



## Commonwealth of Massachusetts Executive Office of Labor and Workforce Development

# Public Sector Employer Guide for OSHA 300 Log Recordkeeping

December 2021

Charles D. Baker, Governor

Karyn E. Polito, Lieutenant Governor

Rosalin Acosta, EOLWD Secretary



# Presenters

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# Webinar Objectives

Review Department of Labor Standards requirements for **public sector employers**:

- Incident Reporting/Notification (DLS)
- Annual Survey of Occupational Injuries and Illnesses (BLS)
- Recordkeeping Injury and Illness (DLS)



# DLS Regulations

454 CMR 25.06(1)	Employers required to maintain a recordkeeping system for work-related injury and illness equivalent to the OSHA 300 Log. (Recordkeeping)
454 CMR 25.06(3)	Employers required to respond to Bureau of Labor Statistics (BLS) Survey if selected. (Reporting)
454 CMR 25.06(4)	Requires Employers to notify DLS of amputation, inpatient hospitalization, loss of eye, or fatality. (Reporting/Notification)
454 CMR 25.03(2)	Allows DLS to review Employer's injury records during an inspection. (Recordkeeping)



# INCIDENT REPORTING/NOTIFICATION

# Injury Reporting Agencies

Form 101: Employer's First Report of Injury or Fatality, State of Massachusetts. This form is used to report a workplace injury or fatality to the Department of Industrial Accidents. It includes sections for employer information, employee information, details of the incident, and a declaration of the report.

MA Department  
of Industrial  
Accidents

First Report of Injury  
M.G.L. c. 152 §6  
M.G.L. c.111F Fire/Police  
**NO CHANGE**

Survey of Occupational Injuries and Illnesses, 2018, BLS. This is a survey form for employers to report occupational injuries and illnesses. It includes sections for employer information, employee information, details of the incident, and a declaration of the report. The form is titled "Survey of Occupational Injuries and Illnesses, 2018" and "BLS".

U.S. Bureau of  
Labor Statistics

Annual survey  
**NO CHANGE**

OSHA's Form 300: Log of Work-Related Injuries and Illnesses. This form is used to record and track work-related injuries and illnesses. It includes sections for employer information, employee information, details of the incident, and a declaration of the report. The form is titled "OSHA's Form 300" and "Log of Work-Related Injuries and Illnesses".

MA Department of  
Labor Standards

**OSHA 300 Log;** and  
**Reporting** certain injuries  
**Now Required**

# Incident Notification - Who

## WHO

### YOU MUST REPORT A FATALITY OR CATASTROPHE

Notify the Department of Labor Standards  
at (508) 616-0461 or email  
[safepublicworkplacemailbox@mass.gov](mailto:safepublicworkplacemailbox@mass.gov)

Alert the Department of Labor Standards (DLS) of any work-related injury to a public sector employee. This is in addition to standard workers compensation procedures.

- Fatality: Contact DLS within 8 hours
- Amputation: Contact DLS within 24 hours
- Loss of an Eye: Contact DLS within 24 hours
- Inpatient Hospitalization: Contact DLS within 24 hours

#### Please include:

- Name of agency
- Location of incident and brief description
- Time and date of incident
- Name of contact person, including phone number and email

Learn how to prevent work-related injuries or fatalities at [www.mass.gov/dols/wshp](http://www.mass.gov/dols/wshp)



- Applies to **ALL public sector**, even if you are not required to keep an OSHA 300 Log.
- Public employee injured: call DLS.
- Private sector employee injured on town property: call OSHA.

# Incident Notification - What

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September 2021

## WHAT INCIDENTS

- Fatality (8 hours)
- Amputation (24 hours)
- Loss of Eye (24 hours)
- Inpatient Hospitalization (24 hours)

Poster available:

<https://www.mass.gov/doc/fatality-catastrophe-poster/download>



# Incident Notification - How



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 THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT  
DEPARTMENT OF LABOR STANDARDS

 **MASSsafer Works!**  
Workplace Safety is No Accident

September 2021

## HOW

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508-616-0461 x1

or

[safepublicworkplacemailbox@mass.gov](mailto:safepublicworkplacemailbox@mass.gov)

Poster:

<https://www.mass.gov/doc/fatality-catastrophe-poster/download>

# Incident Notification – Next Step



## WHAT HAPPENS NEXT

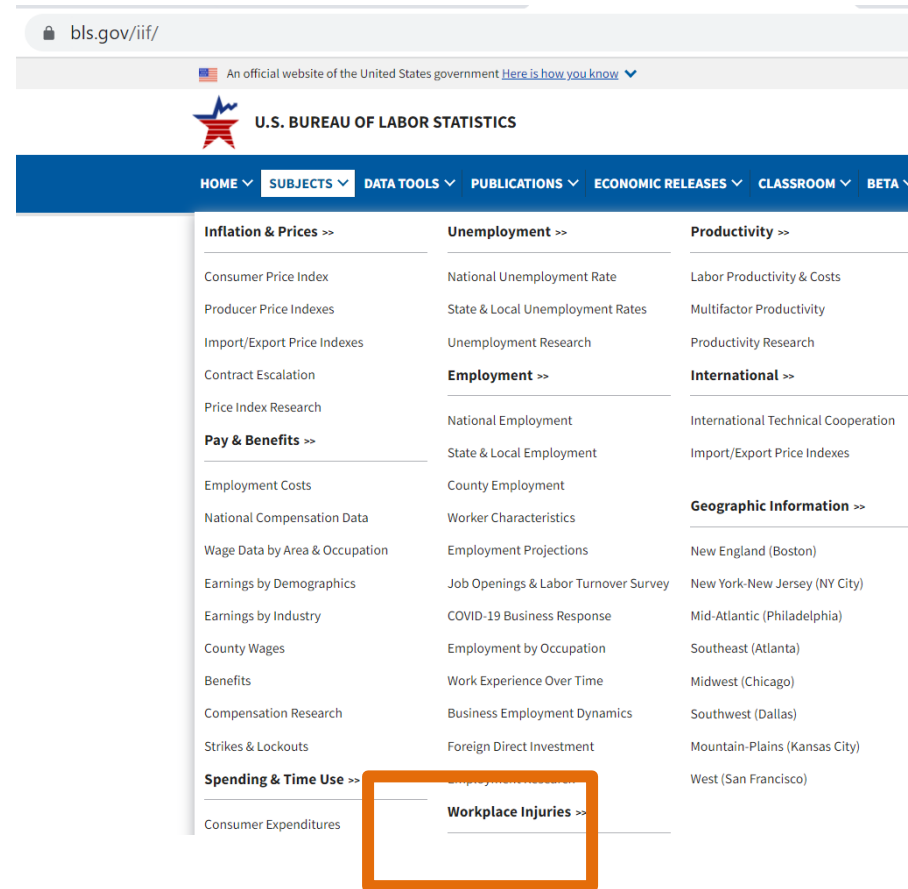
- DLS may conduct a safety inspection.
- Inspection may be same-day if scene or equipment may have contributed to the injury.
- DLS will coordinate with local police and/or the Employer's Director/Superintendent.
- For some incidents DLS does not conduct an inspection. DLS will confirm with the employer that no further action is needed.



