OSHA
Forms for Recording
Work-Related Injuries and Illnesses

Dear Employer:

This booklet includes the forms needed for maintaining occupational injury and illness records. Many but not all employers must complete the OSHA injury and illness recordkeeping forms on an ongoing basis. Employers in State Plan States should check with their State Plan to see if the exemptions below apply.

Employers with 10 or fewer employees throughout the previous calendar year do not need to complete these forms. In addition to the small employer exemption, there is an exemption for establishments classified in certain industries. A complete list of exempt industries can be found on the OSHA web page at https://www.osha.gov/recordkeeping.

Establishments normally exempt from keeping the OSHA forms must complete the forms if they are informed in writing to do so by the Bureau of Labor Statistics or OSHA.

All employers, including those partially exempted by reason of company size or industry classification, must report to OSHA any workplace incident that results in a fatality, in-patient hospitalization, amputation, or loss of an eye. You can report to OSHA by calling OSHA's free and confidential number at 1-800-321-OSHA (6742); calling your closest Area Office during normal business hours; or by using the online reporting form at https://www.osha.gov/pls/ser/serform.html.
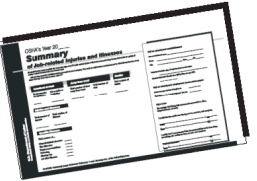
Many employers are required to electronically submit information from their Form 300A Summary to OSHA. To see if your establishment is required to submit the information, visit https://www.osha.gov/injuryreporting/index.html.

The Occupational Safety and Health Administration shares with you the goal of preventing injuries and illnesses in our nation's workplaces. Accurate injury and illness records will help us achieve that goal.

Occupational Safety and Health Administration
U.S. Department of Labor

What's Inside...

In this package, you'll find everything you need to complete OSHA's *Log* and the *Summary of Work-Related Injuries and Illnesses* for the next several years. On the following pages, you'll find:

▼ *An Overview: Recording Work-Related Injuries and Illnesses* — General instructions for filling out the forms in this package and definitions of terms you should use when you classify your cases as injuries or illnesses.

▼ *How to Fill Out the Log* — An example to guide you in filling out the *Log* properly.

▼ *Log of Work-Related Injuries and Illnesses* — A copy of the *Log* (but you may make as many copies of the *Log* as you need.) Notice that the *Log* is separate from the *Summary*.

▼ *Summary of Work-Related Injuries and Illnesses* — Removable *Summary* pages for easy posting at the end of the year. Note that you post the *Summary* only, not the *Log*.

▼ *Worksheet to Help You Fill Out the Summary* — A worksheet for figuring the average number of employees who worked for your establishment and the total number of hours worked.

▼ *OSHA's 301: Injury and Illness Incident Report* — A copy of the OSHA 301 to provide details about the incident. You may make as many copies as you need or use an equivalent form.

Take a few minutes to review this package. If you have any questions, **visit us online at www.osha.gov or call your local OSHA office.** We'll be happy to help you.

An Overview: Recording Work-Related Injuries and Illnesses

The Occupational Safety and Health (OSH) Act of 1970 requires certain employers to prepare and maintain records of work-related injuries and illnesses. Use these definitions when you classify cases on the Log. OSHA's recordkeeping regulation (see 29 CFR Part 1904) provides more information about the definitions below.

The *Log of Work-Related Injuries and Illnesses* (Form 300) is used to classify work-related injuries and illnesses and to note the extent and severity of each case. When an incident occurs, use the *Log* to record specific details about what happened and how it happened. The *Summary* — a separate form (Form 300A) — shows the totals for the year in each category. At the end of the year, post the *Summary* in a visible location so that your employees are aware of the injuries and illnesses occurring in their workplace.

Employers must keep a *Log* for each establishment or site. If you have more than one establishment, you must keep a separate *Log* and *Summary* for each physical location that is expected to be in operation for one year or longer.

Note that your employees have the right to review your injury and illness records. For more information, see 29 Code of Federal Regulations Part 1904.35, *Employee Involvement.*

Cases listed on the *Log of Work-Related Injuries and Illnesses* are not necessarily eligible for workers' compensation or other insurance benefits. Listing a case on the *Log* does not mean that the employer or worker was at fault or that an OSHA standard was violated.

When is an injury or illness considered work-related?

