

29 CFR Part 1904

Recording and reporting occupational injuries and illnesses

OSHA Form 300 Log of Work-related Injuries and Illnesses

OSHA Form 300A Summary of Work-related Injuries and Illnesses

OSHA Form 301 Injury and Illness Incident Report

Reporting Work-related incidents



Purpose – Subpart A

- **Requires employers to record and report work-related fatalities, injuries and illnesses**
 - Recording or reporting a work-related injury, illness or fatality does not mean the employer or employee was at fault, an OSHA rule has been violated or the employee is eligible for workers' compensation or other benefits.



Coverage of the 1904 rule

- **Subpart B scope**

- 1904.1 Small employers
- ~~19094.2 Exemption of certain industries~~
- 1904.3 Keeping records for other federal agencies



1904.1 Partial exemption for smaller employers

- If the company had 10 or fewer employees at all times during the past calendar-year, do not keep records.
 - Include employment for the whole company.
 - Include peak employment for the past calendar-year.
 - Include temporary employees you supervise on a day-to-day basis.



1904.4 – Recording criteria

- **Covered employers must record each fatality, injury or illness that:**
 - is work-related;
 - is a new case; and
 - meets one or more of the criteria contained in sections 1904.7 through 1904.12.

1904.5 – Work-relatedness

- A case is work-related if an event or exposure in the work environment:
 - either caused or contributed to the resulting condition; or
 - significantly aggravated a pre-existing injury or illness.



Presumed for injuries and illnesses resulting from an event or exposure occurring in the work environment



OSHA vs. workers' compensation

Requirements for OSHA injury and illness recordkeeping and worker's compensation are totally independent of each other.

- OSHA recordkeeping is based on a "**positional risk**" standard:
 - **presumption that an injury/illness from an unexplained accident arises out of the employment if it occurs "in the course of employment."** (If it happened at work, it's work-related.)



OSHA vs. workers' compensation

Continued ...

- Workers' compensation is based on an **"increased risk"** standard:
 - **benefits are awarded when there is evidence the conditions or nature of the worker's employment increased the risk of injury to that worker, beyond that to which the general public is exposed.**



1904.5(b)(4) – Significant aggravation

- A pre-existing injury or illness is *significantly aggravated* if an event or exposure in the workplace results in any of the following:
 - death;
 - loss of consciousness;
 - days away, days restricted or job transfer; or
 - medical treatment.

1904.5(b)(2) – Work-relatedness exceptions

- Present as a member of the general public
- Symptoms arising in work environment that are solely due to non-work-related event or exposure
- Voluntary participation in wellness program, medical, fitness or recreational activity
- Eating, drinking or preparing food or drink for personal consumption



1904.5(b)(2) – Work-relatedness exceptions

Continued ...

- Personal tasks outside assigned working hours
- Personal grooming, self-medication for non-work-related condition or intentionally self-inflicted
- Motor-vehicle accident in parking lot/access road during a commute to work



1904.5(b)(2) – Work-relatedness exceptions

Continued ...

- Common cold or flu
- Mental illness, unless the employee voluntarily provides an opinion from a health care provider stating the employee has a mental illness that is work-related



1904.5(b)(6) – Travel status

- An injury or illness that occurs while an employee is on travel status is work-related if:
 - it occurred while the employee was engaged in work activities in the interest of the employer.
- An injury or illness is not recorded if:
 - the employee checks into a hotel, motel or other temporary residence for one or more days; or
 - the employee takes a detour for personal reasons.



1904.5(b)(7) – Work at home

- **Injuries and illnesses that occur while an employee is working at home are work-related if:**
 - they occur while the employee is performing work for pay or compensation in the home; or
 - they are directly related to the performance of work rather than the general home environment.

Yes



No



1904.6 – New case



- **A case is new if:**
 - there was no previously recorded injury or illness of the same part of the body; or
 - symptoms of a previously recorded injury or illness of the same part of the body had disappeared and a new exposure in the work environment caused the symptoms to reappear.

