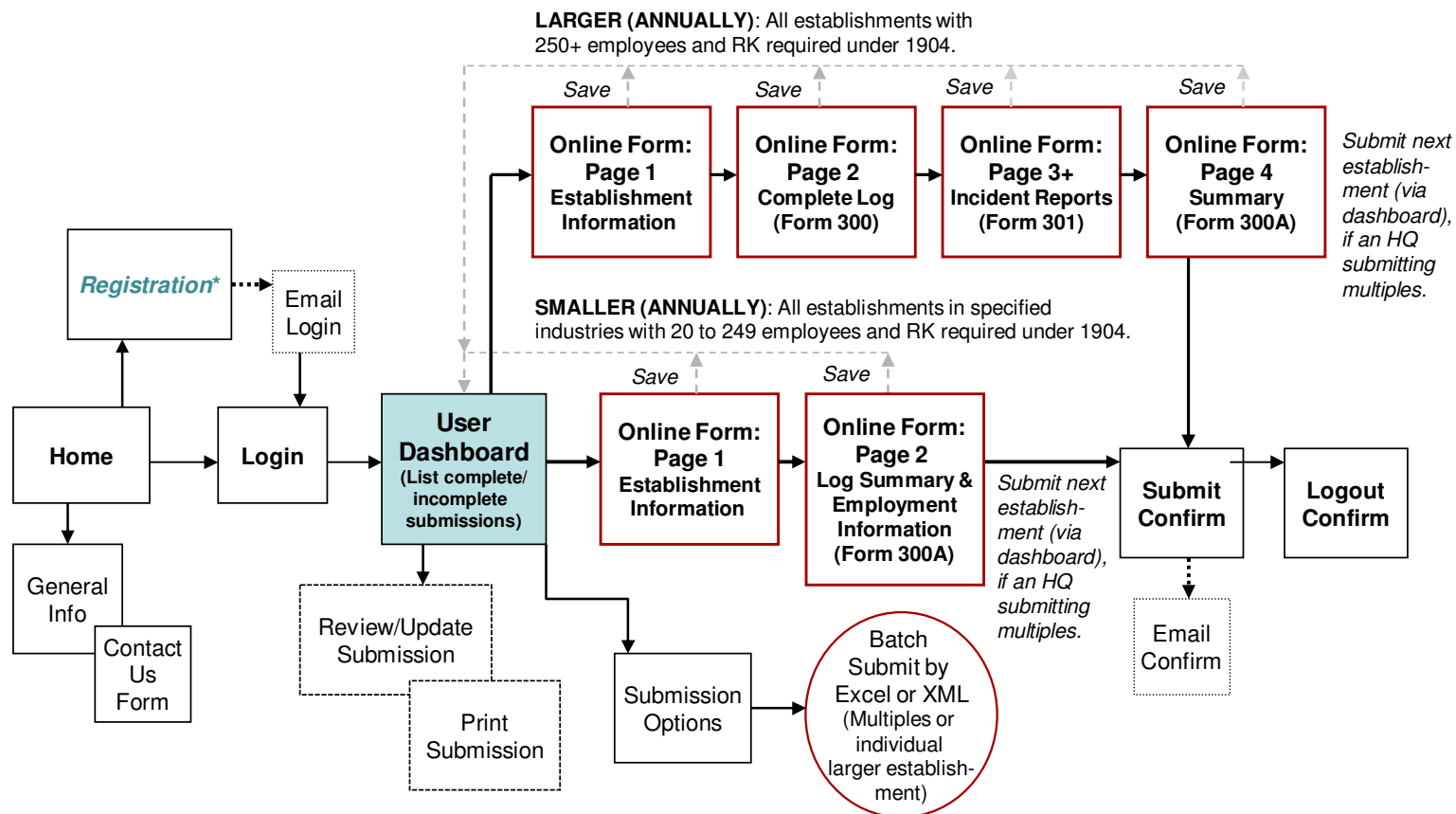


Mockup of Proposed Web-Based Mechanism for OSHA's Injury/Illness Data Collection

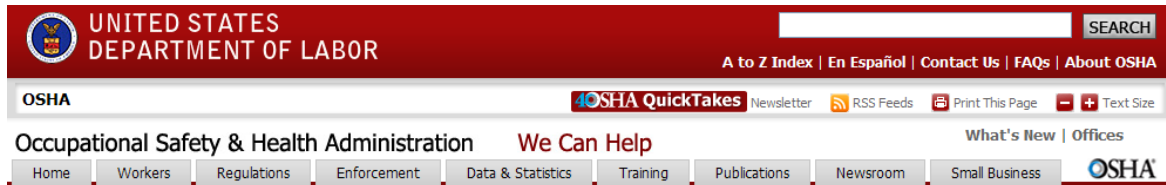
(revised 4/29/2016)

Overview of Data Collection Mechanism Represented by the Mockup



* **Register as a Single-Entity or Enterprise submitter:** A submitter must first create a system account by registering online as a user who will submit information for a single-entity (i.e., either a smaller establishment [with 20 to 249 employees] or a larger establishment [with 250+ employees] that is required to maintain injury/illness records under the rule) or as a corporate HQ submitting for multiple establishments within an enterprise. Both types can submit using either the system's online forms or the batch submission process (except that single-entities required to submit only a Log summary would use the online Form 300A).

