



Establishment List / View Establishment

Injury Tracking Application
User: Dave | Logout
Navigation Menu

View Establishment

300A summary data has been added but not submitted

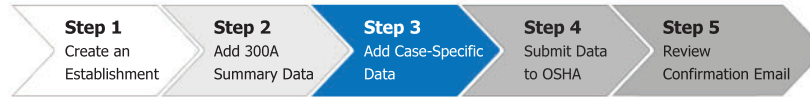
Establishment Details: Any Establishment
ID: XXXXXX
EIN: XXXXXXXX
Company:
Address: 123 Some Street, City, State, XXXXX
NAICS: XXXXXX
Size:
Government:
300A Status: Not Submitted
Edit Details
Remove

Submission Progress
1. Create an Establishment
2. Add 300A Summary Data
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)
Number Of Days
TOTAL NUMBER OF:
Days away from work (K) Days of job transfer or restriction (L)
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





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.

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:		Select one column:					
				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 illness
						Job transfer or restriction	Other recordable cases								
Enter Case 1															
Enter Additional Case															

[Continue](#) →

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





Enter Information About a Case

Establishment ID: 123456

To complete the information below, you will need:

- Your completed copy of your OSHA Form 300.
Your completed copies of supplementary documents about the case, such as worker's compensation report, an accident report, and insurance form, or the Injury and Illness Incident Report, OSHA Form 301.

Tell us about a work-related injury or illness.

Case number from your Log (column A)

Job title (column C)

Date of injury or onset of illness (column D)

Where the event occurred (column E)

SELECT ONLY ONE circle based on the most serious outcome (column G-3)
Remained at Work
Death Days away from work Job transfer or restriction Other recordable cases

Enter the number of days the injured or ill worker was (column K and L)
Away from work days
On job transfer or restriction days

Select one column (column M1-M6)
Injury Poisoning
Skin Disorder Hearing loss
Respiratory condition All other illnesses

1. Select the category which best describes the employee's regular type of job or work: (optional)

- Office, professional, business, or management staff
Healthcare
Sales
Delivery or driving
Product assembly, product manufacture
Food Service
Repair, installation or service of machines, equipment
Cleaning, maintenance of building, grounds
Construction
Material handling (e.g. stocking, loading/unloading, moving, etc.)
Farming
Other:

2. Employee's age:

OR
Date of Birth:

3. Employee's date hired:

OR
Select length of service at establishment when incident occurred:
Less than 3 months From 3 to 11 months
From 1 to 5 years More than 5 years

4. Employee's gender:
Male
Female

5. Was employee treated in an emergency room?
Yes
No

6. Was employee hospitalized overnight as an in-patient?
Yes
No

7. Time employee began work:
OR
8. Time of event:
Check if time cannot be determined

9. 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." (maximum entry of 1500 characters)

10. What happened? Tell us how the injury or illness 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." (maximum entry of 1500 characters)

11. 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." (maximum entry of 1500 characters)

12. What object or substance directly harmed the employee?
Examples: "concrete floor"; "chlorine"; "tooth arm saw." If this question does not apply to the incident, leave it blank. (maximum entry of 1500 characters)

13. Case Comments:
Enter additional case information here (optional).

Save and Continue

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						Job transfer or restriction	Other recordable cases										
Edit	XXXXXX	Some Title	MM/DD/YYYY	Some Place	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	XX	0	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

[Enter Additional Case](#)

[Save](#)

[Continue and Submit Data →](#)

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