# BLS ANNUAL SURVEY

# BLS Annual Survey

- Each year, approximately 300 public-sector employers in Massachusetts are selected for the annual BLS survey called the Survey of Occupational Injuries and Illnesses (SOII)
- These employers are selected by the BLS in Washington D.C.



# Mandatory Response to BLS

**ALL** public sector employers are required to respond to the BLS SOII.

- Effective calendar year 2019.
- Required even if that department is not typically required to keep an OSHA 300 Log (i.e. school). The school can revert to not keeping an OSHA 300 Log the next year if they are not selected for the BLS survey.



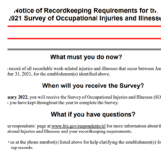
# Survey Selection Process

- The selection process is random, however based on the characteristics below, some establishments are more likely to be selected
- The main criteria for selection are: industry classification, location, and size of establishment.
- Multiple departments can be selected, for example a town's DPW and Police Department can be selected in any given survey year.
- If you are unsure of whether you have been selected or which department/location was selected please contact us as soon as possible.

# BLS SOII Process



October 2021 - U.S. BLS random selection



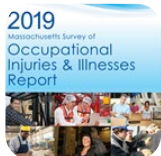
**December 2021** – The BLS Program at DLS issues letters to Employers who have been selected for the 2022 survey. Emails will be sent for establishments that have chosen to communicate via this option.



**January 2022-December 2022:** Employers selected for BLS survey are required to maintain an OSHA 300 Log (even if typically exempt).



**January 2023** – The BLS Program at DLS begins collection of the 2022 data. Employers who are selected are required to respond.



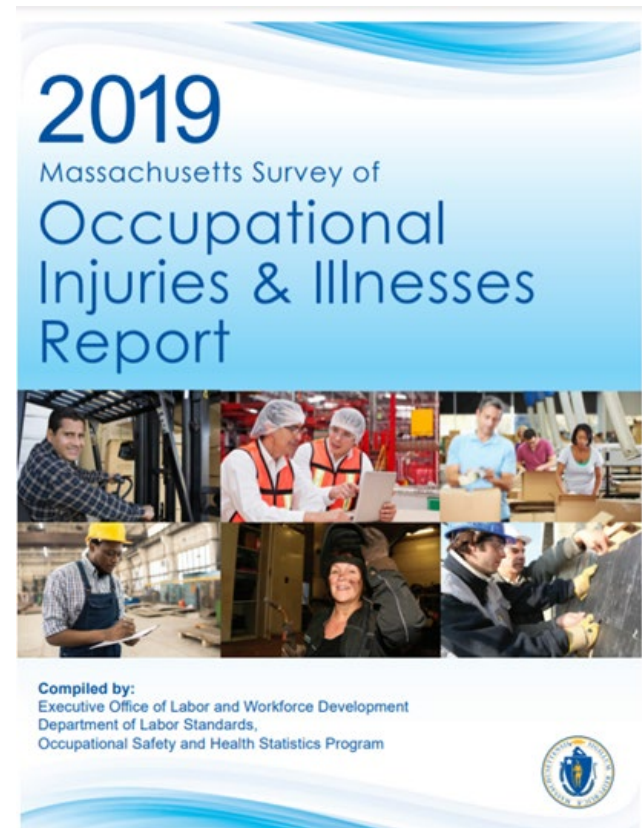
December 2022- DLS compiles report. BLS compiles national data.

# Confidentiality

**SOII Data is confidential.**

The BLS Program at DLS does not share data with DLS inspectors:

- Injury information
- Names of departments selected for survey





# Visuals of SOII material

- Prenotification form
- BLS SOII Instruction form
- Important form fields: Report For, Address, Establishment ID/User ID/Temp PW, NAICS Code
- Internet Data Collection Facility (IDCF).

# Pre-notification Letter

U.S. Department of Labor  
Bureau of Labor Statistics



## Notice of Recordkeeping Requirements for the 2021 Survey of Occupational Injuries and Illnesses

### What must you do now?

- Keep a record of all recordable work-related injuries and illnesses that occur between January 1 and December 31, 2021, for the establishment(s) identified above.

### When will you receive the Survey?

- In January 2022**, you will receive the Survey of Occupational Injuries and Illnesses (SOII). Use the records you have kept throughout the year to complete the Survey.

### What if you have questions?

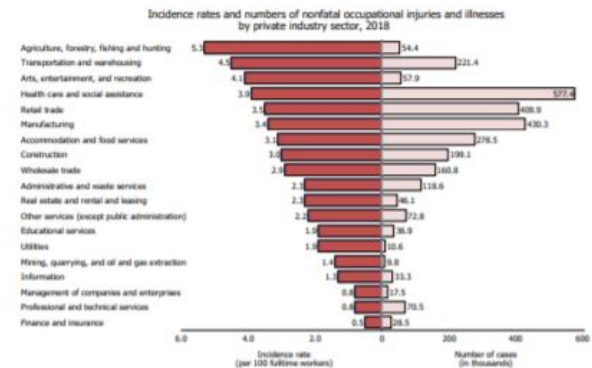
- Visit our respondents' page at [www.bls.gov/respondents/iiif](https://www.bls.gov/respondents/iiif) for more information about the Survey of Occupational Injuries and Illnesses and your recordkeeping requirements.
- Contact us at the phone number(s) listed above for help clarifying the establishment(s) for which you should keep records.

