

Understanding OSHA[®] Recordkeeping

Guide to understanding what injuries are recordable, how to complete OSHA's Form 300 and answers to frequently asked questions.

The material in this document is intended for informational purposes only and is subject to change. For the most up-to-date information, visit [OSHA.gov](https://www.osha.gov).

Source: [Detailed Guidance for OSHA's Injury and Illness Recordkeeping Rule](#)
OSHA's Electronic Injury Tracking Application: [OSHA.gov/InjuryReporting](https://www.osha.gov/InjuryReporting)

Main Menu

Is it Recordable?

Understanding
the Forms

Medical Treatment
vs First Aid FAQ





Is it recordable?

Steps to assist in determining if a workplace illness or injury is recordable on the OSHA's Form 300.

Begin

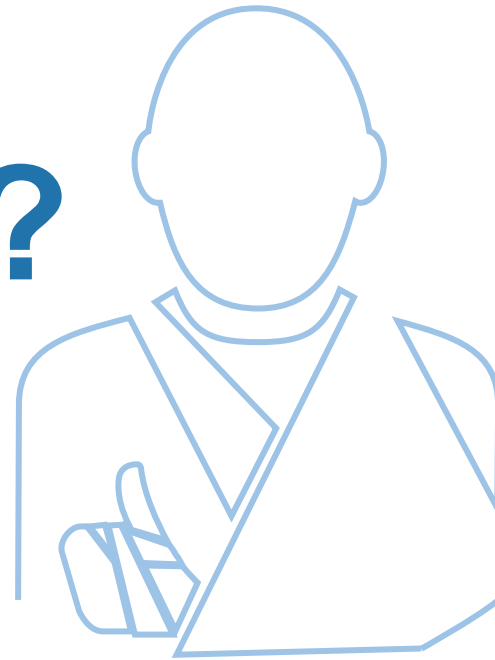




Did the employee experience an injury or illness?

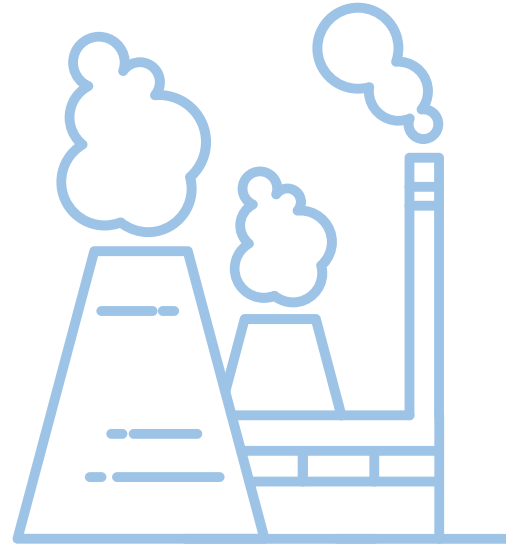
Yes

No





Is the injury or illness work-related?



Was the employee in the work environment?

Was the employee in travel status, or working from home?

Yes

No



**Is the injury
or illness a
new case?**

Yes

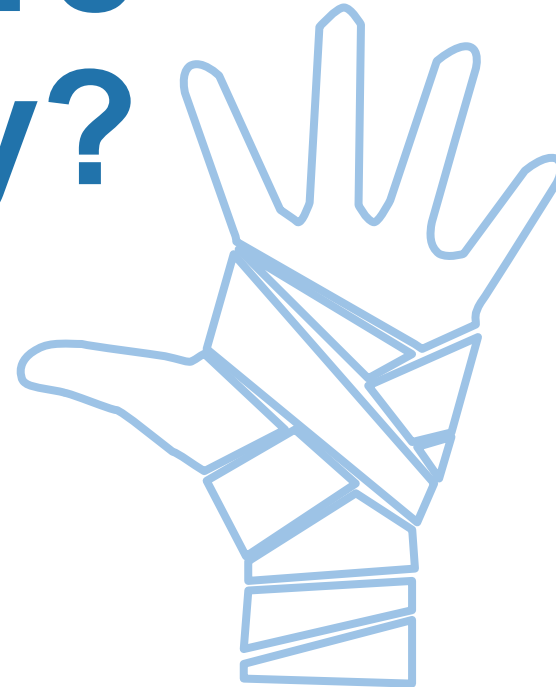
No





Did it significantly aggravate a pre-existing injury?

