


# How to complete OSHA 300 & 300A



# Use OSHA's Form 300 to create the 300A

Sections are self explanatory – check only those that apply.

OSHA's Form 300 (Rev. 01/2004) Log of Work-Related Injuries and Illnesses						<b>Attention:</b> 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 _____ <b>U.S. Department of Labor</b> Occupational Safety and Health Administration										
You must record information 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 1904.2 through 1904.12. Feel free to use two						Form approved OMB no. 1218-0176		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 (mo./day)	(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)	<b>CHECK ONLY ONE</b> box for each case based on the most serious outcome for that case: Death: <input type="checkbox"/> Days away from work: <input type="checkbox"/> Remained at work: <input type="checkbox"/>		Away From Work (days): <input type="text"/> On job transfer or restriction (days): <input type="text"/>		(M) Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses			
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)	
1	Mark Bagin	Welder	5/25	basement	fall from ladder	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>						
2	Shama Alexander	Foundry man	7/2	pouring dock	poisoning from lead fumes		<input checked="" type="checkbox"/>			12				<input checked="" type="checkbox"/>				

# Important information

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

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)

Establishment Name  
Street  
City  
State  
Zip  
County  
OR  
North  
Employer  
Annual  
Total  
Sign  
Know

- OSHA 300 forms must be posted from February 1 to April 30, for preceding year's incidents.
- Company must keep forms for a minimum of 5 years.
- Only post a copy of this form to prevent disposal

# What do you record?

Injuries and illnesses that result in:

- Death
- Days away from work
- Restricted work or transfer to another job
- Medical treatment beyond first aid
- Loss of consciousness
- Significant injury or illness diagnosed by a physician or other licensed healthcare professional. [§1904.7]

# What don't you record?

Injuries or illnesses treated through first aid. (Such as taking aspirin, getting a tetanus shot, applying a butterfly bandage, draining a blister, wearing a finger guard, etc.)

For recordkeeping purposes, first aid cases are not recordable. The rule provides an absolute list of what is first aid. If a treatment is NOT on the list, it MUST be considered medical treatment. [§1904.7(b)(5)(ii)]

# More exclusions

We've also got a new list of exceptions – problems not considered work-related. The rule makes it clear that employers don't have to record cases involving:

- Eating and drinking food and beverages
- Common colds and flu
- Blood donations
- Exercise programs

In addition, mental illness will not be recorded unless the employee voluntarily provides the employer with an opinion from an appropriate licensed healthcare professional stating that the employee's mental illness is work-related. But some injuries to employees doing work at home or while traveling on business are counted. [§1904.5]

# REGION 4

## Regional Office

61 Forsyth Street, SW, Room 6T50

Atlanta, Georgia 30303

(678) 237-0400

(678) 237-0447 FAX

- For cases involving a fatality, enter a checkmark in column G on the OSHA Form 300. Note in column M whether the case involved an injury or an illness.
- Also remember that you must call your local OSHA office and verbally report the fatality within 8 hours of learning of its occurrence. (For a listing of OSHA offices, see the map linked from the About OSHA page on [osha.gov](http://osha.gov).)
- Addresses for this are on the following pages

# Alabama Area Offices

## **Birmingham Area Office**

Medical Forum Building  
950 22<sup>nd</sup> Street North, Room 1050  
Birmingham, AL 35203  
(205) 731-1534  
(205) 731-0504 FAX

## **Mobile Area Office**

1141 Montlimar Drive, Suite 1006  
Mobile Alabama 36609  
(251) 441-6131  
(251) 441-6396 FAX

# Georgia Area Offices

## **Atlanta East Area Office**

LaVista Perimeter Office Park  
2183 N. Lake Parkway, Building 7  
Suite 110  
Tucker, Georgia 30084-4154  
(770) 493-6644  
(770) 493-7725 FAX

## **Atlanta West Area Office**

2400 Herodian Way, Suite 250  
Smyrna, Georgia 30080-2968  
(678) 903-7301  
(770) 984-8855 FAX

## **Savannah Area Office**

450 Mall Boulevard, Suite J  
Savannah, Georgia 31406  
(912) 652-4393  
(912) 652-4329 FAX

# OSHA 300 & 300A Forms

To obtain the OSHA 300 & 300A forms, cut and paste the link below into your internet browser. Then print the pages to be completed.

<http://osha.gov/recordkeeping/new-osha300form1-1-04.pdf>



# Questions?

- Contact:

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- CSA Vice President

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