1. Home Page



OSHA's Injury/Illness Data Collection

[This page would include a welcome statement and explanation of the data collection, including reference and links to the new rule.]

[This page would also inform users that they need to first register in order to obtain a unique user ID and password to submit the OSHA injury/illness data.]

[Register Now](#)

[If the user has already registered and obtained an ID and password, the user would click the link below to access the data submission dashboard.]

[Login to the data submission dashboard](#)

[Contact us information would also be displayed for questions, comments, etc.]



GENERAL NOTES:

This mockup conceptually addresses the following submission situations under the proposed rule that the data collection system would be designed to accommodate.

Single-entity submission situations:

- **Submission by small single entity.** An individual smaller establishment (i.e., 20 to 249 employees) submitting Form 300A only.
- **Submission by large single entity.** An individual larger establishment (i.e., 250+ employees) submitting Forms 300A, 300, and the accompanying 301 forms.

Enterprise submission situations (i.e., option to submit from corporate HQ):

- **Submissions by enterprise HQ for small establishments only.** An enterprise corporate headquarters submitting Form 300A for each smaller establishment (i.e., 20 to 249 employees).
- **Submissions by enterprise HQ for large establishments only.** An enterprise corporate headquarters submitting Form 300A, 300, and accompanying 301 forms for each 250+ size establishment.
- **Submissions by enterprise HQ for a combination of small and large establishments.** An enterprise corporate headquarters submitting Form 300A for each smaller establishment (i.e., 20 to 249 employees) and submitting for each 250+ size establishment the Form 300A, 300, and accompanying 301 forms.

2. Registration Page (1 of 3)

The screenshot shows the top portion of the OSHA website. At the top left is the OSHA logo and the text "UNITED STATES DEPARTMENT OF LABOR". To the right is a search bar with a "SEARCH" button. Below this is a navigation bar with links for "A to Z Index", "En Español", "Contact Us", "FAQs", and "About OSHA". A secondary navigation bar includes "OSHA QuickTakes", "Newsletter", "RSS Feeds", "Print This Page", and "Text Size". The main navigation bar features "Occupational Safety & Health Administration" and "We Can Help", followed by "What's New" and "Offices". A horizontal menu contains links for "Home", "Workers", "Regulations", "Enforcement", "Data & Statistics", "Training", "Publications", "Newsroom", and "Small Business". The OSHA logo is on the far right of this menu.

OSHA's Injury/Illness Data Collection: Submitter Registration

In order to submit your injury and illness data to OSHA, you must first register by completing the form below. After submission of the registration form, a confirmation email will be sent to the email address provided. This email will contain your ID and password to log into the data submission dashboard.

Select the type of submitter you are below to proceed:

- [Single-entity submitter >>](#) (Either a single smaller establishment [i.e., 20 to 249 employees] or a single larger establishment [i.e., 250+ employees] that is required to maintain injury/illness records under the rule.)
- [Enterprise submitter >>](#) (An “enterprise” has more than 1 submitting establishment, where each is a smaller establishment [i.e., 20 to 249 employees] or a larger establishment [i.e., 250+ employees] that is required to maintain injury/illness records under the rule. ***Such an enterprise has the option of submitting data for each applicable establishment from its corporate HQ.***)
- [Special collection submitter >>](#) (An establishment that has been notified by OSHA about submitting injury/illness information in conjunction with a special data collection.)

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GENERAL NOTES:

- The pages that follow include mockups of a registration page for a Single-Entity submitter and an Enterprise submitter, respectively; a mockup for a special collection submitter is not included.

