



Occupational Safety and Health Administration

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[OSHA](#) / Injury Tracking Application Login

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/or 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.

If monitoring reveals possible misuse or criminal activity, notice of such may be provided to supervisory personnel and law enforcement officials as evidence.

Anyone who accesses a Federal computer system without authorization or exceeds their access authority, and by any means of such conduct obtains, alters, damages, destroys, or discloses information, or prevents authorized use of information on the computer, may be subject to fine or imprisonment, or both.

Your use of this system indicates understanding that you are personally responsible for your use and any misuse of your access including your system account and password. Use further indicates understanding that by accessing a U.S. Government information system that you must comply with the prescribed policies and procedures. Lastly, your use shall serve as acknowledgement of receipt of, your understanding of your responsibilities, and your willingness to comply with the rules of behavior for this system.

OMB Control Number: 1281-0176

Expiration Date: June 30, 2021

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 OSHA-PRA@dol.gov or to OSHA's Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210.



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For Manual Data Entry

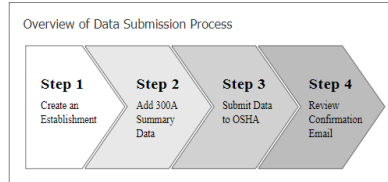
[Create Establishment](#) Add a new establishment to your account

[View Establishment List](#) Add 300A data to the establishments that already exist in 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



2018 Data Submission Status

300A Summary Status	Establishments
Not Added	0
Not Submitted	0
Submitted	2
Total	2

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Create Establishment

***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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Add 300A Summary

Summary of Work-related Injuries and Illnesses

* All Fields are Required

Establishment Name: Place of business

Employment Information

Annual average number of employees

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

Note: This is not necessarily the same as the maximum number of employees you directly employ during the establishment.

Check for this establishment. Add employees you included in your 300A this year. Check for if not set.

Total hours worked by all employees last year

Exclude hours worked by salaried, hourly, part-time and seasonal workers, as well as hours worked by other workers added to the payroll upon the year establishment (i.e., temporary help service workers).

Do not include military and naval reserves or any other non-unit time, even if employees were paid for it. For non-residential single-family of less than four units, if you have employees who are not paid by the hour, please estimate the hours that the employees actually worked.

Number Of Cases

This should copy these values from your Form 300A Summary.

TOTAL NUMBER ON:

Deaths (G) Cases with days away from work (D1) Cases with job transfer or restriction (J) Other recordable cases (I)

Number Of Days

TOTAL NUMBER ON:

Days away from work (D2) Days of job transfer or restriction (D3)

Injury And Illness Types

TOTAL NUMBER ON:

Injuries (H2) Poisonings (H4)

Skin disorders (H3) Hearing loss (H5)

Respiratory conditions (H6) All other illnesses (H8)

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

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Establishment List / View Establishment

View Establishment

300A summary data has been submitted

Establishment Details: Placeholder

ID: 114261 Company Address: 123 Main street, alexandria, DE 33407

Summary for Filing Year 2018

Employee Information

Annual average number of employees: 24 Total hours worked by all employees last year: 48000

Number Of Cases

TOTAL NUMBER OF:

Deaths (G)	Cases with days away from work (H)	Cases with job transfer or restriction (I)	Other recordable cases (J)
0	0	0	0

Number Of Days

TOTAL NUMBER OF:

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

Injury And Illness Types

TOTAL NUMBER OF:

Confirm Submission of 300A Data for 1 Establishment(s)

IMPORTANT: Before submitting data to OSHA, be sure to review it for accuracy.

PUNISHMENT FOR UNLAWFUL STATEMENTS

It is unlawful to make any false statement, representation, or certification to an agency of the United States. Violations can be punished by a fine or by imprisonment of not more than five years, or by both. See 18 U.S.C. 1001(a), 29 U.S.C. 666(g).

By checking this box, I certify that the information I have entered is true and correct to the best of my knowledge and belief.

Cancel Submit 300A Data

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X

300A Submission Progress

1. Create an Establishment
2. Add 300A Summary Data
3. Submit Data to OSHA
4. Review Confirmation Email



Press **F11** to exit full screen

Find it in OSHA



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Establishment List

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i Instructions for Adding and Submitting Your 300A Data to OSHA

- To add or edit 300A data for an establishment, click its name in the list below.
- To submit data to OSHA, select one or more establishments from the list below by checking the box on the left-hand side, then click *Submit 300A Data* button. Note: This only applies to establishments in the "Not Submitted" status.

[+ Create an Establishment](#)

Submit 300A Data for Selected

Filter

To filter your list of establishments, input your criteria in one or more fields below, and then click the "Filter" button to update the list.

Status

Establishment Name / Street / City

State

Zipcode

[Clear](#)

Include Inactive Establishments

[Filter](#)

<input type="checkbox"/>	300A Status	Name	Street	City	State	Zip
<input type="checkbox"/>	Not Submitted	Place of business	123 Main street	alexandria	DE	33407
<input type="checkbox"/>	Submitted	Dave's place	123 Main street	alexandria	VA	22315
<input type="checkbox"/>	Submitted	Main Office 2 - 02	173 S. CR 525 E.	Avon	IN	46123

Results 1 - 3 of 3

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Upload a Batch File

This feature allows you to batch upload information about establishments and 300A Summary data.

You can perform the following actions using the file:

- Create establishments
- Edit establishment information
- Submit and re-submit 300A data

To use this feature, follow the steps listed below:

Step 1: Read the Instructions

In order for your file to be processed correctly, it needs to contain the establishment and 300A Summary data in a specific format.

The instructions for creating a file can be found here: [File Instructions](#)

A template file can be downloaded here: [CSV Template](#)

A sample CSV file can be downloaded here: [CSV Sample](#)

Step 2: Locate and Select Your File

No file chosen

Step 3: Agree to the terms and conditions below

PUNISHMENT FOR UNLAWFUL STATEMENTS

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By checking this box, I certify that the information I have entered is true and correct to the best of my knowledge and belief.

Step 4: Upload Your File

Select "Upload" button to upload your file.

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Manage Account

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Profile

API Token

Profile

To update your password, select [Change Password](#).

[Update Profile](#)

First Name: Dave
Last Name: Schmidt
Company Name: OSHA
Job Title: Statistician
Email Address: schmidt.dave@dol.gov
Phone Number: 202-693-1886

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





Press **F11** to exit full screen

Find it in OSHA



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Manage Account

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Profile

API Token

API Token

This is the API token belonging to your account. For more information about this token and its use, please [download the API specifications](#)

Punishment for Unlawful Statements

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By using the API to submit data, you are certifying that the information submitted will be true and correct to the best of your knowledge and belief.

Your API Token

null

[Copy Token](#)

[Generate New Token](#)

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



Help Request Form

All Fields are Required

First Name

First Name is required.

Last Name

Last Name is required.

Email Address

Email Address is required.

Confirm Email Address

Confirm Email Address is required.

Phone Number

Phone Number is required.

Your Location

Request Topic

Your Question or Comment