1904.6 – New case

- **Recurring symptoms of chronic illness in the absence of work exposure are not new cases:**
 - cancer, asbestosis, silicosis, etc.
- **Each episode caused by a new event or exposure in the work environment is a new case:**
 - occupational asthma, skin disorders, etc.
- **If a medical opinion is provided regarding resolution of a case, the employer must follow that opinion.**

1904.7 – General recording criteria

- **An injury or illness is recordable if it results in one or more of the following:**
 - death (all deaths);
 - days away from work;
 - restricted work activity;
 - medical treatment beyond first aid;
 - loss of consciousness; or
 - significant injury or illness diagnosed by a physician or other licensed health care professional.

1904.7 – Days-away cases

- Check the days-away box (H) and enter calendar-days away from work (K)
 - Do not include day of injury or illness.
 - Count the number of **calendar-days** the employee was unable to work (include weekend days, holidays, vacation days, etc.).
 - If a medical opinion exists, the employer must follow that opinion.
 - Cap the day count at 180 days.

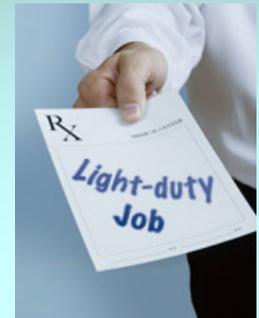
The employer can stop the day count if the employee leaves the company for a reason unrelated to the injury or illness.





1904.7 – Restricted work/job transfer

- **Restricted work activity occurs when:**
 1. **an employee is kept from performing one or more routine functions of his or her job (routine functions are work activities the employee regularly performs at least once a week)**
 - **restrictions may be imposed by either the employer or a health care provider; or**
 2. **an employee is kept from working a full workday.**





1904.7 – General recording criteria

- **A case is not considered restricted work if:**
 - it is limited to the day of the injury or illness;
 - it only results in production of *fewer* goods or services; or
 - a health care professional determines an employee can perform all routine work functions (*even if an employer prescribes restricted work to avoid worsening of employee-reported musculoskeletal discomfort*).
- **Vague restrictions (for example, "take it easy for a week") from a licensed health care professional is considered restricted work activity if additional information is not available.**

1904.7 - Job transfer

- **Job transfer occurs when:**
 - an injured or ill employee is assigned to a job other than his or her regular job for part of the day.





1904.7 – Restricted work/job transfer

- Check the job transfer or restriction box (I) and enter days of restriction/transfer (L).
 - Count the same as days away from work.
 - Don't count the day of injury/illness; if restriction or transfer only applies to the day the injury/illness occurred.
 - If the employer makes permanent changes to the job, stop counting, but always count at least one day.

The employer can stop the day count if the employee leaves the company for a reason unrelated to the injury or illness.





1904.7 Classifying a case

- **To classify a case with both days-away and job transfer/restriction days:**
 - check the box for the most severe consequence
 - days away box (H); and
 - enter the number of days away and days of job transfer/restriction (K) and (L).

Never double-classify a case.

1904.7 General recording criteria

- ***Medical treatment*** is the management and care of a patient to combat disease or disorder.
- **Record if medical treatment is administered.**
 - Check the "other recordable cases" box (J).
- **It *does not* include:**
 - visits to licensed health care professionals solely for observation or counseling;
 - diagnostic procedures; or
 - first aid.



First aid

- Using nonprescription medication at nonprescription strength
- Tetanus immunizations
- Wound coverings, butterfly bandages, Steri-Strips
- Hot or cold therapy
- Nonrigid means of support
- Drilling of fingernail or toenail, draining fluid from blister



First aid

Continued ...

- **Removing splinters or foreign material from areas other than the eye**
- **Massage (physical therapy, occupational therapy and chiropractic therapy are considered medical treatment)**
- **Drinking fluids for relief of heat stress**





1904.7 – General recording criteria

- **Record significant diagnosed injuries and illnesses as ‘other recordable cases (J):**
 - cancer;
 - chronic irreversible disease;
 - fractured or cracked/chipped bone;
 - cracked or chipped tooth; or
 - punctured eardrum.