## Overview of Your Recordkeeping Requirements

- You must maintain the information required for all recordable work-related injuries and illnesses that occur during calendar year 2021 for the establishment(s) identified on the front.
- The enclosed OSHA Forms for Recording Work-Related Injuries and Illnesses provide instructions for filling out the Log of Work-Related Injuries and Illnesses (OSHA Form 300) and the Injury and Illness Incident Report (OSHA Form 301). In addition, this survey will ask for optional race and/or ethnicity information that is not included on the OSHA forms.
- At the end of 2021, complete the enclosed Summary of Work-Related Injuries and Illnesses (OSHA Form 300A) even if you had **NO** work-related injuries or illnesses.
- In January 2022**, you will be sent instructions for completing the Survey of Occupational Injuries and Illnesses.
- If you have any questions about your record-keeping requirements for this survey, or if you need help, **call the phone number(s) on the front of this form.**

## How Your Injury and Illness Data Are Used

Your data are important for making American workplaces safer. Data you report are aggregated with data from other establishments and used to identify injury and illness patterns among industries and occupations. For more information about injury and illness statistics, please visit our website at [www.bls.gov/iiif](https://www.bls.gov/iiif).




Source: U.S. Bureau of Labor Statistics, U.S. Department of Labor, November 2019

# SOII Instructions Letter

OMB No. 1220-0045

U.S. Department of Labor  
Bureau of Labor Statistics



## Instructions for Completing the 2020 Survey of Occupational Injuries and Illnesses

We estimate it will take you an average of 24 minutes to complete this survey (ranging from 10 minutes to 5 hours per package), including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this information. If you have any comments regarding the estimates or any other aspect of this survey, including suggestions for reducing this burden, please send them to the Bureau of Labor Statistics, Occupational Safety and Health Statistics (1220-0045), 2 Massachusetts Avenue, N.E., Washington, DC 20212. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. **DO NOT SEND THE COMPLETED FORM TO THIS ADDRESS.**

The Bureau of Labor Statistics, its employees, agents, and partner statistical agencies, will use the information you provide for statistical purposes only and will hold the information in confidence to the full extent permitted by law. In accordance with the Confidential Information Protection and Statistical Efficiency Act (44 U.S.C. 1372) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent. Per the Federal Information Security Enhancement Act of 2013, Federal information systems are protected from malicious activities through cybersecurity screening of transmitted data.

BLS-0900-DCF

In December 2019, you were notified to participate in the BLS 2020 Survey of Occupational Injuries and Illnesses (SOII) and asked to maintain records of workplace injuries and illnesses throughout 2020.

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### Forms to help you complete the survey

- OSHA's Form 300 - Log of Work-Related Injuries and Illnesses; includes all injuries and illnesses for the year
- OSHA's Form 300A - Summary of Work-Related Injuries and Illnesses; includes average employment and total hours worked
- OSHA's Form 301 - Injury and Illness Incident Report; includes detailed injury and illness data

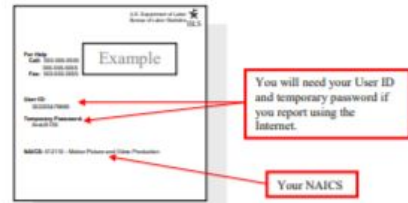
If the detailed case information requested is not recorded on your OSHA forms, please refer to other sources of information you may have (including your Workers' Compensation records). Please note, however, that OSHA's rules ([www.osha.gov/recordkeeping](https://www.osha.gov/recordkeeping)) concerning *which injuries and illnesses to record differ from your state's Workers' Compensation reporting.*

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### How to Use the BLS Internet Data Collection Facility

Before reporting your data, you must register online with the BLS even if you have done so in previous years or for other BLS surveys. **Please ensure that the individual registering this account will be the person entering data for the Survey of Occupational Injuries and Illnesses.**

1. Type <https://idcf.bls.gov> directly into your Internet browser. The "s" in "https" is required.
2. Enter the 12-digit User ID in the field labeled "User ID" and the Temporary Password in the field labeled "Password". Click *I Accept*.



3. Complete the "Check Email Address", "Enter New User Information" and "Create a Permanent Password" pages.
4. Click *Continue* on the "Confirmation Notice" page.
5. Report your data and click *Submit* when you are finished. Print a copy of the completed survey for your records.
6. You may log onto the website using your User ID and permanent password at any time to make corrections to your data.

You can report for additional establishment IDs by logging into the survey again, clicking the *Continue* button on the "Dear Employer" page, and then clicking *Add Establishment*.

For alternate reporting methods, please contact your state office at the telephone number listed under "For Help" on the front page.

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### Need help?

- For step-by-step account creation instructions or website technical help, go to <https://www.bls.gov/idcf/instructions.htm>.
- For questions about this survey, contact us using the telephone number(s) listed on the front of this form.
- For information about SOII, including frequently asked questions and to download forms, go to <https://www.bls.gov/respondents/ii/>.
- For information about OSHA record keeping guidelines, go to <https://www.osha.gov/recordkeeping/entryvia.html>.

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To see how your data will be used, please visit our website at <https://www.bls.gov/ii/>

# SOI address label fields

- “Your Company Name” typically is listed as for example “Town of Ayer ” or “City of Salem”
- The specific department such as Highway Department will be listed on the secondary company name.
- The default addressee is “HR” or “OSHA Recordkeeper.”
  - Contact DLS to have this changed if necessary.

<p>DATA COLLECTION AGENCY SURVEY STAFF 123 MAIN STREET MY CITY, US 12345-0000</p> <p><b>Upper Left</b></p> <p>2018 Establishment ID: 01-123456789-1</p> <p>Report for: Same as your company address</p>	<p>U.S. Department of Labor Bureau of Labor Statistics </p> <p>For Help Call: 555-111-2221 555-111-2222 Fax: 555-111-2323</p> <p><b>Upper Right</b></p>
<p><b>Bottom Left</b></p> <p>YOUR COMPANY NAME {SECONDARY COMPANY NAME} 987 YOUR STREET ADDRESS LINE 2 YOUR CITY, US 98765-0000</p> <p>     </p>	<p>User ID: 302123456789 Temporary Password: AbCd9876 NAICS: 512110 - Motion Picture and Video Production 12345 50</p> <p><b>Bottom Right</b></p>

# Internet Data Collection Facility (IDCF)



**BUREAU OF LABOR STATISTICS**  
Internet Data Collection Facility

[ADA Statement](#) | [Privacy Policy](#)

## Internet Data Collection Facility (IDCF) Logon

[Test Your Browser](#)

Welcome to the Internet Data Collection Facility (IDCF).