An injury or illness is considered work-related if an event or exposure in the work environment caused or contributed to the condition or significantly aggravated a preexisting condition. Work-relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the workplace, unless an exception specifically applies. See 29 CFR Part 1904.5(b)(2) for the exceptions. The work environment includes the establishment and other locations where one or more employees are working or are present as a condition of their employment. See 29 CFR Part 1904.5(b)(1).

Which work-related injuries and illnesses should you record?

Record those work-related injuries and illnesses that result in:

▼ death,
▼ loss of consciousness,
▼ days away from work,
▼ restricted work activity or job transfer, or
▼ medical treatment beyond first aid. You

must also record work-related injuries and illnesses that are significant (as defined below) or meet any of the additional criteria listed below.

You must record any significant work-related injury or illness that is diagnosed by a physician or other licensed health care professional. You must record any work-related case involving cancer, chronic irreversible disease, a fractured or cracked bone, or a punctured eardrum. See 29 CFR 1904.7.

What are the additional criteria?

You must record the following conditions when they are work-related:

▼ any needlestick injury or cut from a sharp object that is contaminated with another person's blood or other potentially infectious material;

▼ any case requiring an employee to be medically removed under the requirements of an OSHA health standard;

▼ tuberculosis infection as evidenced by a positive skin test or diagnosis by a physician or other licensed health care professional after exposure to a known case of active tuberculosis;

▼ an employee's hearing test (audiogram) reveals 1) that the employee has experienced a Standard Threshold Shift (STS) in hearing in one or both ears (averaged at 2000, 3000, and 4000 Hz) and 2) the employee's total hearing level is 25 decibels (dB) or more above audiometric zero (also averaged at 2000, 3000, and 4000 Hz) in the same ear(s) as the STS.

What is medical treatment?

Medical treatment includes managing and caring for a patient for the purpose of combating disease or disorder. The following are not considered medical treatments and are NOT recordable:

▼ visits to a doctor or health care professional solely for observation or counseling;

What do you need to do?

1. Within 7 calendar days after you receive information about a case, decide if the case is recordable under the OSHA recordkeeping requirements.

2. Determine whether the incident is a new case or a recurrence of an existing one.

3. Establish whether the case was work-related.

4. If the case is recordable, decide which form you will fill out as the injury and illness incident report.

   You may use *OSHA's 301: Injury and Illness Incident Report* or an equivalent form. Some state workers compensation, insurance, or other reports may be acceptable substitutes, as long as they provide the same information as the OSHA 301.

How to work with the Log

1. Identify the employee involved unless it is a privacy concern case as described below.

2. Identify when and where the case occurred. Also describe the case, as specifically as you can.

3. Classify the seriousness of the case by recording the **most serious outcome** associated with the case, with column G (Death) being the most serious and column J (Other recordable cases) being the least serious.

4. Enter the number of days the injured or ill worker was away from work or was on job transfer or restricted work activity.

5. Identify whether the case is an injury or illness. If the case is an injury, check the injury category. If the case is an illness, check the appropriate illness category.

▼ diagnostic procedures, including administering prescription medications that are used solely for diagnostic purposes; and

▼ any procedure that can be labeled first aid. (*See below for more information about first aid.*)

What is first aid?

If the incident required only the following types of treatment, consider it first aid. Do NOT record the case if it involves only:

▼ using non-prescription medications at non-prescription strength;

▼ administering tetanus immunizations;

▼ cleaning, flushing, or soaking wounds on the skin surface;

▼ using wound coverings, such as bandages, BandAids™, gauze pads, etc., or using SteriStrips™ or butterfly bandages;

▼ using hot or cold therapy;

▼ using any totally non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc.;

▼ using temporary immobilization devices while transporting an accident victim (splints, slings, neck collars, or back boards);

▼ drilling a fingernail or toenail to relieve pressure, or draining fluids from blisters;

▼ using eye patches;

▼ using simple irrigation or a cotton swab to remove foreign bodies not embedded in or adhered to the eye;

▼ using irrigation, tweezers, cotton swab or other simple means to remove splinters or foreign material from areas other than the eye;

▼ using finger guards;

▼ using massages;

▼ drinking fluids to relieve heat stress.

How do you decide if the case involved restricted work?