1904.8 – Needlestick, sharps injuries

- Record all work-related injuries from needle sticks and sharps that are *contaminated* with another person's blood or other potentially infectious material.
 - Record the case as an injury.
 - Update the case if the incident results in an infectious bloodborne disease.
 - Classify it as an illness.
 - Update the description to include the illness.



1904.8 – Needlestick, sharps injuries

- Record splashes or other exposures to blood or other potentially infectious material *if* it results in the diagnosis of a bloodborne illness or meets the general recording criteria.



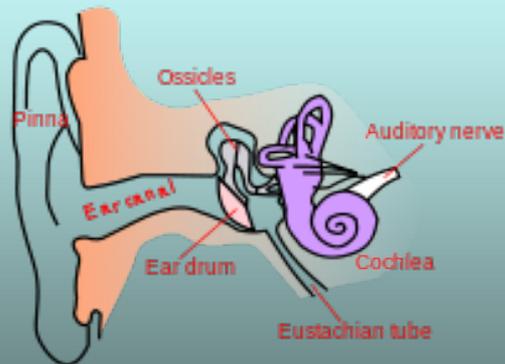


1904.9 – Medical removal cases

- If an employee is medically removed under the medical surveillance requirements of an OSHA standard, you must record the case on the OSHA Form 300 (for example, lead, cadmium).
- The case is recorded as either one involving days away from work or days of restricted work activity.
- If the case involves voluntary removal below the removal levels required by the standard, the case need not be recorded.

1910.10 Hearing loss

- **Record when all apply:**
 1. work related;
 2. there is a standard threshold shift (STS); and
 3. the total hearing loss is 25 dB or more below audiometric zero averaged at 2000, 3000 and 4000 Hz.



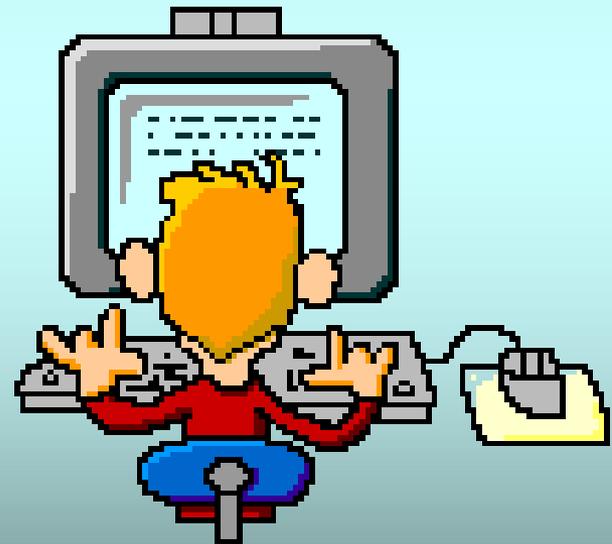
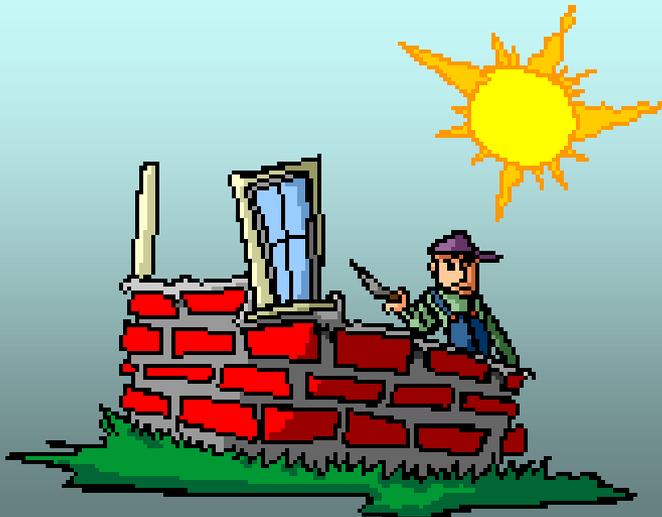


1904.11 – Tuberculosis

- **Record a case where there is an occupational exposure to someone with a known case of active tuberculosis and that employee subsequently develops a tuberculosis infection.**
- **A case is not recordable when:**
 - the worker is living in a household with a person who is diagnosed with active tuberculosis;
 - the public health department has identified the worker as a contact of an individual with active tuberculosis; or
 - a medical investigation shows the employee's infection was caused by exposure away from work.