Did the work-related injury or illness significantly aggravate a pre-existing (non work-related) condition?



Yes

No



**Did the injury
result in a
fatality?**

Yes

No





**Did the injury
result in the
employee being
hospitalized?**



Yes

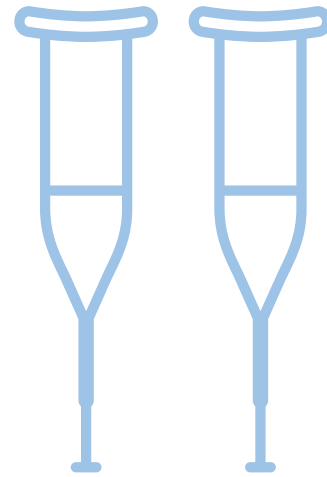
No



Did the injury result in an amputation?

Yes

No

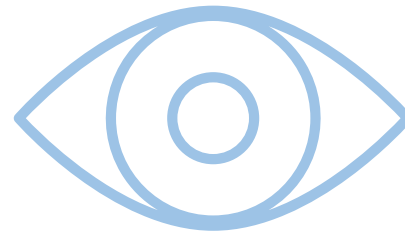




**Did the injury
result in eye loss
(out of socket)?**

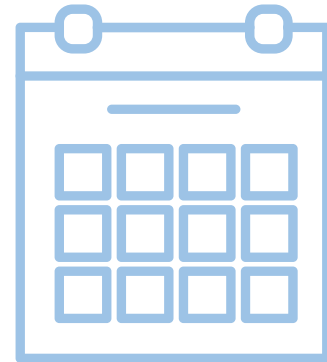
Yes

No





**Did the injury result
in days away
from work?**



Yes

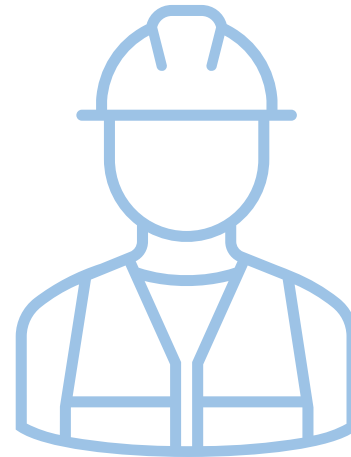
No



**Did the injury result
in restricted work
duties or job
transfer?**

Yes

No

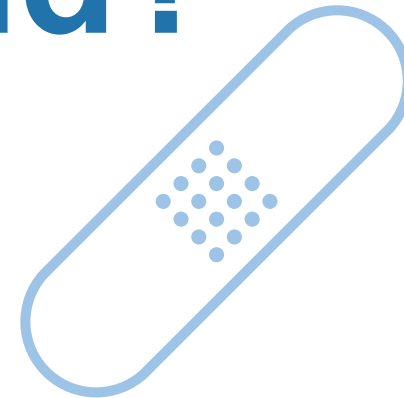




Did the injury result in medical treatment beyond first aid?

Yes

No



Click to view FAQ:

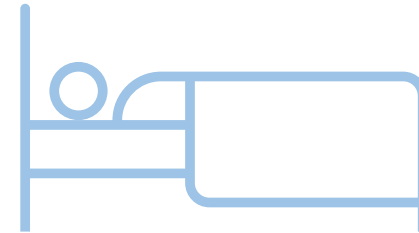
Medical Treatment
vs. First Aid



Did the injury result in loss of consciousness?

Yes

No





Did the incident result in a significant injury or illness?

