

Injury Tracking Application Login

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

Username or Email Address

Password

[Forgot Password?](#)

You are about to access a U.S. Government computer/information system. Access to this system is restricted to authorized users only. Unauthorized access, use, or modification of this computer system or of the data contained herein, or in transit to/from this system, may constitute a violation of [Title 18, United States Code, Section 1030](#) and other federal or state criminal and civil laws. These systems and equipment are subject to monitoring to ensure proper performance of applicable security features or procedures. Such monitoring may result in the acquisition, recording and analysis of all data being communicated, transmitted, processed or stored in this system by a user.

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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 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

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Injury Tracking Application

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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

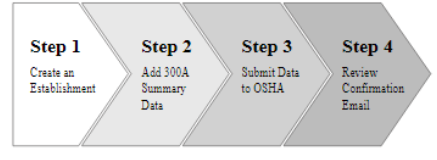
[View Establishment List](#) View the establishments which have been added to your account

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
Total	5960

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





Establishment List / Create Establishment

Create Establishment

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*** 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](#)

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View Establishment / Edit 300A Summary

Edit 300A Summary

Injury Tracking Application User: OSH-123456789 Navigation Menu

Summary of Work-related Injuries and Illnesses

* All Fields are Required

Establishment Name: x

Employment Information

Annual average number of employees*

25

Note: This is not necessarily the same as the maximum number of employees you employ when creating the OSHA record.

Total hours worked by all employees last year*

40000

- * Include hours worked by seasonal, hourly, part-time and temporary workers as well as hours worked by other workers subject to day-to-day supervision by your establishment (e.g., temporary help agency workers). Do not include hours worked by independent contractors or other workers who have no direct control over you. Do not include hours worked by the spouse, partner, or family member of an employee who is not paid by the firm, unless permitted to work under the employee's authority.

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

Report any of the establishment's recordable injury or illness cases by year: 2002-10/1/07, 08, 09, 10

Number of Cases

You should copy these values from your firm 300A Summary.

TOTAL NUMBER OF:

Deaths (D)*

0

Cases with days away from work (A)*

0

Cases with job transfer or restriction (R)*

0

Other recordable cases (O)*

0

Number of Days

TOTAL NUMBER OF:

Days away from work (A)*

0

Days of job transfer or restriction (R)*

0

Injury And Illness Types

TOTAL NUMBER OF:

Injuries (I1)*

0

Poisonings (I4)*

0

Skin disorders (I12)*

0

Hearing loss (I13)*

0

Respiratory conditions (I14)*

0

All other illnesses (I15)*

0

Cancel Save

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