3. Registration Page (2 of 3)

UNITED STATES DEPARTMENT OF LABOR

A to Z Index | En Español | Contact Us | FAQs | About OSHA

OSHA OSHA QuickTakes Newsletter RSS Feeds Print This Page Text Size

Occupational Safety & Health Administration We Can Help What's New | Offices

Home Workers Regulations Enforcement Data & Statistics Training Publications Newsroom Small Business OSHA

OSHA's Injury/Illness Data Collection: Single-Entity Submitter Registration

Please provide the following information for submissions from your establishment: (* = required)

| | |
|-------------------------------|----------------------|
| Submission Entity | |
| * Establishment Name: | <input type="text"/> |
| * Street Address: | <input type="text"/> |
| * City: | <input type="text"/> |
| * State: | <input type="text"/> |
| * Zip: | <input type="text"/> |
| * Contact First Name: | <input type="text"/> |
| * Last Name: | <input type="text"/> |
| * Title: | <input type="text"/> |
| * Phone: | <input type="text"/> |
| Extension: | <input type="text"/> |
| * Email: | <input type="text"/> |
| * Confirm Email: | <input type="text"/> |
| * Select a Security Question: | <input type="text"/> |
| * Answer: | <input type="text"/> |

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GENERAL NOTES:

- This page conceptually portrays the registration information that would be requested for a Single-Entity submitter. Registration will generate a unique user ID and Password, which will be sent to the email address provided during registration when the user clicks the "submit" button. The user ID and password will be used for year-to-year submissions by the same user. When registering, the user will also be prompted to answer a hint question that will be used for a "Forgot your password?" mechanism.

3. Registration Page (3 of 3)

The screenshot shows the top portion of the OSHA website. At the top left is the OSHA logo and the text "UNITED STATES DEPARTMENT OF LABOR". To the right is a search bar with the word "SEARCH" in a button. Below this is a secondary navigation bar with links for "A to Z Index", "En Español", "Contact Us", "FAQs", and "About OSHA". The main navigation bar includes "OSHA", "OSHA QuickTakes", "Newsletter", "RSS Feeds", "Print This Page", and "Text Size". Below that is the text "Occupational Safety & Health Administration We Can Help" and "What's New | Offices". A final row of navigation links includes "Home", "Workers", "Regulations", "Enforcement", "Data & Statistics", "Training", "Publications", "Newsroom", "Small Business", and the OSHA logo.

OSHA's Injury/Illness Data Collection: Enterprise Submitter Registration

Please provide the following information for submissions from the enterprise's headquarters: (* = required)

| Enterprise Headquarters | |
|-------------------------------|----------------------|
| * Company Name: | <input type="text"/> |
| * Street Address: | <input type="text"/> |
| * City: | <input type="text"/> |
| * State: | <input type="text"/> |
| * Zip: | <input type="text"/> |
| * Contact First Name: | <input type="text"/> |
| * Last Name: | <input type="text"/> |
| * Title: | <input type="text"/> |
| * Phone: | <input type="text"/> |
| Extension: | <input type="text"/> |
| * Email: | <input type="text"/> |
| * Confirm Email: | <input type="text"/> |
| * Select a Security Question: | <input type="text"/> |
| * Answer: | <input type="text"/> |

Provide information for each submitting establishment. [Go to subpage >>](#) [Not shown in mockup.]
(Note: On the subpage, registrant will be prompted to identify each establishment anticipated to be included in the HQ submission.)

The footer consists of a dark red bar with the text "Feedback | Disclaimer" in white. Below this is a light gray bar containing the text: "U.S. Department of Labor | Frances Perkins Building, 200 Constitution Ave., NW, Washington, DC 20210 | www.dol.gov | Telephone: 1-866-4-USA-DOL | TTY: 1-877-889-5627 | Contact Us".

GENERAL NOTES:

- This page conceptually portrays the registration information that would be requested for an Enterprise submitter. Registration will generate a unique user ID and Password for the HQ submitter.

4. Sample Registration Confirmation Email

Thank you for registering with OSHA's Injury/Illness Data Collection website.
Your ID and password are:

ID: 123456789

Password: XYZ123CBA

Please login to [insert actual URL here] and submit your establishment-specific data.

If you have any questions, please contact the Helpline at [xxx-xxx-xxxx] or via email to xxxxxxx@xxx.com. Helpline staff is available Monday through Friday from xx to xx.

This is an automated email. Please do not reply to this message.

5. Login Page

The screenshot shows the top portion of the OSHA website. At the top left is the United States Department of Labor logo and text. To the right is a search bar with a 'SEARCH' button. Below this is a secondary navigation bar with links for 'A to Z Index', 'En Español', 'Contact Us', 'FAQs', and 'About OSHA'. The main navigation bar includes 'OSHA', 'OSHA QuickTakes' (with a Newsletter icon), 'RSS Feeds', 'Print This Page', and 'Text Size'. Below this is the text 'Occupational Safety & Health Administration We Can Help' and 'What's New | Offices'. A horizontal menu contains links for 'Home', 'Workers', 'Regulations', 'Enforcement', 'Data & Statistics', 'Training', 'Publications', 'Newsroom', and 'Small Business'. The OSHA logo is on the far right of this menu.

OSHA's Injury/Illness Data Collection: Log In*

The login form consists of two text input fields. The first is labeled 'ID Number' and the second is labeled 'Password'. Below these fields is a 'Log In' button.