Restricted work activity occurs when, as the result of a work-related injury or illness, an employer or health care professional keeps, or recommends keeping, an employee from doing the routine functions of his or her job or from working the full workday that the employee would have been scheduled to work before the injury or illness occurred.

How do you count the number of days of restricted work activity or the number of days away from work?

Count the number of calendar days the employee was on restricted work activity or was away from work as a result of the recordable injury or illness. Do not count the day on which the injury or illness occurred in this number. Begin counting days from the day **after** the incident occurs. If a single injury or illness involved both days away from work and days of restricted work activity, enter the total number of days for each. You may stop counting days of restricted work activity or days away from work once the total of either or the combination of both reaches 180 days.

Under what circumstances should you NOT enter the employee's name on the OSHA Form 300?

You must consider the following types of injuries or illnesses to be privacy concern cases:

▼ an injury or illness to an intimate body part or to the reproductive system,

▼ an injury or illness resulting from a sexual assault,

▼ a mental illness,

▼ a case of HIV infection, hepatitis, or tuberculosis,

▼ a needlestick injury or cut from a sharp object that is contaminated with blood or other potentially infectious material (see 29 CFR Part 1904.8 for definition), and

▼ other illnesses, if the employee independently and voluntarily requests that his or her name not be entered on the log.

You must not enter the employee's name on the OSHA 300 *Log* for these cases. Instead, enter "privacy case" in the space normally used for the employee's name. You must keep a separate, confidential list of the case numbers and employee names for the establishment's privacy concern cases so that you can update the cases and provide information to the government if asked to do so.

If you have a reasonable basis to believe that information describing the privacy concern case may be personally identifiable even though the employee's name has been omitted, you may use discretion in describing the injury or illness on both the OSHA 300 and 301 forms. You must enter enough information to identify the cause of the incident and the general severity of the injury or illness, but you do not need to include details of an intimate or private nature.

What if the outcome changes after you record the case?

If the outcome or extent of an injury or illness changes after you have recorded the case, simply draw a line through the original entry or, if you wish, delete or white-out the original entry. Then write the new entry where it belongs. Remember, you need to record the most serious outcome for each case.

Classifying injuries

An injury is any wound or damage to the body resulting from an event in the work environment.

Examples: Cut, puncture, laceration, abrasion, fracture, bruise, contusion, chipped tooth, amputation, insect bite, electrocution, or a thermal, chemical, electrical, or radiation burn. Sprain and strain injuries to muscles, joints, and connective tissues are classified as injuries when they result from a slip, trip, fall or other similar accidents.

Classifying illnesses

Skin diseases or disorders

Skin diseases or disorders are illnesses involving the worker's skin that are caused by work exposure to chemicals, plants, or other substances.

Examples: Contact dermatitis, eczema, or rash caused by primary irritants and sensitizers or poisonous plants; oil acne; friction blisters; chrome ulcers; inflammation of the skin.

Respiratory conditions

Respiratory conditions are illnesses associated with breathing hazardous biological agents, chemicals, dust, gases, vapors, or fumes at work.

Examples: Silicosis, asbestosis, pneumonitis, pharyngitis, rhinitis or acute congestion; farmer's lung, beryllium disease, tuberculosis, occupational asthma, reactive airways dysfunction syndrome (RADS), chronic obstructive pulmonary disease (COPD), hypersensitivity pneumonitis, toxic inhalation injury, such as metal fume fever, chronic obstructive bronchitis, and other pneumoconioses.

Poisoning

Poisoning includes disorders evidenced by abnormal concentrations of toxic substances in blood, other tissues, other bodily fluids, or the breath that are caused by the ingestion or absorption of toxic substances into the body.

Examples: Poisoning by lead, mercury, cadmium, arsenic, or other metals; poisoning by carbon monoxide, hydrogen sulfide, or other gases; poisoning by benzene, benzol, carbon tetrachloride, or other organic solvents; poisoning by insecticide sprays, such as parathion or lead arsenate; poisoning by other chemicals, such as formaldehyde.

Hearing Loss

Noise-induced hearing loss is defined for recordkeeping purposes as a change in hearing threshold relative to the baseline audiogram of an average of 10 dB or more in either ear at 2000, 3000, and 4000 hertz, and the employee's total hearing level is 25 decibels (dB) or more above audiometric zero (also averaged at 2000, 3000, and 4000 hertz) in the same ear(s).

