name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

**Employment information** (If you don't have these figures, see the worksheet on the back of this page to estimate.)

Annual average number of employees \_\_\_\_\_

Total hours worked by all employees last year \_\_\_\_\_

### Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that, to the best of my knowledge, the entries are true, accurate, and complete.

\_\_\_\_\_  
 Company executive

\_\_\_\_\_  
 Title

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

# Optional: Worksheet to help you fill out the Summary

At the end of the year, OSHA requires you to enter the average number of employees and the total hours worked by your employees on the *Summary*. If you don't have these figures, you can use the information on this page to estimate the numbers you will need to enter on the *Summary* at the end of the year

## How to figure the average number of employees who worked for your establishment during the year:

- 1** Add the total number of employees your establishment paid in all pay periods during the year. Include all employees: full-time, part-time, temporary, seasonal, salaried, and hourly.

The number of employees paid in all pay periods = ❶ \_\_\_\_\_
- 2** Count the number of pay periods your establishment had during the year. Be sure to include any pay periods when you had no employees.

The number of pay periods during the year = ❷ \_\_\_\_\_
- 3** Divide the number of employees by the number of pay periods.

$\frac{\text{❶}}{\text{❷}} = \text{❸} \text{_____}$
- 4** Round the answer to the next highest whole number. Write the rounded number in the blank marked *Annual average number of employees*.

The number rounded = ❹ \_\_\_\_\_

For example, Acme Construction figured its average employment this way:

For pay period...	Acme paid this number of employees ...		
1	10	Number of employees paid = 830	❶
2	0		
3	15	Number of pay periods = 26	❷
4	30	$\frac{830}{26} = 31.92$	❸
5	40		
▼	▼		
24	20	31.92 rounds to 32	❹
25	15		
26	+10		
	830	32 is the annual average number of employees	

## How to figure the total hours worked by all employees:

Include hours worked by salaried, hourly, part-time and seasonal workers, as well as hours worked by other workers subject to day-to-day supervision by your establishment (e.g., temporary-help-services workers).

Do not include vacation, sick leave, holidays, or any other non-work time, even if employees were paid for it. If your establishment keeps records of only the hours paid or if you have employees who are not paid by the hour, please estimate the hours that the employees actually worked.

If this number isn't available, you can use this optional worksheet to estimate it.

## Optional worksheet

- \_\_\_\_\_ Find the number of full-time employees in your establishment for the year.
- x \_\_\_\_\_ Multiply by the number of work hours for a full-time employee in a year.
- \_\_\_\_\_ This is the number of full-time hours worked.
- + \_\_\_\_\_ Add any overtime hours and hours worked by other employees (part-time, temporary, seasonal)
- \_\_\_\_\_ Round the answer to the next highest whole number. Write the rounded number in the blank marked *Total hours worked by all employees last year*.

# OSHA Form 300A

## Summary of Work-Related Injuries and Illnesses

**Year 20** \_\_\_\_\_  
 Department of Consumer & Business Services  
 Oregon Occupational Safety &  
 Health Division (OR-OSHA)

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### Number of cases

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

**Keep this Summary posted from February 1 to April 30 of the year following the year covered by this form.**

### Establishment information

Your establishment name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Industry description (e.g., manufacturer of motor truck trailers)  
 \_\_\_\_\_

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

**Employment information** (If you don't have these figures, see the worksheet on the back of this page to estimate.)

Annual average number of employees \_\_\_\_\_

Total hours worked by all employees last year \_\_\_\_\_

### Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that, to the best of my knowledge, the entries are true, accurate, and complete.

\_\_\_\_\_  
 Company executive

\_\_\_\_\_  
 Title

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

# Optional: Worksheet to help you fill out the Summary

At the end of the year, OSHA requires you to enter the average number of employees and the total hours worked by your employees on the *Summary*. If you don't have these figures, you can use the information on this page to estimate the numbers you will need to enter on the *Summary* at the end of the year

## How to figure the average number of employees who worked for your establishment during the year:

- 1** Add the total number of employees your establishment paid in all pay periods during the year. Include all employees: full-time, part-time, temporary, seasonal, salaried, and hourly.

