

# Injury Tracking Application Login

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Log in or [create an account](#).

**Username or Email Address**

**Password**

[Forgot Password?](#)

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**OMB Control Number: 1218-0176**

**Expiration Date: January 31, 2018**

Public reporting for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid Office of Management and Budget Control Number. If you have any comments regarding this estimate or any other aspect of this information collection, including suggestions for reducing this burden, please send them to [OSHAPRA@dol.gov](mailto:OSHAPRA@dol.gov) or to OSHA's Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210.

### Create Account

#### Step 1 of 3: Account Details

\* Required Fields

First Name\*

Last Name\*

Company Name\*

Please enter the name of the company that you work for.

Job Title

Please enter your job title.

Email Address\*

Confirm Email Address\*

Phone Number\*

Username\*

I'm not a robot

Cancel Continue

FAQ | If you have questions, please complete the [Help Request Form](#)

Injury Tracking Application Home

# Injury Tracking Application Home

Injury Tracking Application

User: Dave | [Logout](#)

Navigation Menu

30 days left in the 2016 filing period

[Get Started Here](#)

### For Manual Data Entry

[Create Establishment](#) Add a new establishment to your account

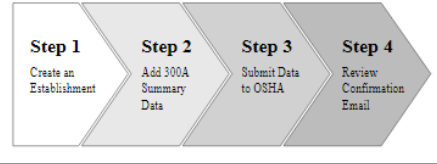
[View Establishment List](#) View the establishments which have been added to your account

### For Batch Data Transmission

[Upload a Batch File](#) Upload a CSV file containing your establishment and 300 A summary data

[View Your API Token](#) Access your authentication token for use in electronically transmitting data via API

### Overview of Data Submission Process



### 2016 Data Submission Status

300A Summary Status	Establishments
Not Added	26
Not Submitted	6
Submitted	5928
<b>Total</b>	<b>5960</b>

[FAQ](#) | If you have questions, please complete the [Help Request Form](#)



Establishment List / Create Establishment

# Create Establishment

**Injury Tracking Application**  
 User: Dave | [Logout](#)  
 Navigation Menu

**\* Required Fields**

**Establishment Name\***

Each establishment name must be different from all other establishment names provided.

**Company Name**

Please enter the name of the company that owns the establishment.

**Address\***

Please include your physical address, not a PO Box.

**City\***

**State\***

**ZIP (5 or 9 digits)\***

**NAICS Industry Code or Description (start typing, then select)\***

Begin typing either your 2012 NAICS code or the industry description, then select the correct value from the list. If you don't know your code and can't find it in the list, you can look it up at [census.gov](#).

**What was the maximum number of employees at this establishment for this year?\***

- Under 20
- 20-249
- Over 250+

Please select the maximum number of employees (salaried, hourly, part-time, and seasonal workers) that this establishment had at ANY point during the filing year. This field can not be empty.

**Is this establishment part of a public sector (government) entity?\***

- No
- Yes - State Government
- Yes - Local Government

[Cancel](#)

[Save](#)

[FAQ](#) | if you have questions, please complete the [Help Request Form](#)



Web Establishment / Edit 300A Summary

Injury Tracking Application User: OSH\_A\_100000 Navigation Menu

Summary of Work-related Injuries and Illnesses

\* All Fields are Required

Establishment Name: x

Employment Information

Annual average number of employees\*

Total hours worked by all employees last year\*

Did any recordable work-related injuries or illnesses occur at this establishment in this year?  Yes  No

Number of Cases

TOTAL NUMBER OF:

Deaths (G)* <input type="text" value="0"/>	Cases with days away from work (K)* <input type="text" value="0"/>	Cases with job transfer or restriction (L)* <input type="text" value="0"/>	Other recordable cases (J)* <input type="text" value="0"/>
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Number of Days

TOTAL NUMBER OF:

Days away from work (K)* <input type="text" value="0"/>	Days of job transfer or restriction (L)* <input type="text" value="0"/>
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Injury And Illness Types

TOTAL NUMBER OF:

Injuries (H1)* <input type="text" value="0"/>	Poisonings (H4)* <input type="text" value="0"/>
Skin disorders (H2)* <input type="text" value="0"/>	Hearing loss (H3)* <input type="text" value="0"/>
Respiratory conditions (H5)* <input type="text" value="0"/>	All other illnesses (H6)* <input type="text" value="0"/>

Cancel Save

FAQ | If you have questions, please complete the Help Request Form