All other illnesses

All other occupational illnesses.

Examples: Heatstroke, sunstroke, heat exhaustion, heat stress and other effects of environmental heat; freezing, frostbite, and other effects of exposure to low temperatures; decompression sickness; effects of ionizing radiation (isotopes, x-rays, radium); effects of nonionizing radiation (welding flash, ultra-violet rays, lasers); anthrax; bloodborne pathogenic diseases, such as AIDS, HIV, hepatitis B or hepatitis C; brucellosis; malignant or benign tumors; histoplasmosis; coccidioidomycosis.

When must you post the Summary?

You must post the *Summary* only — not the *Log* — by February 1 of the year following the year covered by the form and keep it posted until April 30 of that year.

How long must you keep the Log and Summary on file?

You must keep the *Log* and *Summary* for 5 years following the year to which they pertain.

Do you have to send these forms to OSHA at the end of the year?

Many employers are required to electronically submit information from their Form 300A Summary to OSHA. To see if your establishment is required to submit the information, visit https://www.osha.gov/injuryreporting/index.html.

How can we help you?

If you have a question about how to fill out the *Log*,

▼ **visit us online at www.osha.gov or**

▼ **call your local OSHA office.**

U.S. Department of Labor
Occupational Safety and Health Administration

What is an incidence rate?

An incidence rate is the number of recordable injuries and illnesses occurring among a given number of full-time workers (usually 100 full-time workers) over a given period of time (usually one year). To evaluate your firm's injury and illness experience over time or to compare your firm's experience with that of your industry as a whole, you need to compute your incidence rate. Because a specific number of workers and a specific period of time are involved, these rates can help you identify problems in your workplace and/or progress you may have made in preventing work-related injuries and illnesses.

How do you calculate an incidence rate?

You can compute an occupational injury and illness incidence rate for all recordable cases or for cases that involved days away from work for your firm quickly and easily. The formula requires that you follow instructions in paragraph (a) below for the total recordable cases or those in paragraph (b) for cases that involved days away from work, *and* for both rates the instructions in paragraph (c).

(a) *To find out the total number of recordable injuries and illnesses that occurred during the year,* count the number of line entries on your OSHA Form 300, or refer to the OSHA Form 300A and sum the entries for columns (H), (I), and (J).

(b) *To find out the number of injuries and illnesses that involved days away from work,* count the number of line entries on your OSHA Form 300 that received a check mark in column (H), or refer to the entry for column (H) on the OSHA Form 300A.

(c) *The number of hours all employees actually worked during the year*. Refer to OSHA Form 300A and optional worksheet to calculate this number.

You can compute the incidence rate for all recordable cases of injuries and illnesses using the following formula:

Total number of injuries and illnesses X 200,000 ÷ Number of hours worked by all employees = Total recordable case rate

(The 200,000 figure in the formula represents the number of hours 100 employees working 40 hours per week, 50 weeks per year would work, and provides the standard base for calculating incidence rates.)

You can compute the incidence rate for recordable cases involving days away from work, days of restricted work activity or job transfer (DART) using the following formula:

(Number of entries in column H + Number of entries in column I) X 200,000 ÷ Number of hours worked by all employees = DART incidence rate

You can use the same formula to calculate incidence rates for other variables such as cases involving restricted work activity (column (I) on Form 300A), cases involving skin disorders (column (M-2) on Form 300A), etc. Just substitute the appropriate total for these cases, from Form 300A, into the formula in place of the total number of injuries and illnesses.

What can I compare my incidence rate to?

The Bureau of Labor Statistics (BLS) conducts a survey of occupational injuries and illnesses each year and publishes incidence rate data by various classifications (e.g., by industry, by employer size, etc.). You can obtain these published data at www.bls.gov/iif or by calling a BLS Regional Office.

Worksheet

Total number of injuries and illnesses

X   200,000   ÷

Number of hours worked by all employees

=

Total recordable case rate

Number of entries in Column H + Column I

X   200,000   ÷

Number of hours worked by all employees

=

DART incidence rate

Reset

How to Fill Out the Log

The *Log of Work-Related Injuries and Illnesses* is used to classify work-related injuries and illnesses and to note the extent and severity of each case. When an incident occurs, use the *Log* to record specific details about what happened and how it happened.