[Forgot your password?](#)

OMB Disclosure Statement: [text etc. tbd]

*If you do not have an ID Number and Password, please go to the [Registration](#) page.

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GENERAL NOTES:

- “Forgot your password?” link will prompt user to respond to the hint question with the answer provided during user registration. If the correct answer is entered, an email will be sent (to the user email address entered during registration) with a login and URL for resetting the user password.

6. Main Page



OSHA's Injury/Illness Data Collection: Main Page

You have logged into OSHA's website for online submission of [insert collection year] work-related injury and illness data. Based on your registration information, this system recognizes that you are the following type of submitter. To proceed with your submission, select the link below. (If the submitter type information is incorrect, please update your [Submitter Registration](#) or contact the Helpline staff.)

Questions

Contact Helpline Staff at [insert phone number]. Helpline staff are available Monday through Friday from [insert time] to [insert time] EST.

Note also that as an alternative to submitting data via the online forms on this website, OSHA provides a batch submission option (Excel or XML format). ([View Batch submission instructions.](#))

[Page will display one of the following based on user's login (i.e., registration information):]

- [Single-entity submitter >>](#) (Either a single smaller establishment [i.e., 20 to 249 employees] or a single larger establishment [i.e., 250+ employees] that is required to maintain injury/illness records under the rule.)
- [Enterprise submitter: Corporate HQ >>](#) (An "enterprise" has more than 1 submitting establishment, where each is a smaller establishment [i.e., 20 to 249 employees] or a larger establishment [i.e., 250+ employees] that is required to maintain injury/illness records under the rule.)
- [Special collection submitter >>](#) (An establishment that has been notified by OSHA about submitting injury/illness information in conjunction with a special data collection.)

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GENERAL NOTES:

- "Batch submission instructions" link above will present the user with how-to information on generating and submitting batched data (e.g., multiples from an Enterprise HQ) in acceptable formats (e.g., MS Excel or XML).
- As appropriate, submitter will proceed from this Main page to the submitter's Dashboard page.
 - NOTE: This Main page mockup is intended to be illustrative. It is anticipated that during system development the Main page will be folded into the Dashboard page.

7. Dashboard: Single-Entity Submitter

The screenshot shows the top of the OSHA website. It features the United States Department of Labor logo and name on the left, a search bar on the right, and a navigation menu below. The navigation menu includes links for Home, Workers, Regulations, Enforcement, Data & Statistics, Training, Publications, Newsroom, and Small Business. There are also links for 'We Can Help', 'What's New', and 'Offices'. The OSHA logo is in the bottom right corner of the navigation bar.

OSHA's Injury/Illness Data Collection: Single-Entity Submitter Dashboard

The table below lists Collection Year 2017 establishment submissions anticipated or received by OSHA based on your registration/login. From this page, by selecting the establishment record link, you can go to the online forms to input data or access a completed submission to review/update.

My Establishment Data Submissions

Complete Submissions

(Select the establishment name link to access the submission for that establishment.)

| | Establishment Name | City | State | Street Address | Entry Date |
|---|-----------------------------|-----------|-------|----------------|------------|
| 1 | Company XYZ | Someplace | AR | 11 Main Street | 02/07/2017 |

Attention: Incomplete Submissions

| | Establishment Name | City | State | Street Address | Complete This Submission |
|--|--------------------|------|-------|----------------|--------------------------|
| | NA | | | | |

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GENERAL NOTES:

- This page mockup broadly portrays the dashboard for a Single-Entity submitter. The dashboard would likely include information on what submission components are anticipated, either in the dashboard table or via a drill-down. (For instance, a dashboard display for a larger establishment submitting Forms 300 and 301 could be similar but focusing the user's attention on the particular submission component action items.)
- Corrections/updates to submissions will be *time-limited*.

8. Online Form: Page 1 – Establishment Information

The screenshot shows the top portion of the OSHA website. At the top left is the United States Department of Labor logo. To its right is the text "UNITED STATES DEPARTMENT OF LABOR". Further right is a search bar with the word "SEARCH" in a button. Below this is a navigation bar with links: "A to Z Index", "En Español", "Contact Us", "FAQs", and "About OSHA". Below the navigation bar is another row with "OSHA" on the left and "OSHA QuickTakes", "Newsletter", "RSS Feeds", "Print This Page", and "Text Size" on the right. Below that is a row with "Occupational Safety & Health Administration" and "We Can Help" in the center, and "What's New" and "Offices" on the right. At the bottom of this row are several menu items: "Home", "Workers", "Regulations", "Enforcement", "Data & Statistics", "Training", "Publications", "Newsroom", and "Small Business". The OSHA logo is on the far right of this row.

OSHA's Injury/Illness Data Collection: Establishment Address Information

Input the following information about the particular establishment for which these injury/illness data are being provided. Then click the "Next" button to advance to the next screen.