The number of employees paid in all pay periods = ❶ \_\_\_\_\_
- 2** Count the number of pay periods your establishment had during the year. Be sure to include any pay periods when you had no employees.

The number of pay periods during the year = ❷ \_\_\_\_\_
- 3** Divide the number of employees by the number of pay periods.

$\frac{\text{❶}}{\text{❷}} = \text{❸} \text{_____}$
- 4** Round the answer to the next highest whole number. Write the rounded number in the blank marked *Annual average number of employees*.

The number rounded = ❹ \_\_\_\_\_

For example, Acme Construction figured its average employment this way:

For pay period...	Acme paid this number of employees ...		
1	10	Number of employees paid = 830	❶
2	0		
3	15	Number of pay periods = 26	❷
4	30	$\frac{830}{26} = 31.92$	❸
5	40		
▼	▼		
24	20	31.92 rounds to 32	❹
25	15		
26	+10		
	830	32 is the annual average number of employees	

## How to figure the total hours worked by all employees:

Include hours worked by salaried, hourly, part-time and seasonal workers, as well as hours worked by other workers subject to day-to-day supervision by your establishment (e.g., temporary-help-services workers).

Do not include vacation, sick leave, holidays, or any other non-work time, even if employees were paid for it. If your establishment keeps records of only the hours paid or if you have employees who are not paid by the hour, please estimate the hours that the employees actually worked.

If this number isn't available, you can use this optional worksheet to estimate it.

## Optional worksheet

- \_\_\_\_\_ Find the number of full-time employees in your establishment for the year.
- x \_\_\_\_\_ Multiply by the number of work hours for a full-time employee in a year.
- \_\_\_\_\_ This is the number of full-time hours worked.
- + \_\_\_\_\_ Add any overtime hours and hours worked by other employees (part-time, temporary, seasonal)
- \_\_\_\_\_ Round the answer to the next highest whole number. Write the rounded number in the blank marked *Total hours worked by all employees last year*.

# OSHA Form 300A

## Summary of Work-Related Injuries and Illnesses

**Year 20** \_\_\_\_\_  
 Department of Consumer & Business Services  
 Oregon Occupational Safety &  
 Health Division (OR-OSHA)

All establishments covered by OAR 437-001-0700 must complete this *Summary*, 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 *DCBS Form 801* or its equivalent. See OAR 437-001-0700(20)

### Number of cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfers 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)	(1) Injuries	(2) Skin disorders	(3) Respiratory conditions	(4) Poisonings	(5) Hearing loss	(6) All other illnesses
_____	_____	_____	_____	_____	_____	_____

**Keep this Summary posted from February 1 to April 30 of the year following the year covered by this form.**

### Establishment information

Your establishment name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Industry description (e.g., manufacturer of motor truck trailers)  
 \_\_\_\_\_

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

**Employment information** (If you don't have these figures, see the worksheet on the back of this page to estimate.)

Annual average number of employees \_\_\_\_\_

Total hours worked by all employees last year \_\_\_\_\_

### Sign here

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I certify that I have examined this document and that, to the best of my knowledge, the entries are true, accurate, and complete.

\_\_\_\_\_  
 Company executive

\_\_\_\_\_  
 Title

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

# Optional: Worksheet to help you fill out the Summary

At the end of the year, OSHA requires you to enter the average number of employees and the total hours worked by your employees on the *Summary*. If you don't have these figures, you can use the information on this page to estimate the numbers you will need to enter on the *Summary* at the end of the year

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The number of employees paid in all pay periods = ❶ \_\_\_\_\_
- 2** Count the number of pay periods your establishment had during the year. Be sure to include any pay periods when you had no employees.

The number of pay periods during the year = ❷ \_\_\_\_\_
- 3** Divide the number of employees by the number of pay periods.

$\frac{\text{❶}}{\text{❷}} = \text{❸} \text{_____}$
- 4** Round the answer to the next highest whole number. Write the rounded number in the blank marked *Annual average number of employees*.