To report your survey data, you must logon with a valid password for the IDCF User ID that is included in your Bureau of Labor Statistics (BLS) survey documents.

User ID:



Password:



[Forgot Password?](#)

### Terms and Conditions of Use

**WARNING!** You are using an Official United States Government System, which may be used only for authorized purposes. Unauthorized modification of any information stored on this system may result in criminal prosecution. The Government may monitor and audit the usage of this system, and all persons are hereby notified that the use of this system constitutes consent to such monitoring and auditing. Unauthorized attempts to upload information and/or change information on these web sites are strictly prohibited and are subject to prosecution under the Computer Fraud and Abuse Act of 1986 and Title 18 U.S.C. Sec. 1001 and 1030.

**I Accept**

Please read:

Due to security reasons, your session will time out after 30 minutes of system inactivity. You will need to logon to the website again to continue.

# BLS SOII Results

Injury reports contain aggregate data. There is no identifying employer information.

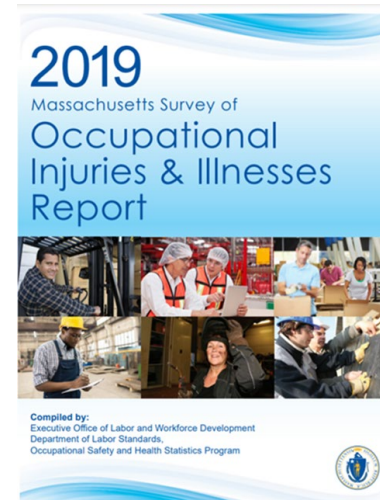
U.S. BUREAU OF LABOR STATISTICS

HOME SUBJECTS DATA TOOLS PUBLICATIONS ECONOMIC RELEASES CLASSROOM BETA

Injuries, Illnesses, and Fatalities

TABLE 1. Incidence rates<sup>1</sup> of nonfatal occupational injuries and illnesses by industry and case type, 2019

Industry <sup>(2)</sup>	NAICS code <sup>(3)</sup>	Total recordable cases	Cases with days away from work, job restriction, or transfer	Cases with days of job transfer or restriction	Other recordable cases
All industries (excludes state and local government) <sup>(4)</sup>		4.6	2.2	0.5	1.9
State and local government <sup>(5)</sup>		3.5	2.0	1.4	0.5
Service-providing		3.3	2.0	1.4	0.5
Educational and health services		3.3	1.8	1.3	0.5
Educational services	61	1.8	0.8	0.5	0.4
Educational services	611	1.8	0.8	0.5	0.4
Colleges, universities, and professional schools	6112	1.7	0.8	0.5	0.4
Health care and social assistance	62	2.3	1.3	1.0	0.3
Hospitals	622	1.1	0.7	0.5	0.3
Nursing and residential care facilities	623	1.5	0.7	0.5	0.3
Public administration	92	3.6	2.1	1.5	0.5
Justice, public order, and safety activities	922	5.4	3.2	2.6	0.5
Justice, public order, and safety activities	9221	5.4	3.2	2.6	0.5
Correctional institutions	92214	6.8	4.3	3.7	0.6
Local government <sup>(6)</sup>		5.0	2.2	1.5	0.7
Goods-producing <sup>(7)</sup>		7.5	4.5	3.1	1.4
Service-providing		5.0	2.2	1.5	0.7
Trade, transportation, and utilities <sup>(8)</sup>		5.1	2.7	1.4	1.2
Utilities	22	5.1	2.7	1.4	1.2
Utilities	221	5.1	2.7	1.4	1.2
Water, sewage and other systems	2213	5.5	2.8	1.6	1.3
Educational and health services		4.3	1.6	1.0	0.6
Educational services	61	4.2	1.6	1.0	0.5
Educational services	611	4.2	1.6	1.0	0.5
Elementary and secondary schools	6111	4.4	1.6	1.0	0.5
Health care and social assistance	62	4.9	1.9	1.2	0.8
Hospitals	622	5.3	1.9	1.2	0.7



BLS reports: [www.bls.gov/iif/](http://www.bls.gov/iif/)

MA reports: [mass.gov/service-details/occupational-safety-and-health-program-information](http://mass.gov/service-details/occupational-safety-and-health-program-information)



# Multiple Requests

A municipality may receive more than one BLS survey since they have distinct NAICS classifications:

- School
- Fire
- Water



# Want more information?

- [WWW.BLS.GOV/RESPONDENTS/IIF](http://WWW.BLS.GOV/RESPONDENTS/IIF)

The screenshot shows a web browser window with the address bar displaying [bls.gov/respondents/iif/](http://bls.gov/respondents/iif/). The browser's address bar also shows tabs for 'Apps', 'Outlook-Sign In', and 'https://fedstate.bls....'. The page header features the U.S. Bureau of Labor Statistics logo and navigation links: HOME, SUBJECTS, DATA TOOLS, PUBLICATIONS, ECONOMIC RELEASES, CLASSROOM, and BETA. A search bar is located in the top right corner with the text 'Search BLS.gov'. The main heading is 'Survey Respondents', with a subheading 'Survey of Occupational Injuries and Illnesses (SOII) - Information for Respondents'. A sidebar on the left lists various resources: BROWSE IIF RESPONDENTS, CONTACTS/HELP, DOWNLOAD FORMS, WHAT IS THE SURVEY OF OCCUPATIONAL INJURIES AND ILLNESSES (SOII)?, HOW TO USE THE INTERNET DATA COLLECTION FACILITY (IDCF), INSTRUCTIONS TO COMPLETE THE 8-PAGE FORM, RECORDKEEPING FROM THE OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION, FREQUENTLY ASKED QUESTIONS, and SOII DATA TABLES. The main content area includes a circular image showing various workers in different settings. The text welcomes respondents to the website, explaining its purpose and providing information on how to complete the survey form, access the IDCF, and contact the BLS for assistance. It also mentions that the SOII is a cooperative effort between the US Department of Labor and agencies in participating States.