Important: To submit a completed online form for an individual corporate establishment, you must select the "Submit" button at the end of the form (on the next screen).

(*) = required field

NAICS:

Establishment
DUNS Number:
(Please provide if available.)

Establishment Location Address

(*) Contact:
(*) Title:
(*) Phone: Ext:

(*) Establishment
Name:
Secondary Name:

(*) Address:
Address 2:

(*) City/State/Zip: , AK

Establishment Mailing Address

Establishment Mailing Address is the same as Establishment Location Address.

(*) Address:
Address 2:

(*) City/State/Zip: , AK

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GENERAL NOTES:

- This is the first of multiple data entry screens for a submitting establishment. Users reach this page by selecting an item in the submitter's dashboard. Exact data fields will be determined during system development. Many fields on this page will auto-fill (and be updatable) from information provided during user/establishment registration for submitting data using this system.
- Basic form page validation will be included to ensure that required fields are completed and that data is entered into the appropriate format (e.g., numeric entries only in phone fields.)

- To minimize the level of effort per submission, data entered on the first form page (above) will be saved in the system and displayed (and updatable) for the subsequent year's submission.

9. Online Form: Page 2 – Log Summary & Employment Information (Form 300A)

 **UNITED STATES
DEPARTMENT OF LABOR**

A to Z Index | En Español | Contact Us | FAQs | About OSHA

OSHA **OSHA QuickTakes** Newsletter RSS Feeds Print This Page Text Size

Occupational Safety & Health Administration **We Can Help** What's New | Offices

Home Workers Regulations Enforcement Data & Statistics Training Publications Newsroom Small Business 

OSHA's Injury/Illness Data Collection: Log Summary Information (Form 300A)

Using your completed Summary of Work-Related Injuries and Illnesses (OSHA Form 300A) for 2016, copy the establishment information into the boxes below.

1. **For this particular establishment: Enter the annual average employment for 2016.**
(You can copy this from your OSHA Form 300A.)

2. **For this particular establishment: Enter the total hours worked for 2016.**
(You can copy this from your OSHA Form 300A.)
Note: Total Hours Worked should exclude vacation, sick leave, holidays, and other non-work time.

If these numbers are not available on your OSHA Form 300A, or if your establishment does not keep records needed to answer (1) and (2) above, you can estimate this way. [click here](#)

3. **Check any conditions that might have affected your annual average number of employees or total hours worked during 2016:**

- Strike or lockout
- Shutdown or layoff
- Seasonal work
- Natural disaster or adverse weather conditions
- Shorter work schedules or fewer pay periods than usual
- Longer work schedules or more pay periods than usual
- Other reason
- Nothing unusual happened to affect our employment or hours figures

4. **Did you have any recordable injuries or illnesses during 2016?**

- Yes (Go to the next section)
- No (Go to Authorization and Submission of This Form)

5. Number of Cases

Total number of deaths(G)

Total number of cases with days away from work(H)

Total number of cases with job transfer or restriction(I)

Total number of other recordable cases(J)

6. Number of Days

Total number of days away from work(K)

Total number of days of jobs transfer or restriction (L)

7. Injury and Illness Types

(M) Total Number of..

- | | | | |
|----------------------------|----------------------|-------------------------|----------------------|
| (1) Injuries | <input type="text"/> | (4) Poisonings | <input type="text"/> |
| (2) Skin Disorders | <input type="text"/> | (5) Hearing Loss | <input type="text"/> |
| (3) Respiratory Conditions | <input type="text"/> | (6) All Other Illnesses | <input type="text"/> |

Additional Comments

Authorization and Submission of This Form

Authorization

In the appropriate fields below, provide the name, title, phone number, and email address of the person who authorizes the submission of this injury and illness log data.
The person authorizing this submission is the person OSHA will contact to resolve any questions that arise concerning the data.

Submission

To transmit the completed form to OSHA, click on the "Submit" button. Doing so will transmit the form's data directly to OSHA's Log Data collection database. Once you have submitted the data, confirmation of submittal will appear on the screen, and a confirmation email will be sent to the contact's email address. To print a copy of the completed survey form for your own records, use the "Print" command on your web browser.

| | |
|---|---|
| ★ Contact Name (e.g. FirstName LastName) | <input type="text"/> |
| ★ Title | <input type="text"/> |
| ★ Telephone Number (e.g. 6035551212) | <input type="text"/> Ext <input type="text"/> |
| Fax Number (e.g. 6035551212) | <input type="text"/> |
| ★ Today's Date (e.g., mm/dd/yyyy) | <input type="text"/> |
| ★ Email (e.g. xxx@xxx.com) | <input type="text"/> |
| ★ Confirm Email | <input type="text"/> |

No data are collected by this site until the Submit button has been clicked.