Musculoskeletal disorders

- Employers record these cases just as they would record any other injury or illness.



OSHA Form 300

- **Forms can be kept on a computer or at another location as long as they can be produced when they are needed.**
- **Enter each recordable case on the OSHA Form 300 log within seven calendar-days of receiving information that a recordable case has occurred.**



Privacy case

- **Do not enter the name of an employee on the OSHA Form 300 for “privacy concern cases.”**
- **Write “privacy case” in the name column.**
- **Keep a separate confidential list of the case numbers and employee names.**

Privacy case

Continued ...

- **Privacy cases include:**
 - an injury or illness to an intimate body part or reproductive system;
 - an injury or illness resulting from sexual assault;
 - a mental illness;
 - an HIV, hepatitis or tuberculosis infection;
 - needlestick injuries and cuts from sharps contaminated with a person's blood or OPIM; and
 - illness cases where the employee voluntarily requests their name not be entered on the log.

OSHA Form 300 disclosure

- **If you give the forms to people not authorized by the rule, you must remove the names first.**
- **Exceptions include when requested by:**
 - an employee;
 - an authorized employee representative;
 - a personal employee representative; or
 - a government representative.



1904.30 Multiple business establishments

- **Keep a separate OSHA Form 300 for each establishment that is expected to be in operation for a year or longer.**
- **You may keep *one* OSHA Form 300 for all short-term establishments that exist for less than one year.**
- **Each employee on the form must be linked to an establishment.**
 - Record cases at the establishment where the injury or illness occurred.



1904.31 Covered employees

- **Employees on payroll**
- **Employees not on payroll who are supervised on a day-to-day basis**
 - Temporary-worker employers need not record injuries or illnesses of those employees who are supervised day to day by another employer.
- **Exception under sole proprietorship**
 - The owner or partners are not considered employees for recordkeeping purposes.

OSHA Form 300

OSHA's Form 300 (Rev. 01/2004) Log of Work-Related Injuries and Illnesses

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. 1218-0173

You must 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. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must 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.

Establishment name _____
City _____ State _____

Identify the person		Describe the case				Classify the case				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:							
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(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 oxyacetylene torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Away from work (K)		On job transfer or restriction (L)		(M)					
						Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)	Days	Days	(1)	(2)	(3)	(4)	(5)	(6)		
			monday			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			tuesday			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			wednesday			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			thursday			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			friday			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			saturday			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			sunday			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			monday			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			tuesday			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			wednesday			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			thursday			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			friday			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			saturday			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			sunday			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Public reporting burden for this collection of information is estimated to average 15 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 aspect of this data collection, contact: U.S. 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.

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

Injury: (1) (2) (3) (4) (5) (6)
Nonfatal: (1) (2) (3) (4) (5) (6)
Fatal: (1) (2) (3) (4) (5) (6)
All other illnesses: (1) (2) (3) (4) (5) (6)

OSHA Form 301

- Complete for each recordable case within seven days.

An equivalent form can be used if it has the same information, is as readable and understandable, and uses the same instructions as the OSHA form it replaces.

OSHA's Form 301
Injury and Illness Incident Report

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.



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

Form approved OMB no. 1218-0176

This Injury and Illness Incident Report is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the Log of Work-Related Injuries and Illnesses and the accompanying Summary, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Information about the employee

1) Full name _____

2) Street _____
City _____ State _____ ZIP _____

3) Date of birth ____/____/____

4) Date hired ____/____/____

5) Male
 Female

Information about the physician or other health care professional

6) Name of physician or other health care professional _____

7) If treatment was given away from the worksite, where was it given?
Facility _____
Street _____
City _____ State _____ ZIP _____

8) Was employee treated in an emergency room?
 Yes
 No

9) Was employee hospitalized overnight as an in-patient?
 Yes
 No

Completed by _____

Title _____

Phone (____) _____-____ Date ____/____/____

Information about the case

10) Case number from the Log _____ *(Transfer the case number from the Log after you record the case.)*

11) Date of injury or illness ____/____/____

12) Time employee began work _____ AM / PM

13) Time of event _____ AM / PM Check if time cannot be determined

14) **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."