U.S. BUREAU OF LABOR STATISTICS

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## Survey Respondents

Survey of Occupational Injuries and Illnesses (SOII) - Information for Respondents

**BROWSE IIF RESPONDENTS**

- CONTACTS/HELP
- DOWNLOAD FORMS
- WHAT IS THE SURVEY OF OCCUPATIONAL INJURIES AND ILLNESSES (SOII)?
- HOW TO USE THE INTERNET DATA COLLECTION FACILITY (IDCF)
- INSTRUCTIONS TO COMPLETE THE 8-PAGE FORM
- RECORDKEEPING FROM THE OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
- FREQUENTLY ASKED QUESTIONS
- SOII DATA TABLES

Welcome to the Survey of Occupational Injuries and Illnesses respondent's website. This website is your source for information that will help you to complete and submit your response to the Survey of Occupational Injuries and Illnesses. You have been selected to participate in this survey to help us to obtain a complete and accurate representation of work-related injuries and illnesses in America's work places.

On this website, you can get help to complete your survey form, additional information about the survey, and results from the [most recently published survey](#). If you cannot find the information you need or answers to your questions about the SOII, please contact us. The SOII is a cooperative effort between the US Department of Labor and agencies in participating States.

Your participation makes a difference. [See why the SOII is important to you.](#)

To access the Internet Data Collection Facility for the Survey of Occupational Injuries and Illnesses, **click here:** <https://idcf.bls.gov/>





# **OSHA 300 SUMMARY**



# OSHA 300 Required

- More than 10 employees **AND** not in an exempt NAICS code based on the primary industry the department is in.
- In an exempt NAICS code and/or having 10 or less employees **BUT** selected to participate in the BLS SOII survey, the establishment must do recordkeeping for that calendar year.



# Mandatory NAICS categories

- Airport, scheduled air transportation [4811]
- Ambulance services [621910]
- **Drinking water supply [221310]**
- Electric power distribution [221122]
- **Fire Department (including volunteer, per diem, on-call, and full time. Include EMS and ambulance services when managed by the Fire Department) [922160]**
- **Highway, Street, Bridge maintenance and construction [2373]**
- Housing Authority, services to buildings and dwellings [5617]
- Medical and Surgical Hospitals [6221]
- Museums, historical site, and other institutions [7121]
- **Police Department [9221]**
- Public Transportation [Bus systems: 4851123; mixed mode rail, bus, subway: 485111]
- **Public Works [2373]**
- School transportation [4854]
- Sheriff department [922120]
- Solid waste landfill [562212]
- Solid waste transfer station [562111]
- **Sewage Treatment [221320]**
- Waste collection and sanitation [5621]
- Zoo [712130]



# Exemptions for OSHA 300 Recordkeeping

- Employers with 10 or less employees.
- Employers with any amount of employees, in the following Industries based on NAICS code
  - **Accounting, payroll services** [5412]
  - Airport providing non-scheduled air transportation [4812]
  - Business, professional, labor, political, and similar organizations [8139]
  - **Child daycare services** [6244]
  - Colleges, universities, and professional schools [6113]
  - Community colleges [6112]
  - Data processing, hosting, and related services [5182]
  - Education support services [6117]
  - **Elementary and Secondary Schools, including vocational technical school** [6111]
  - Engineering, accounting, research, management, and related services [5413]
  - Information services [5191]
  - Insurance and employee benefit funds [5251]
  - Internet service provider [5181]
  - **Library and archives** [519120]
  - **Office administrative services, town/city hall offices** [5611]
  - Radio, television broadcasting [5151]
  - Telecommunications and telecommunication carriers or resellers [5172]



# Combined Departments

## Example 1:

- School departments might employ their own bus transportation or contract with a private vendor.
- The municipality is required to keep an OSHA 300 Log for the municipal bus transportation employees.
- The other school employees (teachers, support, administration, custodial, dietary) are exempt due to their NAICS code.
- Vendors are responsible for their own logs.



# Combined Departments

- Example 2:

Municipality is not required to keep the OSHA 300 Log for cemetery workers when those employees are dedicated solely to the cemetery.

Cemetery workers are exempt due to NAICS Code for Death Care Services.

# OSHA 300

## Log of Work-Related Injuries and Illnesses

- OSHA 300 Log is used for the following
  - Classify work-related injuries and illnesses
  - 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 *OSHA 300 Log* is a tool for employers to identify injury patterns.
  - Do not submit the *OSHA 300 Log* to DLS unless requested to do so.

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

**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 OSHA no. 1218-01-16

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. Print free to use two sheets 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														
(A) Case no.	(B) Employee's name	(C) Job title (e.g., "Manager")	(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 the injury or illness, parts of body affected, and approximate time that directly injured or made person ill (e.g., Second degree burn on right forearm from equipment fault)	SELECT ONLY ONE box for each case based on the most serious outcome for that case				Enter the number of days the injured or ill worker was		Select the "Severity" column or choose one type of illness							
						Remained at Work				On job transfer or restriction		(G)							
						Days away from work		Job transfer or restriction		Other recordable cases		Days away from work		On job transfer or restriction		Severity			
						(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)
Reset			month / day																
Reset			month / day																
Reset			month / day																
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Page totals

Save Input Add a Form Page

Page 1 of 1

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time to review the instructions, search existing data sources, gather the data needed, and complete and review 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 this information to the office.

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

## 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

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:		Select 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.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)	SELECT ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Select the "Injury" column or choose one type of illness:					
						Remained at Work				Away from work	On job transfer or restriction	(M)					
						Death	Days away from work	Job transfer or restriction	Other recordable cases	(K)	(L)	Injury	Skin disease	Respiratory condition	Fainting	Hearing loss	All other illnesses
						(G)	(H)	(I)	(J)			(1)	(2)	(3)	(4)	(5)	(6)
Reset			/ / month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/> days	<input type="text"/> days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			/ / month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/> days	<input type="text"/> days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			/ / month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/> days	<input type="text"/> days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			/ / month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/> days	<input type="text"/> days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			/ / month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/> days	<input type="text"/> days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			/ / month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/> days	<input type="text"/> days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			/ / month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/> days	<input type="text"/> days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			/ / month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/> days	<input type="text"/> days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			/ / month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/> days	<input type="text"/> days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			/ / month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/> days	<input type="text"/> days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			/ / month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/> days	<input type="text"/> days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page totals ▶

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 this estimate or any other aspect 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.

