



Occupational Safety and Health Administration



STANDARDS V OSHA V

ENFORCEMENT TOPICS ✓

HELP AND RESOURCES >

SEARCH OSHA

Establishment List / View Establishment

View Establishment

Injury Tracking Application User: Dave | Logout

Navigation Menu

×

300A summary data has been added but not submitted

Establishment Details: Any Establishment

ID: XXXXXX EIN: XXXXXXXXX Company:

Address: 123 Some Street, City, State, XXXXX NAICS: XXXXXX Size: Government:

300A Status: Not Submitted

Edit Details

Remove

Submission Progress

- ☐ 3. Add Case-Specific Data ☐ 4. Submit Data to OSHA
 - 5. Review Confirmation Email

Summary for Filing Year XXXX

Employee Information

Annual average number of employees: XXX Total hours worked by all employees: XXXXXX **Edit Summary**

Add Injury and Illness Case Information

Number Of Cases

TOTAL NUMBER OF:

Deaths (G) Cases with days from work (H) Cases with job transfer or restriction (I) Other recordable cases (J)

0 0 0

Number Of Days

TOTAL NUMBER OF:

0

Days away from work (K) Days of job transfer or restriction (L) 0

Injury and Illness Types

TOTAL NUMBER OF:

Injury (M1) Skin disorder (M2) Respiratory condition (M3) Poisoning (M4)

Hearing loss (M5) All other illnesses (M6)

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



Occupational Safety & Health Administration 200 Constitution Ave., NW, Washington, DC 20210 www.OSHA.gov

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Step 1 Create an Establishment Step 2 Add 300A Summary Data

Step 3 Add Case-Specific Data

Step 4 Submit Data to OSHA

Step 5 Review Confirmation Email

Section 3: Injury and Illness Case-Specific Data

In Section 2 you reported: 1 case(s)

Establishment ID: 123456

Enter data for cases in the table below.

	Job Title	Date of Injury	Where the event occurred					Enter the number of days the injured or ill worker was:		Select one column:					
Case Number from the Log				SELECT ONLY ONE based on the most serious outcome:							ndition			ω.	
				Death	D	Remained at Work			On ich		der	ပို		S	ness
		Onset of Illness			Days away from work	Job transfer or restriction	Other recordable cases	Away from transfer or restriction	transfer	Injury	Skin Disorc	Respirator	Poisoning	Hearing los	All other ill

Enter Case 1

Enter Additional Case

Continue →

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OSHA ✔ STANDARDS ✔	ENFORCEMENT T	OPICS V HELP	AND RESOUR	ces 🗸	Q	SEARCH OSHA
			Step 1 Create a Establish	en Add 300A	Step 3 Add Case-Specific Data Step 4 Submit: Data to OSHA	Step 5 Review Confirmation Email
Enter Informa	ation Ahou	it a Case				
To complete the information below, yo	pu will need:					Establishment ID: 123456
 Your completed copy of your OS Your completed copies of supple OSHA Form 301. Tell us about a work-related injury or in 	SHA Form 300. ementary documents about illness.	the case, such as works	er's compensation	n report, an accident report, and	insurance form, or the <i>Injury</i> and	Diness Incident Report,
	n your Log (column A)					
	Job title (column C)					
Date of injury or onset	t of illness (column D)					
Where the event	t occurred (column E)					
SELECT ONLY ONE circle base	ed on the most serious outcome (column G-J)	Oeath	Days away fr	rom work 3ob transfe	Remained at Work r or restriction Other	recordable cases
Enter the number of days the inju	ured or ill worker was	Away from work		days	ŭ	
	(column K and L)	On job transfer or re	estriction	days		
Select one coli	lumn (column M1-M6)	Injury		O Poisoning		
		Skin Disorder Respiratory cond	dition	Hearing loss All other illne		
Select the category which best Office, professional, business		s regular type of job/		onal) Repair, installation or service of i	machines, equipment	
Healthcare Sales				Cleaning, maintenance of buildir Construction	ng, grounds	
Delivery or driving Product assembly, product m.	namufacture				loading/unloading, moving, etc.)	
Food Service				Other:		
2. Employee's age:						
OR Date of Birth:						
Date of Birth:						
3. Employee's date hired:		•				
Select length of service at estat	blishment when incident	t occurred:		From 1 to 5 years		
From 3 to 11 months				More than 5 years		
4. Employee's gender:						
Male Female						
5. Was employee treated in an em	mergency room?					
☐ Yes ☐ No						
6. Was employee hospitalized ove	ernight as an in-patient?					
Yes No						
7. Time employee began work:		•				
8. Time of event:	•					
OR Check if time cannot be o	determinned					
9. What was the employee doing		occurred?				
Describe the activity as well as the from hand sprayer"; "daily compu	the tools, equipment, or mal uter key-entry." (maximum e	terial the employee was emtry of 1500 character	using. Be specific	c. Examples: "climbing a ladder w	while carrying roofing materials"; "sq	oraying chlorine
10. What happened? Tell us how t	the injury or illness occu	irred.				
Examples: "When ladder slipped time." (maximum entry of 1500		20 feet"; "Worker was sp	trayed with chlori	ne when gasket broke during rep	lacemennt"; "Worker developed so	reness in wrist over
11. What was the injury or illness						
Tell us the part of the body that syndrome." (maximum entry of 1	was affected and how it wa 1500 characters)	is affected; be more spe	notic than "hurt,"	"pain," or "sore." Examples: "stra.	ined back"; "chemical burn, hand";	"Carpal tunnel
12. What object or substance dire	ectly harmed the employ	ree?				,
Examples: "concrete floor"; "chlor			oly to the incident	t, leave it blank. (maximum entry	of 1500 characters)	
13. Case Comments:						
Enter additional case information	n here (optional).					
					_ China	nd Continue →
					Save a	u committee →
	FAC	Ų If you have question	s, please complet	te the Help Request Form		
W UNITED STATES						
DEPARTMENT (OF LABOR					
DEPARTMENT (Decupational Safety & Health Administration	OF LABOR FEDERAL GOVERN White House		Frequently /	ONAL SAFETY & HEALTH Asked Questions	ABOUT THIS SITE	on Act - DOL
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	Case Number from the Log	Job Title	Date of Injury or Onset of Illness	Where the event occurred	SELECT ONLY ONE based on the most serious outcome:			Enter the number of days the injured or ill worker was:			Se	lect or	ne colu	ımn:	v		
					Death	Days away from work	Remained at Work			On job		횽	ပိ		ss	illnes	
							Job transfer or restriction	Other recordable cases	Away from work	transfer or restriction	Injury	Skin Disorder	Respirator	Poisoning	Hearing lo	All other il	
Edit	XXXXXX	Some Title	MM/DD/YYYY	Some Place	\circ	•	0	\circ	xx	0	•	\circ	0	0	\circ	0	X

Enter Additional Case

Save

Continue and Submit Data $\,\rightarrow\,$

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