15) **What happened?** Tell us how the injury occurred. *Example:* "When ladder slipped on wet floor, worker fell 20 feet"; "Bloworker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

16) **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."

17) **What object or substance directly harmed the employee?** *Examples:* "concrete floor"; "chlorine"; "radial arm saw." *If this question does not apply to the incident, leave it blank.*

18) **If the employee died, when did death occur?** Date of death ____/____/____

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. For more information on this collection of information, contact the Office of Management and Budget, Paperwork Project Director (2024-3226), Washington, DC 20503. Do not send the completed form to this office.

OSHA Form 300A annual summary

- **Review OSHA Form 300 for completeness and accuracy, and correct deficiencies.**
- **Complete the OSHA Form 300A.**
- **Certify the summary (300A) as accurate and complete.**
 - The summary must be certified by a company executive, owner or the highest-ranking official.
- **Post the summary from Feb. 1 through April 30 annually.**

OSHA Form 300A

OSHA's Form 300A (Rev. 01/2004)

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 _____

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

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing the instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this data collection, including suggestions for reducing the burden, to Washington, DC 20503. Do not send the completed form to this office.

Establishment information

Your establishment name _____
 Street _____
 City _____ State _____ ZIP _____

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

Standard Industrial Classification (SIC), if known (e.g., 3715) _____

OR

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

Employment information (If you don't have these figures, see the Worksheet on the back of this 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 _____

1904.33 Retention and updating

- Retain the OSHA Form 300 for five years following the year documented on the form.
- Update the OSHA Form 300 during that period.
- There's no need to update the OSHA Form 300A or OSHA Form 301.

1904.34 Change of ownership

- Each employer is responsible for recording and reporting only for the period of the year during which he or she owned the establishment.
- The former owner *must* transfer records to the new owner.
- The new owner must retain the records.

1904.35 – Employee involvement

- The employer must inform each employee about how to report a work-related injury or illness.
 - Set up a system for reporting.
 - Inform each employee of the system.



1904.35 – Employee involvement

Continued ...

- **The employer must provide limited access to injury and illness records to employees, former employees and their personal and authorized representatives.**
 - The employer must provide a copy of the OSHA Form 300 by the end of the next business day.
 - The employer may not remove names from the OSHA Form 300.



1904.35 – Employee involvement

Continued ...

- The employer must provide a copy of the OSHA Form 301 to an injured or ill employee, former employee or personal representative by the end of the next business day.
- The employer must provide copies of all OSHA Form 301s to authorized representative within seven calendar-days; the employer provides only the right side of the form.

1904.36 – Prohibition against discrimination

- **Section 11(c) of the OSH Act**
- **The employer cannot discriminate against an employee for: reporting a work-related fatality, injury or illness; filing a safety and health complaint; or asking for access to the records.**

Reporting fatality, injury and illness information to the government

- **Subpart E:**
 - 1904.39 Reporting fatalities, inpatient hospitalizations, amputations and loss of an eye
 - 1904.40 Providing records to government representatives
 - 1904.41 Annual OSHA survey
 - 1904.42 Requests from the Bureau of Labor Statistics for data

1904.39 – Reporting work-related incidents to Minnesota OSHA

- **New reporting requirements** adopted by MNOSHA became effective **Oct. 1, 2015**.
- **Report to MNOSHA Compliance** all fatalities that occur within **30 days** of a work-related incident.
 - **Excluded:** Highway or street accidents outside a construction work zone; and accidents on public or commercial transportation systems.



Report to MNOSHA Compliance within 24 hours of a work-related incident all: inpatient hospitalizations; amputations; or eye losses.



Inpatient hospitalization

- **A formal admission to the inpatient service of the hospital or clinic for care or treatment.**
- **Excludes:**
 - **an inpatient hospitalization that involves only observations or diagnostic testing.**



Amputation

– traumatic loss of limb or other external body part –

- **Includes:**

- a body part, such as a limb or appendage, that has been severed, cut off or amputated (either completely or partially);
- fingertip amputations with or without bone loss;
- medical amputations resulting from irreparable damage; and
- body parts that have since been re-attached.