Save Input

Add a Form Page

Page 1 of 1

Injury  
Skin disease  
Respiratory condition  
Fainting  
Hearing loss  
All other illnesses  
(1) (2) (3) (4) (5) (6)





# OSHA 300

## *Can Electronic or alternative Forms be used?*

- **YES** – as long as the information required in the logs is present and can be printed on demand.
- Examples of alternative forms:
  - Executive Branch agencies use the HRD e-services
  - Software used by Workers' Compensation agencies serving the public sector.
  - Third-party software from companies specializing in Environmental Health and Safety issues such as OSHA Recordkeeping.



# OSHA 301

## Injury and Illness Incident Report

- The *OSHA 301 Injury and Illness Incident Report* is the first form you must fill out for each recordable work-related injury or illness that has occurred.
- Must be filled out within 7 calendar days of receiving information on the injury
- Shows the extent and severity of work-related incidents.
- Note: The *OSHA 301 form* looks similar to, but is different from, the *DIA Form 101 – Employer's First Report of Injury/Fatality*. Employers are required to submit *Form 101* electronically to DIA. **Do not submit *Form 101* or *OSHA 301* to DLS.**

**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 10/88 by 10104/10/88

This *Injury and Illness Incident Report* is one of the four forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illness* 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 91-506 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 3 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.

Completed by: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**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 workplace, where was it given?  
Facility: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
8) Was employee treated in an emergency room?  
☐ Yes ☐ No  
9) Was employee hospitalized overnight or in an institution?  
☐ Yes ☐ No

**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: "Lifting a ladder while carrying roofing materials"; "Spraying chlorine from hand sprayer"; "Shilly computer key entry."  
15) What happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed necrosis 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 "Wrist," "pain," or "swell." Examples: "Strained back"; "Chemical burn, hand"; "Carpal tunnel syndrome."  
17) What object or substance directly harmed the employee? Examples: "Concrete floor"; "Chlorine"; "Hazardous acid rain." 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 20 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. 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.

# Injury and Illness Incident Report

**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.



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 the printout or insert additional form pages in the PDF, and then use as many as you need.

## Information about the employee

- 1) Full name
- 2) Street
- City  State  ZIP
- 3) Date of birth     
Month Day Year
- 4) Date hired     
Month Day Year
- 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

## 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     
Month Day Year
- 12) Time employee began work  ☐ AM ☐ PM
- 13) Time of event  ☐ AM ☐ PM ☐ Check if time cannot be determined

**\*Re fields 14 to 17:** Please do not include any personally identifiable information (PII) pertaining to worker(s) involved in the incident (e.g., no names, phone numbers, or Social Security numbers).

- 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. 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."

- 16) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected. 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     
Month Day Year

Completed by

Title

Phone  -  -  Date     
Month Day Year

Page 1 of 1

Save Input

Add a Form Page

Reset

# OSHA 300A

## Summary of Work-Related Injuries and Illnesses

- The *OSHA 300A Summary of Work-Related Injuries and Illnesses* form is used to display basic metrics related to injuries and illnesses of an establishment within a calendar year.
- The *OSHA 300A* is a tool for employers to notify employees about the prevalence of injuries at their workplace.
- Employers should be prepared to provide the average number of employees and annual total hours worked by each establishment requested for BLS Survey.
- Do not submit the *OSHA 300A* to DLS unless requested to do so.

Form 300A (Rev. 01/2004)

**Summary of Work-Related Injuries and Illnesses**

Year: 2019  
U.S. Department of Labor  
Occupational Safety and Health Administration  
Form approved OSHA no. 1234-0176

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 written access to the OSHA Form 300 or its equivalent. See 29 CFR 1904.26, or OSHA's recordkeeping rule, for further details on the access procedures for these forms.

**Establishment Information**

Your Establishment Name: IndustrySafe, Inc.; Long Beach  
Street: MP 10.7  
City: New Castle State: PENNSYLVANIA ZIP: 84501  
Industry description (e.g., Manufacture of motor truck trailers)  
Standard Industrial Classification (SIC), if known (e.g., 3713)  
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: 0  
Total hours worked by all employees last year: 0

**Sign Here**  
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

**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
0 (G)	7 (H)	0 (I)	0 (J)

**Number of Days**

Total number of days away from work	Total number of days of job transfer or restriction
63 (K)	63 (L)

**Injury and Illness Types**

Total Number of ... (M)

(1) Injuries	7	(4) Poisonings	0
(2) Skin Disorders	0	(5) Hearing Loss Cases	0
(3) Respiratory Conditions	0	(6) All Other Illnesses	0

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 50 minutes per response, including time to review the instructions, search existing data sources, 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: US Department of Labor, OSHA, Office of Statistical Analysis, Room N-3646, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send completed forms to this office.

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

## Summary 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](#).

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
<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
(G)	(H)	(I)	(J)

### Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>0</u>	<u>0</u>
(K)	(L)

### Injury and Illness Types

Total number of . . .			
(M)			
(1) Injuries	<u>0</u>	(4) Poisonings	<u>0</u>
(2) Skin disorders	<u>0</u>	(5) Hearing loss	<u>0</u>
(3) Respiratory conditions	<u>0</u>	(6) All other illnesses	<u>0</u>

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 58 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.

### 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

Reset



# Number of OSHA 300 Logs required for Municipalities/State Agencies

- Multiple OSHA 300 Logs may be needed for a particular agency or city that has several departments
  - Example 1: Department of Conservation and Recreation has Flood Control Program and Bureau of Ranger Services
  - Example 2: The City of Boston has several large departments such as Boston Police, Boston Fire, Boston Water and Sewer Commission and the Boston Transportation Division.
- Online Database for all can be used if the data can be sorted by department



# Number of OSHA 300 Logs required for Multiple Locations

- Cites and Towns with multiple buildings or locations, these locations can be combined on one form:
- Locations operated as a single business under common management.
- The locations are all located in close proximity to each other.
- One set of business records are kept for the locations
  - Records on employee headcount
  - Records on wages and salaries,
  - Records on sales or receipts
  - Other kinds of business information.

## Examples:

- A public works department can combine OSHA 300 Log information on the same form when water, sewer and highway activities are operated as a single business operation
- A fire department with multiple station houses can combine into a single OSHA 300 log.



