



Find it in OSHA

Q A TO Z INDEX

Occupational Safety and Health Administration

ABOUT OSHA + WORKERS + EMPLOYERS + WHAT'S NEW REGULATIONS + ENFORCEMENT + TOPICS + NEWS & PUBLICATIONS + DATA +

TRAINING -

OSHA / Injury Tracking Application Login

Injury Tracking Application Login

Log in or create an account.

Username or Email Address

Place email or username here

Password

Forgot Password?

Log In

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 <u>Title 18</u>, <u>United States Code, Section 1030</u> and other federal or state criminal and/ovil 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.

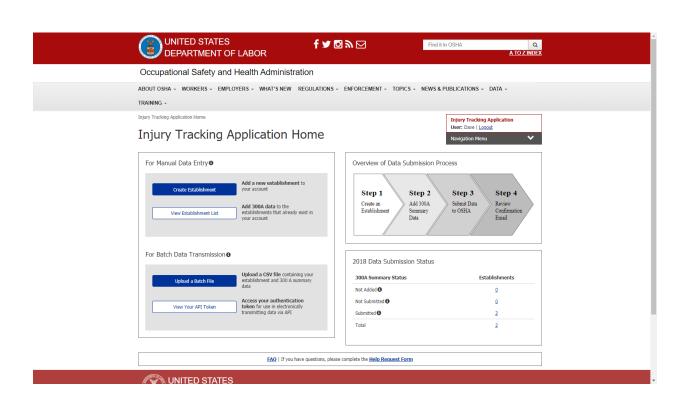
Anyone who accesses a Federal computer system without authorization or exceeds their access authority, and by any means of such conduct obtains, alters, damages, destroys, or discloses information, or prevents authorized use of information on the computer, may be subject to fine or imprisonment, or both.

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

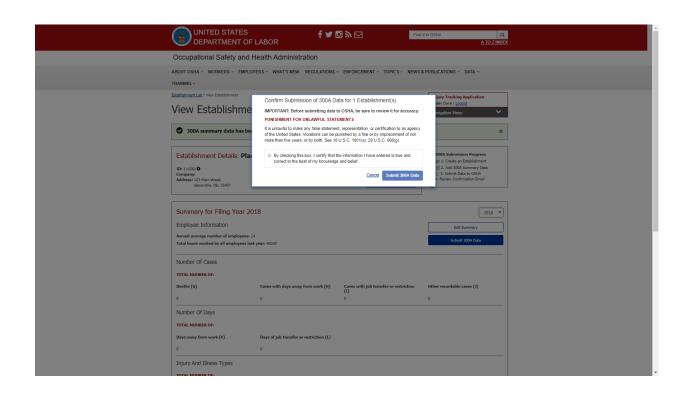
Expiration Date: June 30, 2021

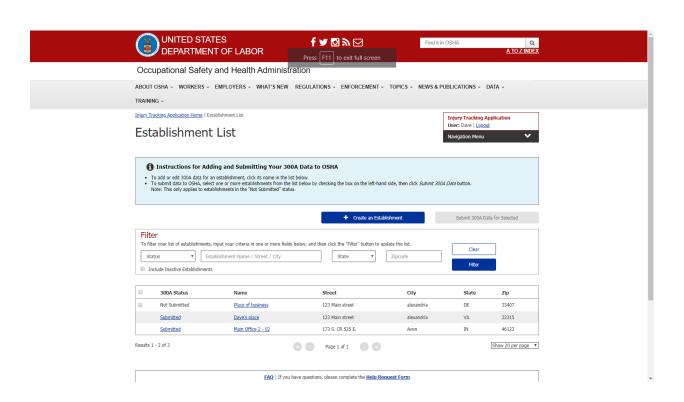
Public reporting for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid Office of Management and Budged Control Number. If you have any comments regarding this estimate or any other aspect of this information unless including suggestions for reducing this burden, please send them to https://doi.org/10.1084/ Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210.