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GENERAL NOTES:

- Basic form page validation will be included on the Form 300A to ensure that required fields are completed and that data is entered into the appropriate format (e.g., numeric entries only in phone fields.)
- In addition, collection-specific validation can be incorporated to check for outlier data when the user selects “submit.” See following mockup page for an example.
- Regarding authorization/submission: The specific point at which the submitter will be presented with the Authorization and Submission box shown above will vary depending on the submission situation (e.g., extent of submission required based on establishment size).
 - As appropriate, some fields on this authorization/submission page will auto-fill (and be updatable) based on user registration and/or establishment information.
- Following authorization/submission, submitter will receive online confirmation and an email confirmation. (See items later in this mockup.)

10. Example Data Validation Check

Change value? ✕

▲ The following error has been identified:

Injury and illness totals are inconsistent. The total number of reported cases (G+H+I+J) must equal the total number of injury and illness types (M1+M2+M3+M4+M5+M6).
Note: Choose ONLY ONE of the categories (G through J) for each recordable case. If a case has both days away from work and days of job transfer or restriction, record the case once and only once in column H. This is true even when the number of job transfer/restriction days exceeds the number of days away from work. Column I is used for cases with days of job transfer/restriction only. If the case has even one day away from work, the case is counted in column H.

To stop your data submission and correct this error, click FIX NOW. To continue your data submission with this error, click IGNORE and SUBMIT.

GENERAL NOTES:

- Upon submission, user will be alerted if data entered fall outside of set parameters and may have the option to fix the data before continuing with data submission OR to ignore the edit condition(s) presented and continue with data submission. (This is an assumption based on the former OSHA Log data collection.) This alert is presented as a pop-up on the data entry page when the user clicks the “submit” button.
- There are a number of edit condition checks that were in use on the former ODI Respondent’s website that can be incorporated into the new data collection site. See example above. These checks, however, are specific to the Form 300A data. New edit checks will need to be developed and tested for the Forms 300 and 301 data.

11. Online Confirmation

The screenshot shows the top portion of the OSHA website. At the top left is the OSHA logo and the text "UNITED STATES DEPARTMENT OF LABOR". To the right is a search bar with a "SEARCH" button. Below this is a navigation bar with links: "A to Z Index", "En Español", "Contact Us", "FAQs", and "About OSHA". Below the navigation bar is a secondary bar with "OSHA" on the left and "OSHA QuickTakes" (with a "Newsletter" link), "RSS Feeds", "Print This Page", and "Text Size" on the right. Below that is a main navigation bar with "Occupational Safety & Health Administration" and "We Can Help" in the center, and "What's New" and "Offices" on the right. At the bottom of this bar are several menu items: "Home", "Workers", "Regulations", "Enforcement", "Data & Statistics", "Training", "Publications", "Newsroom", and "Small Business". The OSHA logo is also present on the far right of this bar.

OSHA's Injury/Illness Data Collection: Submission Confirmation

Meg Jones: Thank you for the data submission to OSHA's data collection website. You can review, update, and print a copy of your submission by returning to your dashboard. If you have any questions regarding your submission, please contact the Helpline at [xxx-xxx-xxxx] or via email to xxxxxxx@xx.com. Helpline staff is available Monday through Friday from xx to xx.

[Return to My Dashboard](#)

[Feedback](#) | [Disclaimer](#)

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GENERAL NOTES:

- An establishment submitting as a single entity might not need to return to the dashboard after completing the submission.
- An Enterprise submitter, however, could return to the dashboard to continue with submissions for other submitting establishments.

12. Email Confirmation

Thank you for submitting your [insert calendar year] OSHA injury/illness data to OSHA's data collection website. You can review, update, and print a copy of your submission by returning to your dashboard. If you have any questions, please contact the Helpline at [xxx-xxx-xxxx] or via email to xxxxxxx@xxx.com. Helpline staff is available Monday through Friday from xx t xx.

This is an automated email. Please do not reply to this message.

13. Logout Confirmation

The screenshot shows the OSHA website header with the United States Department of Labor logo and navigation links. Below the header, a red banner contains the text "You are now logged out of OSHA's Injury/Illness Data Collection System". Below this banner, a message states "You can either log back in or close this window." The footer includes a "Feedback | Disclaimer" link and contact information for the U.S. Department of Labor.

UNITED STATES
DEPARTMENT OF LABOR

A to Z Index | En Español | Contact Us | FAQs | About OSHA

OSHA OSHA QuickTakes Newsletter RSS Feeds Print This Page Text Size

Occupational Safety & Health Administration We Can Help What's New | Offices

Home Workers Regulations Enforcement Data & Statistics Training Publications Newsroom Small Business OSHA

You are now logged out of OSHA's Injury/Illness Data Collection System

You can either [log back in](#) or close this window.