# Annual Posting of OSHA 300 Log Data

- Public sector workplaces are required to post their OSHA 300A form in a conspicuous location from February 1st through April 30th.

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 OSHA no. 1020-025

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".  
Employers, former employers, 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
(a)	(b)	(c)

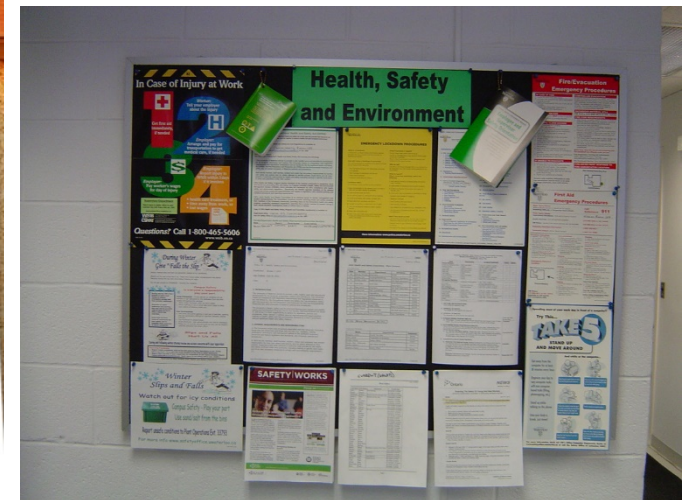
Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
(d)	(e)

**Establishment Information**

Your establishment name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Industry description (e.g., Manufacturer of water tank radiators) \_\_\_\_\_  
Standard Industrial Classification (SIC), if known (e.g., 3715) \_\_\_\_\_  
NAICS \_\_\_\_\_  
North American Industrial Classification (NAICS), if known (e.g., 33A212) \_\_\_\_\_

**Employment Information** (If you don't have these figures, use the best estimate 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.







# Online Submissions to State and Federal Agencies

- Public sector employers **do not submit** their OSHA 300 Log to the OSHA online tracking application.  
[www.osha.gov/injuryreporting](http://www.osha.gov/injuryreporting)
- This does not remove the Form 101 submission requirement with DIA.
  - <https://www.mass.gov/how-to/file-an-employers-first-report-of-injury-illness-or-death-form-101-online>
- Employers selected for the BLS survey will be sent log-in information in January after the collection year



# Retention of Recordkeeping Forms

- Public sector employers must save the following for 5 years following the end of the calendar year these records cover.
  - OSHA 300 Log
  - The privacy case list (if one exists),
  - The OSHA 300A Annual Summary
  - All OSHA 301 Incident Reports
  - Records may be kept electronically.
- During the 5-year storage period update the following:
  - Newly discovered recordable injuries or illnesses
  - Changes that have occurred in the classification of previously recorded injuries and illnesses. These changes must be removed or “lined out”
  - Annual Summary 300A and the individual OSHA 301 Incident Report forms do not have to be updated.



# Guidance for Recordkeeping for COVID-19 cases

- DLS sent a memo to state agencies on 03/23/2021 for COVID reporting regarding OSHA Recordkeeping Enforcement memorandum for COVID dated 05/19/2020.
  - <https://www.osha.gov/memos/2020-05-19/revised-enforcement-guidance-recording-cases-coronavirus-disease-2019-covid-19>
- Employers are responsible for recording cases of COVID-19 if all of the following requirements are met:
  - The case is a confirmed case of COVID-19, as defined by the CDC;
  - The case is work-related, as defined by 29 CFR § 1904.5; and
  - The case involves one or more of the recording criteria set forth in 29 CFR § 1904.7 (e.g., medical treatment, days away from work).



# COVID Cases Likely Work-Related

- Workers who work closely together
- Lengthy, close exposure to a particular customer or coworker
- Frequent, close exposure to the general public



# Likely Not Work Related

- Single worker has COVID-19 and their job duties do not include having frequent contact with the general public
- An employee, outside the workplace, closely and frequently associates with someone has COVID-19
  - is not a coworker
  - and exposes the employee during the period in which the individual is likely infectious.



# **SCENARIOS FOR PUBLIC SECTOR ESTABLISHMENTS**



# Scenario: K-12 School

DIA First Report of Injury	Continue your current process for worker's compensation reporting
OSHA 300 in typical year	NOT REQUIRED for NAICS 6111, 6117 Elementary and Secondary Schools, including vocational technical; and education support services
OSHA 300A posted Feb-April	NOT REQUIRED - Not required to post 300A, even if selected for BLS survey.
Selected for BLS survey	RESPONSE REQUIRED. OSHA 300 Log, OSHA 301, 300A are required for that specific survey year. School may revert to not keeping an OSHA 300 in years they are not selected for BLS survey. Survey may ask for the entire school district or a particular school.
Notice to DLS of amputation, loss of eye, inpatient hospitalization or fatality	REQUIRED



# Scenario: Fire Department

M.G.L. c.111F	Continue your current process for worker's compensation reporting.
OSHA 300	<p>REQUIRED.</p> <ul style="list-style-type: none"><li>- May combine multiple stations on the same log. Include career, per-diem, on-call, volunteer staff.</li><li>- May combine Fire and Ambulance Services when operated as a single business operation under common management and employer keeps one set of records for these employees.</li><li>- Do not include Ambulance Services if this is conducted by a private 3<sup>rd</sup> party contractor.</li></ul> <p><u>NOT REQUIRED</u> if there are 10 or less employees for the whole year.</p>
OSHA 300A posted Feb-April	<p>REQUIRED if there are greater than 10 employees</p> <p>NOT REQUIRED if there are 10 or less employees for the entire year.</p>
Selected for BLS survey	RESPONSE REQUIRED, regardless of number of employees
Notice to DLS of amputation, loss of eye, inpatient hospitalization or fatality	REQUIRED





# Scenario: Airport

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DIA First Report of Injury	Continue your current process for worker's compensation reporting
OSHA 300 in typical year	REQUIRED for NAICS 4811 – <u>Scheduled air transportation</u> , unless there are 10 or less employees for the whole year. NOT REQUIRED for NAICS 4812 – <u>Non-scheduled air transportation</u> , even when the airport has more than 10 employees.
OSHA 300A posted Feb-April	REQUIRED for Scheduled Air Transportation. NOT REQUIRED for nonscheduled airports, or if the airport providing Scheduled Air Flights has 10 or less employees, even if selected for annual BLS survey.
Selected for BLS survey	RESPONSE REQUIRED for any type of airport when selected, regardless of number of employees. OSHA 300 Log, OSHA 301, and 300A are required for that specific survey year for airports normally exempt.
Notice to DLS of amputation, loss of eye, inpatient hospitalization or fatality	REQUIRED for all public sector airports.