The number rounded = ❹ \_\_\_\_\_

For example, Acme Construction figured its average employment this way:

For pay period...	Acme paid this number of employees ...		
1	10	Number of employees paid = 830	❶
2	0		
3	15	Number of pay periods = 26	❷
4	30	$\frac{830}{26} = 31.92$	❸
5	40		
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24	20	31.92 rounds to 32	❹
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	830	32 is the annual average number of employees	

## How to figure the total hours worked by all employees:

Include hours worked by salaried, hourly, part-time and seasonal workers, as well as hours worked by other workers subject to day-to-day supervision by your establishment (e.g., temporary-help-services workers).

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If this number isn't available, you can use this optional worksheet to estimate it.

## Optional worksheet

- \_\_\_\_\_ Find the number of full-time employees in your establishment for the year.
- x \_\_\_\_\_ Multiply by the number of work hours for a full-time employee in a year.
- \_\_\_\_\_ This is the number of full-time hours worked.
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# OSHA Form 300A

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**Year 20** \_\_\_\_\_  
 Department of Consumer & Business Services  
 Oregon Occupational Safety &  
 Health Division (OR-OSHA)

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_____	_____	_____	_____	_____	_____	_____

**Keep this Summary posted from February 1 to April 30 of the year following the year covered by this form.**

### Establishment information

Your establishment name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Industry description (e.g., manufacturer of motor truck trailers)  
 \_\_\_\_\_

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

**Employment information** (If you don't have these figures, see the worksheet on the back of this page to estimate.)

Annual average number of employees \_\_\_\_\_  
 Total hours worked by all employees last year \_\_\_\_\_

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\_\_\_\_\_  
 Company executive

\_\_\_\_\_  
 Title

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

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# OR-OSHA Services

OR-OSHA offers a wide variety of safety and health services to employers and employees:

## Consultative services

- Offers no-cost on-site safety and health assistance to Oregon employers to help in recognizing and correcting safety and health problems in their workplaces.
- Provides consultations in the areas of safety, industrial hygiene, ergonomics, occupational safety and health plans, new business assistance, and the Safety and Health Achievement Recognition Program (SHARP).
- Manages the Voluntary Protection Program.

## Enforcement

- Offers pre-job conferences for mobile employers in industries like logging and construction.
- Provides abatement assistance to employers with citations and provides compliance and technical assistance by phone.
- Inspects places of employment for occupational safety and health rule violations and investigates workplace safety and health complaints and accidents.

## Standards & technical resources

- Develops, interprets, and provides technical advice on safety and health standards.
- Provides copies of all OR-OSHA occupational safety and health standards.
- Publishes booklets, pamphlets, and other materials to assist in the implementation of safety and health standards and programs.
- Operates the OR-OSHA Resource Center containing books, topical files, technical periodicals, a video and film lending library, and more than 200 databases.

## Public education & conferences

- Conducts conferences, seminars, workshops, and rule forums.
- Coordinates and provides technical training on topics like confined space, ergonomics, lockout/tagout, and excavations.
- Provides workshops covering basic safety and health program management, safety committees, accident investigation, and job safety analysis.
- Manages the Safety and Health Education and Training Grant Program, that awards grants to industrial and labor groups to develop occupational safety and health training materials for Oregon workers.

**For more information, call the OR-OSHA office nearest you.  
(All phone numbers are voice and TTY.)**

### Salem Central Office

350 Winter St. NE, Rm. 430  
Salem, OR 97301-3882

Phone: (503) 378-3272  
Toll free: 1-800-922-2689  
Fax: (503) 947-7461  
Spanish-language phone:  
1 (800) 843-8086

### Portland

1750 NW Naito Parkway, Ste. 112  
Portland, OR 97209-2533  
(503) 229-5910  
*Consultation: (503) 229-6193*

### Salem

1225 Ferry St. SE, U110  
Salem, OR 97301-4282  
(503) 378-3274  
*Consultation: (503) 373-7819*

### Eugene

1140 Willagillespie, Ste. 42  
Eugene, OR 97401-2101  
(541) 686-7562  
*Consultation: (541) 686-7913*

### Bend

Red Oaks Square  
1230 NE Third St., Ste. A-115  
Bend, OR 97701-4374  
(541) 388-6066  
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### Medford

1840 Barnett Rd., Ste. D  
Medford, OR 97504-8250  
(541) 776-6030  
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721 SE Third St., Ste. 306  
Pendleton, OR 97801-3056  
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440-3353 (12/03/COM)