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GENERAL NOTES:

- “Log back in” link will return the user to the login screen.

14. Dashboard: Enterprise Submitter

UNITED STATES DEPARTMENT OF LABOR

A to Z Index | En Español | Contact Us | FAQs | About OSHA

OSHA OSHA QuickTakes Newsletter RSS Feeds Print This Page Text Size

Occupational Safety & Health Administration We Can Help What's New | Offices

Home Workers Regulations Enforcement Data & Statistics Training Publications Newsroom Small Business OSHA

OSHA's Injury/Illness Data Collection: Enterprise Submitter Dashboard

The table below lists Collection Year 2017 establishment submissions anticipated or received by OSHA based on your registration/login. From this page, by selecting the establishment record link, you can go to the online forms to input data or access a completed submission to review/update.

My Establishment Data Submissions

Complete Submissions

(Select the establishment name link to access the submission for that establishment. Also, to change the table sort order, select a column header.)

| | Establishment Name | City | State | Street Address | Entry Date |
|---|---------------------------|-----------|-------|----------------|------------|
| 1 | Company A | Someplace | AR | 11 Main Street | 02/07/2017 |
| 2 | Company B | Someplace | OH | 2 North Avenue | 02/09/2017 |
| 3 | Company C | Someplace | PA | 43 Arbor Way | 03/10/2017 |

Attention: Incomplete Submissions

(Select the "Go" link to complete the submission for that establishment. Also, to change the table sort order, select a column header.)

| | Establishment Name | City | State | Street Address | Complete This Submission |
|---|---------------------------|-----------|-------|-----------------|-----------------------------|
| 4 | Company D | Someplace | CO | 4 Spring Street | Go >> |
| 5 | Company E | Someplace | FL | 12 South Street | Go >> |

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GENERAL NOTES:

- This page mockup broadly portrays the dashboard for an Enterprise submitter. For instance, this display could indicate that the Enterprise HQ has completed the submission for three of six identified establishments. For each establishment, the dashboard would likely include information on what submission components are anticipated, either in the dashboard table itself or via a drill-down. For instance, the dashboard display for a larger establishment (i.e., submitting Forms 300 and 301) would be similar, but would provide more detail and focus the user's attention on incomplete components of the submission.
- Corrections/updates to submissions will be *time-limited*.

15. Online Form: Page 2 – Complete Log (Form 300)

Establishment name

City State

| Identify the case number & job title | | Describe the case | | | | Classify the case | | | | Enter the number of days the injured or ill worker was: | | Select the "injury" column or choose one type of illness: | | | | | |
|--------------------------------------|-------------------------|------------------------------------|---|---|--|--|-----------------------|-----------------------------|------------------------|---|--------------------------------|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| (A) Case no. | (B) (Not Applicable) | (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) | SELECT ONLY ONE box for each case based on the most serious outcome for that case: | | | | | | | | | | | |
| | | | | | | Remained at Work | | | | | | | | | | | |
| | | | | | | 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) |
| Reset | | | / month / day | | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | days | days | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Reset | | | / month / day | | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | days | days | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Reset | | | / month / day | | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | days | days | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Reset | | | / month / day | | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | days | days | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Reset | | | / month / day | | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | days | days | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Reset | | | / month / day | | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | days | days | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Reset | | | / month / day | | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | days | days | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Reset | | | / month / day | | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | days | days | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Reset | | | / month / day | | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | days | days | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Reset | | | / month / day | | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | days | days | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Page totals ▶

Page 1 of 1
 Injury (1) Skin disorder (2) Respiratory condition (3) Poisoning (4) Hearing loss (5) All other illnesses (6)

[Go to Form 301 Page](#)

GENERAL NOTES:

- This form will only be presented for submitting establishments with 250+ employees.
- The example above shows the types of data that will be captured on this page. Some aspects of the look and feel may be adjusted during the development stage and will ensure that the data entry is straight-forward and intuitive.
- Submitters will have the option of adding another 300 log page. If they choose to “Add a Form Page,” they will get a blank form page like this one. The “Save Input” button will prompt users to (1) continue entering 300 data or (2) go to a Form 301 data-entry screen.
- After entering Form 300 data, the submitter will click “Go to Form 301 Page” to input the Form 301 data. Data elements that are redundant between the two forms will auto-fill in the Form 301 (i.e., case number, date of injury/illness).
- Following input of the Form 301 data, users will authorize and submit data (for both 300 and 301s). It is anticipated that the system will give submitters the option to input data over multiple user sessions before the user authorizes the establishment’s submission.

16. Online Form: Page 3 – Incident Reports (Form 301)

OSHA's Form 301 Injury and Illness Incident Report



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

Form approved OMB no. 1218-0176

Information about the employee

- 1) Not Applicable
2) Not Applicable
3) Not Applicable
4) Date of birth
5) Date hired
Male
Female

Attention: In the following fields, please do not include any personally identifiable information (PII) pertaining to the worker(s) involved in the incident (e.g., no names, phone numbers, or Social Security numbers).