If your company has more than one establishment or site, you must keep separate records for each physical location that is expected to remain in operation for one year or longer.

If you need additional copies of the *Log*, you may photocopy the printout or insert additional form pages in the PDF, and then use as many as you need.

The *Summary* — a separate form — shows the work-related injury and illness totals for the year in each category. At the end of the year, count the number of incidents in each category and transfer the totals from the *Log* to the *Summary*. Then post the *Summary* in a visible location so that your employees are aware of injuries and illnesses occurring in their workplace.

You don't post the Log. You post only the Summary at the end of the year.

OSHA's Form 300
Log of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20
U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Establishment name *XYZ company*
City *Anywhere*   State *MA*

Please Record:
- Information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid.
- Significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional.
- Work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12.

Reminders:
- Complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.
- Feel free to use two lines for a single case if you need to.
- Complete the 5 steps for each case.

Step 1. Identify the person			Step 2. Describe the case			Step 3. Classify the case				Step 4.		Step 5.						
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other record-able cases (J)	Away from work (K)	On job transfer or restriction (L)	(M)(1) Injury	(2) Skin disorder	(3) Respiratory condition	(4) Poisoning	(5) Hearing loss	(6) All other illnesses	
1	Mark Bagin	Welder	5 / 25	basement	fracture, left arm and left leg, fell from ladder	○	●	○	○	12 days	15 days	●	○	○	○	○	○	
2	Shana Alexander	Foundry man	7 / 12	pouring deck	poisoning from lead fumes	○	○	●	○	days	30 days	○	○	○	●	○	○	
3	Sam Sander	Electrician	8 / 5	2nd floor storeroom	broken leg, fell over box	○	●	○	○	7 days	30 days	●	○	○	○	○	○	
4	Ralph Boccella	Laborer	9 / 17	packaging department	back strain lifting a box	○	●	○	○	3 days	days	●	○	○	○	○	○	
5	Jarrod Daniels	Machine opr.	10 / 23	production floor	dust in left eye	○	○	○	●	days	days	●	○	○	○	○	○	

Be as specific as possible. You can use two lines if you need more room.

Revise the log if the injury or illness progresses and the outcome is more serious than you originally recorded for the case. Cross out, erase, or white-out the original entry if hard copy. (If using the PDF's fillable form feature, simply change your selections. You can also clear the entire case entry from the log using the Reset button.)

Choose ONLY ONE of these categories. Classify the case by recording the most serious outcome of the case, with column G (Death) being the most serious and column J (Other recordable cases) being the least serious.

Note whether the case involves an injury or an illness.

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20 ___

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Please Record:
- *Information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid.*
- *Significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional.*
- *Work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12.*

Reminders:
- *Complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.*
- *Feel free to use two lines for a single case if you need to.*
- *Complete the 5 steps for each case.*

Establishment name _____

City _____ State _____

Step 1. Identify the person

Step 2. Describe the case

Step 3. Classify the case

SELECT ONLY ONE circle based on the most serious outcome:

Step 4. Enter the number of days the injured or ill worker was:

Step 5. Select one column:

	(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)	Away from work (K)	On job transfer or restriction (L)	Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
Reset				___/___ month/day			○	○	○	○	___ days	___ days	○	○	○	○	○	○
Reset				___/___ month/day			○	○	○	○	___ days	___ days	○	○	○	○	○	○
Reset				___/___ month/day			○	○	○	○	___ days	___ days	○	○	○	○	○	○
Reset				___/___ month/day			○	○	○	○	___ days	___ days	○	○	○	○	○	○
Reset				___/___ month/day			○	○	○	○	___ days	___ days	○	○	○	○	○	○
Reset				___/___ month/day			○	○	○	○	___ days	___ days	○	○	○	○	○	○
Reset				___/___ month/day			○	○	○	○	___ days	___ days	○	○	○	○	○	○
Reset				___/___ month/day			○	○	○	○	___ days	___ days	○	○	○	○	○	○
Reset				___/___ month/day			○	○	○	○	___ days	___ days	○	○	○	○	○	○
Reset				___/___ month/day			○	○	○	○	___ days	___ days	○	○	○	○	○	○

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Add a Form Page

Page totals ▶ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

| Injury (1) | Skin disorder (2) | Respiratory condition (3) | Poisoning (4) | Hearing loss (5) | All other illnesses (6) |