- **Does not include:**

- avulsions (tissue torn away from the body);
- enucleations (removal of an eyeball);
- de-glovings (skin torn away from underlying tissue);
- scalpings;
- severed ears; or
- broken or chipped teeth.



Loss of an eye

- **Defined as the physical removal of the eye (includes enucleation and evisceration).**
- **Loss of sight without the physical removal of the eye is not reportable.**
 - However, if the case involves loss of sight that results in the inpatient hospitalization of the worker within 24 hours of the work-related incident, then the case is reportable.

1904.39 – Reporting work-related incidents to Minnesota OSHA

- **Fatality** – report within eight hours of finding out about it.
- **Inpatient hospitalization, amputation, loss of eye** – report within 24 hours of learning about it.
- **Report by phone:**
 - call (651) 284-5050 or 1-877-470-6742 during normal business hours; or
 - call 1-800-321-6742 outside of normal business hours.



1904.40 – Providing records to government representatives

- **The employer must provide copies of the records within four business hours.**
- **Use the business hours of the establishment where the records are located.**

Resource page: www.osha.gov/recordkeeping



UNITED STATES
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OSHA Injury and Illness Recordkeeping and Reporting Requirements

Under the OSHA Recordkeeping regulation ([29 CFR 1904](#)), covered employers are required to prepare and maintain records of serious occupational injuries and illnesses, using the OSHA 300 Log. This information is important for employers, workers and OSHA in evaluating the safety of a workplace, understanding industry hazards, and implementing worker protections to reduce and eliminate hazards.

ANNOUNCEMENT On September 11, 2014, OSHA announced changes to the list of industries that are exempt from the requirement to routinely keep OSHA injury and illness records, and to the list of severe work-related injuries and illnesses that all covered employers **must report** to OSHA. These new requirements will go into effect on January 1, 2015 for workplaces under Federal OSHA jurisdiction. The guidance materials found on this page have been updated to reflect the new requirements.

For complete information on these changes, please visit:

[OSHA's Recordkeeping Rule](#)

The OSHA law prohibits employers from retaliating or discriminating against a worker for reporting an injury or illness.

What events am I required to report directly to OSHA?

All employers must report

1. All work-related fatalities within 8 hours.
2. All work-related inpatient hospitalizations, all amputations and all losses of an eye

Search Q&As on OSHA's Injury and Illness Recordkeeping Requirements

What's New

[Proposed rule](#) clarifying employers continuing obligation to make and maintain accurate records of each recordable injury and illness

OSHA updates [recordkeeping rule](#) September 11, 2014

OSHA issues a [proposed rule to improve workplace safety and health](#) through improved tracking of workplace injuries and illnesses

[OSHA Injury and Illness forms](#) are now available in a pdf fillable format

News Releases

- 07/28/2015
- 06/28/2002
- 09/11/2014
- 01/02/2002

In Focus

4 ways to get an answer to your recordkeeping scenario:

- Use the [Search Q&A](#) function to look for scenarios similar to your own.
- Use the [Recordkeeping Advisor](#) to step through the logic process of the recordkeeping rule.
- Read the Frequently Asked Questions using the [Additional Guidance](#) links for the various sections of the rule.
- Send your scenario to OSHA using our [e-correspondence form](#).

The OSHA Recordkeeping Handbook

With recent changes to OSHA's injury and illness recording and reporting regulation, the OSHA Recordkeeping Handbook is no longer current. The Handbook is replaced with [Detailed Guidance for OSHA's Injury and Illness Recordkeeping Rule](#). This page follows the same format as the Handbook and provides a summary of existing

More resources

- **CPL 2-0.135 Recordkeeping**
- **Minnesota OSHA Workplace Safety Consultation presentation:**
 - www.dli.mn.gov/Wsc/Pdf/recordkeeping1904-1215.pdf
- **Minnesota OSHA Compliance recordkeeping page:**
 - www.dli.mn.gov/OSHA/Recordkeeping.asp