Information about whether a health care professional was involved

- 6) Was a physician or other health care professional involved?
7) Was any treatment given away from the worksite?
8) Was employee treated in an emergency room?
9) Was employee hospitalized overnight as an in-patient?

Information about the case

- 10) Case number from the Log
11) Date of injury or illness
12) Time employee began work
13) Time of event

14) What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

15) What Happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

16) What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

17) What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.

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

Save Input Add a Form Page Reset Authorize and Submit Data

GENERAL NOTES:

- This form will only be presented for submitting establishments with 250+ employees.
- The example above shows the types of data that will be captured on this page. Some aspects of the look and feel may be adjusted during the development stage and will ensure that the data entry is straight-forward and intuitive.
- Data elements that are redundant between the Form 300 and the Form 301 will auto-fill in the Form 301 (i.e., case number, date of injury/illness).
- Submitters will have the option of adding more incident reports and, when finished, authorizing and submitting data. If they choose to “Add a Form Page” (i.e., another incident report page), they will get a fresh page like this one. The “Save Input” button will prompt users to (1) continue entering 301 data (i.e., get a blank 301 form) or (2) authorize and submit data. By choosing “Authorize and Submit Data,” the submitter will go to the next screen.
 - **Possible Data Validation:** When the user selects “Authorize and Submit Data” the system will compare the number of incident reports entered to the number of rows entered on the Log 300 data page and notify the user about any discrepancies.
- It is anticipated that the system will give submitters the option to input data over multiple user sessions before the user authorizes the establishment’s submission.

17. Online Form: Page 4 – Log Summary & Employment Information (Form 300A)



UNITED STATES
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OSHA's Injury/Illness Data Collection: Log Summary Information (Form 300A)

Using your completed Summary of Work-Related Injuries and Illnesses (OSHA Form 300A) for 2016, copy the establishment information into the boxes below.

1. For this particular establishment: Enter the annual average employment for 2016.
(You can copy this from your OSHA Form 300A.)

2. For this particular establishment: Enter the total hours worked for 2016.
(You can copy this from your OSHA Form 300A.)
Note: Total Hours Worked should exclude vacation, sick leave, holidays, and other non-work time.

If these numbers are not available on your OSHA Form 300A, or if your establishment does not keep records needed to answer (1) and (2) above, you can estimate this way. [click here](#)

3. Check any conditions that might have affected your annual average number of employees or total hours worked during 2016:

- Strike or lockout
- Shutdown or layoff
- Seasonal work
- Natural disaster or adverse weather conditions
- Shorter work schedules or fewer pay periods than usual
- Longer work schedules or more pay periods than usual
- Other reason
- Nothing unusual happened to affect our employment or hours figures

4. Did you have any recordable injuries or illnesses during 2016?

- Yes (Go to the next section)
- No (Go to Authorization and Submission of This Form)



Feedback | Disclaimer

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www.dol.gov | Telephone: 1-866-4-USA-DOL | TTY: 1-877-889-5627 | Contact Us

GENERAL NOTES:

- For establishments with 250+ employees, the data collection system would logically generate the Log summary (Form 300A) at this point in the sequence of the submission (i.e., generate the Log summary after completion of the Form 300 Log and the Forms 301).
- However, the submitter would need to input the data for items #1 and #2 from the onsite Form 300A.

18. Online Form: Authorize and Submit Data (Enterprise submission)

Authorization and Submission of This Form

Authorization

In the appropriate fields below, provide the name, title, phone number, and email address of the person who authorizes the submission of this injury and illness log data.

The person authorizing this submission is the person OSHA will contact to resolve any questions that arise concerning the data.

Submission

To transmit the completed form to OSHA, click on the "Submit" button. Doing so will transmit the form's data directly to OSHA's Log Data collection database. Once you have submitted the data, confirmation of submittal will appear on the screen, and a confirmation email will be sent to the contact's email address. To print a copy of the completed survey form for your own records, use the "Print" command on your web browser.

Contact Name
(e.g. FirstName LastName)

Title

Telephone Number
(e.g. 6035551212) Ext

Fax Number
(e.g. 6035551212)

Today's Date
(e.g., mm/dd/yyyy)

Email
(e.g. xxx@xxx.com)

Confirm Email

No data are collected by this site until the Submit button has been clicked.

[Feedback](#) | [Disclaimer](#)

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GENERAL NOTES:

- As appropriate, some fields on this authorization/submission page will auto-fill (and be updatable) based on user registration and/or establishment information.
- Following submission, submitter will receive online confirmation and an email confirmation.