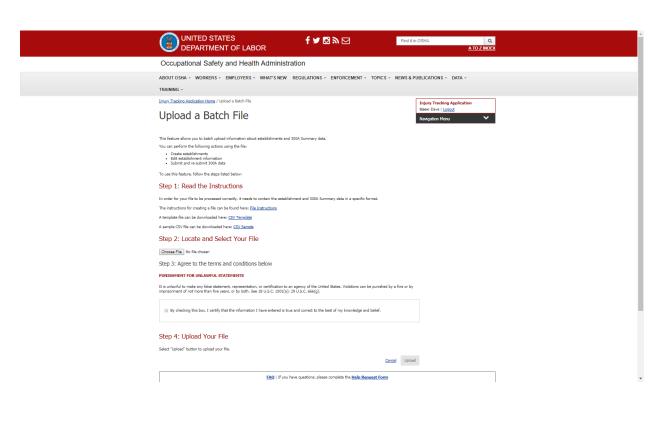


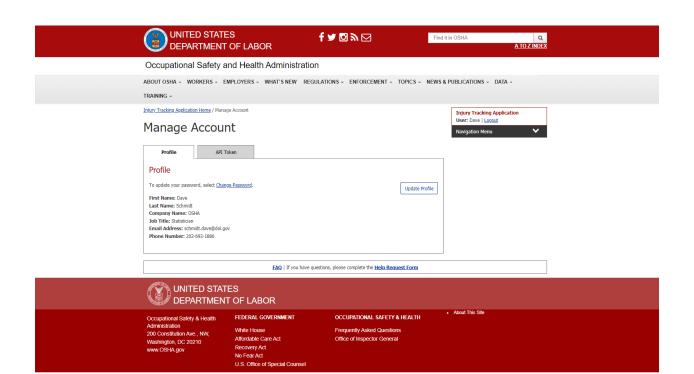
Оссирацина занецу ани пеани Аининывнания						
ABOUT OSHA - WORKERS - EMPLOYERS - WHAT'S NEW REGULATIONS - ENFORCEMENT - TOPICS - NEWS & PUBLICATIONS - DATA -						
TRAINING ~						
Establishment List / Create Establishment		Injury Tracking Application				
Create Establishment		User: Dave Logout Navigation Menu				
*Required Fields						
Establishment Name* 6						
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)*				
	Ψ					
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?*	9					
○ Under 20 ○ 20-249 ○ Over 250+						
Please select the maximum number of employees (salaried, hourly, part-time, and seasonal wor	kers) that this establishment had at ANY point during	g the filing year. This field can not be empty.				
Is this establishment part of a public sector (government) entity? $\pmb{\theta}$						
○ No ○ Yes - State Government ○ Yes - Local Government						
		<u>Cancel</u> Save				
FAQ If you have questions, pl						

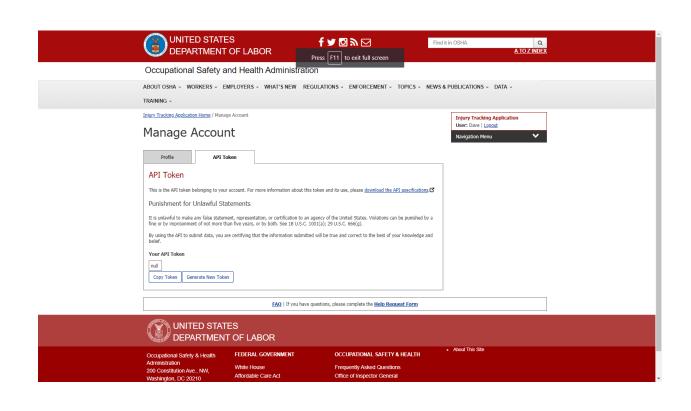
INAMENU *				
View Establishment / Add 300A Summary			Enjury Tracking Application Uses Date Logsd	
Add 300A Summa	ary		Navigation Henu 💙	
Summary of Work-related In	juries and Illnesses			
* All Fields are Required				
Establishment Name: Place of business				
Employment Information Annual average number of employees* Note: This is not necessarily the same as the		Did any recordable work-related or illnesses occur at this establish this year? * • • • • • • • • • • • • • • • • • •		
selected when creating the establishment. Total hours worked by all employees has Include hours worked by allow exployees has a hours wented by other workers audject establishment (e.g., temperary) hale went employees were qualify if it, if you caude past or if you have employees who are hours that the employees who are hours that the employees with a series hours that the employees and with worked.	tyear* •	hal recordable work-realted injuries i Solved No. F. R. def not.	na Jean:	
Number Of Cases				
You should copy these values from your Form	n.2004 Summary:			
TOTAL NUMBER OF:				
Deaths (G)*	Cases with days away from work (H)* •	Cases with job transfer or restriction (1) • •	Other recordable cases (3) * 0	
Number Of Days TOTAL NUMBER OF:				
Days away from work (K)* 0	Days of job transfer or restriction (L)* ©			
Injury And Illness Types TOTAL NUMBER OF:				
Injuries (M1) * ♦ Skin disorders (M2) * ♦	Poisonings (M4) * 🗳 Hearing loss (M5) * 🍎			
Respiratory conditions (M3) * •	All other illnesses (M6) * 🍎			
			Cancel Save	
FAQ 2 you have questions, please complete the Help Respect Form				
UNITED STATES	20000000 T			











Injury Tracking Application Home / Help Request Form	Injury Tracking Application	
Help Request Form	User: Dave Logout Navigation Menu	
Troip Request Form	Navigation Menu 💙	
All Fields are Required		
First Name		- 1
		- 1
First Name is required.		- 1
Last Name		- 1
		- 1
Last Name is required.		- 1
Email Address		- 1
		- 1
Email Address is required.		- 1
Confirm Email Address		- 1
		- 1
Confirm Email Address is required.		- 1
Phone Number		- 1
		- 1
Phone Number is required.		- 1
Your Location		- 1
Select ▼		- 1
Request Topic		
Select ▼		
Your Question or Comment		
de la constant de la		