# Scenario: Public Works

DIA First Report of Injury	Continue your current process for worker's compensation reporting.
OSHA 300 Log	REQUIRED <ul style="list-style-type: none"><li>- <u>Not required</u> if there are 10 or less employees for the whole year.</li><li>- May combine highway, water, sewer on the same form when they are operated as a single business operation under common management and employer keeps one set of records for these employees.</li><li>- Keep a separate OSHA 300 Log when budgets and personnel are separate.</li></ul>
OSHA 300A posted Feb-April	REQUIRED, unless there are 10 or less employees for whole year
Selected for BLS survey	RESPONSE REQUIRED, regardless of number of employees
Notice of amputation, loss of eye, fatality or inpatient hospitalization	REQUIRED, regardless of number of employees <ul style="list-style-type: none"><li>- Injured person is municipal employee – contact DLS</li><li>- Injured person is a private contractor (HVAC, electrician, contractor, etc.) – contact OSHA</li></ul>

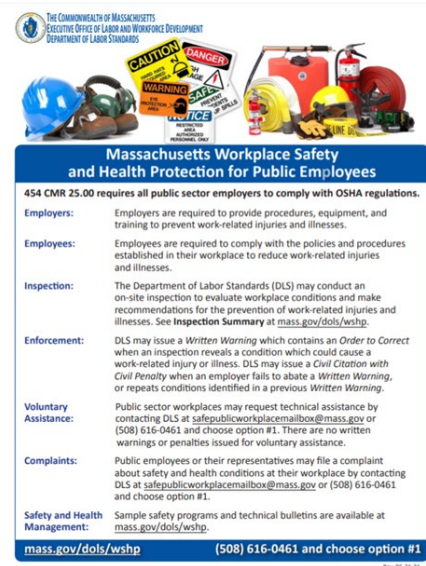


# Scenario: Town Hall

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DIA First Report of Injury	Continue your current process for worker's compensation reporting.
OSHA 300 in typical year	NOT REQUIRED - NAICS code is exempt
OSHA 300A posted Feb-April	NOT REQUIRED - Not required to post 300A, even if selected for BLS survey.
Selected for BLS survey	RESPONSE REQUIRED. OSHA 300 Log, OSHA 301, 300A are required for that specific survey year. The municipal offices may revert to not keeping an OSHA 300 in years they are not selected for BLS survey.
Notice of amputation, loss of eye, inpatient hospitalization or fatality	REQUIRED <ul style="list-style-type: none"><li>- Injured person is municipal employee – contact DLS</li><li>- Injured person is a private contractor (HVAC, electrician, contractor, etc.) – contact OSHA</li></ul>

# DLS Posters and OSHA Forms



## Workplace Safety Rights Poster for Public Sector

<https://www.mass.gov/doc/workplace-safety-and-health-protection-for-public-employees-poster/download>

**YOU MUST REPORT  
A FATALITY OR CATASTROPHE**

**Notify the Department of Labor Standards  
at (508) 616-0461 or email  
[safepublicworkplacemailbox@mass.gov](mailto:safepublicworkplacemailbox@mass.gov)**

Alert the Department of Labor Standards (DLS) of any work-related injury to a public sector employee. This is in addition to standard workers compensation procedures.

- Fatality: Contact DLS within 8 hours
- Amputation: Contact DLS within 24 hours
- Loss of an Eye: Contact DLS within 24 hours
- Inpatient Hospitalization: Contact DLS within 24 hours

Please include:

- Name of agency
- Location of incident and brief description
- Time and date of incident
- Name of contact person, including phone number and email

**Learn how to prevent work-related injuries or fatalities at [www.mass.gov/dols/wshp](http://www.mass.gov/dols/wshp)**

September 2021

## Notification of amputation, loss of eye, inpatient hospitalization, fatality

<https://www.mass.gov/doc/fatality-catastrophe-poster/download>

**OSHA's Form 300A** (Rev. 10/2006)

**Summary of Work-Related Injuries and Illnesses**

At establishments covered by Part 1914, you must complete this Summary page, along with each incident report or database record during the year. Information is needed to keep a record of the injuries and illnesses and to identify areas for improvement.

Using this page, record the information required for each category. Then enter the totals below, making sure you've added the entries from every page of OSHA Form 300A that you filled out.

Employers: Complete this page, and the incident reports, for the year to be reported to OSHA. You also have a record kept by the OSHA Form 300 or its equivalent. See 29 CFR Part 1914.25, 1914.26 for recordkeeping rules. For further details on the recordkeeping rules, see 29 CFR 1914.25, 1914.26.

**Establishment information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (include area code): \_\_\_\_\_

NAICS Code: \_\_\_\_\_

**Employee information** (If you don't have these figures, use the information on the next page, OSHA Form 300)

Total number of employees: \_\_\_\_\_

Total hours worked by all employees for year: \_\_\_\_\_

**Sign here**

I certify that I have reviewed this document and that it is true and correct.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Reset**

## OSHA 300A Feb 1–Apr 30 only

For employers required to keep an OSHA 300 Log.

<https://www.osha.gov/sites/default/files/OSHA-RK-Forms-Package.pdf>



# Contact DLS

Questions about:	Contact:
BLS data survey	Imani Bishop MA Department of Labor Standards <a href="mailto:Imani.bishop@mass.gov">Imani.bishop@mass.gov</a> 617-626-6948
OSHA 300 Log requirements	Workplace Safety and Health Program MA Department of Labor Standards 508-616-0461 x1 <a href="mailto:safepublicworkplacemailbox@mass.gov">safepublicworkplacemailbox@mass.gov</a>
Notice of amputation, loss of eye, inpatient hospitalization, fatality	Workplace Safety and Health Program MA Department of Labor Standards 508-616-0461 x1 <a href="mailto:safepublicworkplacemailbox@mass.gov">safepublicworkplacemailbox@mass.gov</a>



# **QUESTIONS AND ANSWERS**