OSHA's Form 300A (Rev. 04/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 ____

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
_____ (G)	_____ (H)	_____ (I)	_____ (J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
_____ (K)	_____ (L)

Injury and Illness Types

Total number of . . .
(M)

(1) Injuries	_____	(4) Poisonings	_____
(2) Skin disorders	_____	(5) Hearing loss	_____
(3) Respiratory conditions	_____	(6) All other illnesses	_____

Establishment information

Your establishment name _____

Street _____

City _____ State _____ Zip _____

Industry description (*e.g., Manufacture of motor truck trailers*)

_____

North American Industrial Classification (NAICS), if known (e.g., 336212)

☐ ☐ ☐ ☐ ☐ ☐

Employment information *(If you don't have these figures, see the Worksheet on the next page to estimate.)*

Annual average number of employees _____

Total hours worked by all employees last year _____

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

_____   _____
Company executive   Title

Phone_____ Date_____

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Worksheet to Help You Fill Out the Summary

At the end of the year, OSHA requires you to enter the average number of employees and the total hours your employees worked on the Summary. If you don't have these figures, you can use the information on this page to estimate the numbers you will need to enter on the Summary page.

If you pay about the same number of employees every pay period throughout the year (e.g., about 100), then you can use that number as your annual average employment. If the number of employees fluctuates from pay period to pay period (e.g., your business is seasonal or your establishment grew or shrunk during the year), then you should use the formula below to calculate employment average.

How to figure the average number of employees who worked for your establishment during the year:

❶ **Add up** and then enter the number of employees your establishment paid **IN EACH PAY PERIOD** during the year. Be sure to include all employees: full-time, part-time, temporary, seasonal, salaried, and hourly.

The total number of employees paid in all pay periods throughout the year = ❶ _____

❷ **Count** and then enter the number of pay periods your establishment had during the year. Be sure to include any pay periods when you had no employees. For example, enter 26 if you have biweekly pay periods or 52 if you have weekly pay periods.

The number of pay periods during the year = ❷ _____

❸ **Divide** the number of employees by the number of pay periods. (See auto-calc.)

$\dfrac{❶ \underline{\hspace{2cm}}}{❷} = ❸ \underline{\hspace{2cm}}$

❹ **Round the answer** to the next highest whole number (See auto-calc.). Write the rounded number in the blank on the Summary page marked *Annual average number of employees.*

The number rounded = ❹ _____

For example, Acme Construction figured its average employment this way:

In this pay period . . . Acme paid this many employees . . .

1	10
2	0
3	15
4	30
5	40
▼	▼
24	20
25	15
26	+10
	830

Number of employees paid = 830 ❶

Number of pay periods = 26 ❷

$\dfrac{830}{26} = 31.92$ ❸

31.92 rounds to 32 ❹

32 is the annual average number of employees

Note: Review your annual average number of employees to ensure it makes sense. Is it about the same as the number of employees working at your establishment on any given day? Is it bigger than your smallest number of employees in a pay period? Is it smaller than your biggest number of employees in a pay period? If the answer to any of these questions is "no," then the calculation may be incorrect.

Note: You **CANNOT** divide the total number of W2s by the number of pay periods to calculate average employment. You must add up the number of employees paid **IN EACH PAY PERIOD** and then divide by the number of pay periods.

How to figure the total hours all employees worked:

Include hours worked by salaried, hourly, part-time, and seasonal workers, as well as hours worked by other workers subject to day-to-day supervision by your establishment (e.g., temporary help service workers).

Do not include vacation, sick leave, holidays, or any other non-work time, even if employees were paid for it. If your establishment keeps records of only the hours paid, or if you have employees who are not paid by the hour, please estimate the hours that the employees actually worked.

If this number isn't available, you can use this optional worksheet to estimate it.

Optional Worksheet

_____ **Find** the number of full-time employees in your establishment for the year.

X _____ **Multiply** by the number of work hours for a full-time employee in a year.

_____ This is the number of full-time hours worked.

+ _____ **Add** the number of any overtime hours as well as the hours worked by other employees (part-time, temporary, seasonal).

_____ **Round** the answer to the next highest whole number. Write the rounded number in the blank on the Summary page marked *Total hours worked by all employees last year.*

[Reset]