- Cancer
- Chronic irreversible disease
- Fractured or cracked bone
- Punctured eardrum



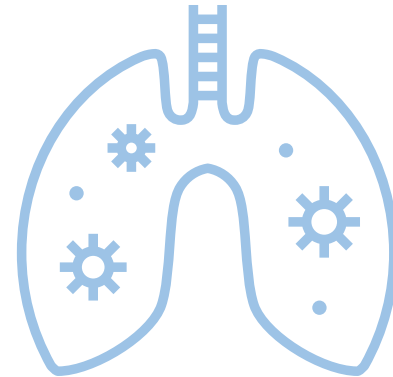
Yes

No



Did the injury result in any of the following:

- Needle sticks and sharps injuries
- Medical removal
- Hearing loss
- Tuberculosis



Yes

No



**You do not record
the injury or illness.**



Record the injury or illness.

In the event of a fatality from a workplace accident, you must report the fatality within 8 hours to OSHA.

In the event of an injury resulting in admission for in-patient hospitalization, amputation or loss of an eye from a workplace accident, you must report the injury within 24 hours to OSHA.

1-800-321-6742

OSHA's Electronic Injury Tracking Application: [OSHA.gov/InjuryReporting](https://www.osha.gov/InjuryReporting)

**State OSHA Offices:
Contact Information**



Update the previously recorded injury or illness entry if necessary.

What kind of treatment was provided?

Medical Treatment vs First Aid

Select the nature of injury below that best describes the injury and whether the injury is recordable or non-recordable on the OSHA 300 log:

Cut, Laceration, Puncture
or Abrasion

Thermal/Chemical Burn,
Skin Rash or Blister

Oxygen

Fracture

Bruise or Contusion

Loss of Consciousness

Strain, Sprain or
Dislocation

Medication

Visit to Health Care
Professional



[Return to Questions](#)



Cut, Laceration, Puncture or Abrasion

Medical Treatment vs First Aid

Medical Treatment (Recordable)	First Aid (Non-Recordable)
<ul style="list-style-type: none">• Sutures (stitches)• Surgical glue• Treatment of infection with prescription medications on any visit• Application of prescription antiseptic or a non-prescription antiseptic at prescription strength• Removal of foreign bodies requiring skilled services due to depth of embedment, size or shape of object(s), or location of wound• Cutting away dead skin (surgical debridement)• Work-related needlestick injuries and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material (this is considered a privacy case and the name should not be included in the log)	<ul style="list-style-type: none">• Bandaging on any visit to medical personnel• Steri-strips/butterfly bandages• Liquid band-aid is considered first aid, provided that medical documentation states clearly that it is used to protect and prevent infection and not for wound closure• Application of ointments on first or subsequent visits to prevent drying or cracking of skin• Treatment of infection with non-prescription meds at non-prescription strength• Removal of foreign bodies from wound by tweezers, cotton swabs or other simple techniques• Removal of foreign bodies in the eye, not embedded, by irrigation, cotton swabs or other simple techniques (needles, pins or small tools)• Removal of bandages by soaking• Drilling a finger or toenail to relieve pressure• Eye patch

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Fracture

Medical Treatment vs First Aid

Medical Treatment (Recordable)

- Where x-ray results are positive
- Application of a cast or other professional means of immobilizing injured part

First Aid (Non-Recordable)

- Where x-ray taken as a precaution is negative for fracture



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Strain, Sprain or Dislocation

Medical Treatment vs First Aid

Medical Treatment (Recordable)	First Aid (Non-Recordable)
<ul style="list-style-type: none">• Application of a cast or other professional means of immobilizing injured part• Splints with rigid stays are recordable• Use of diathermy and whirlpool treatments ordered by a physician• Any physical therapy is recordable• Chiropractic manipulation	<ul style="list-style-type: none">• Use of non-rigid means of support on a strain that is not otherwise recordable on first visit to medical personnel, such as elastic bandages (Ace), wraps, non-rigid back belts, etc.• Use of hot or cold compresses for treatment of a strain on any visit• Using finger guards• Use of massage



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Thermal/Chemical Burn, Skin Rash or Blister

Medical Treatment vs First Aid



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Medical Treatment (Recordable)

- All first, second and third degree burns that require “medical treatment” are recordable.
- Any conditions that result in days away from work, restricted work, transfer to another job, or medical treatment beyond first aid

First Aid (Non-Recordable)

- Treatment for first, second and third degree burns that require “first aid” is not recordable
- Draining fluid from a blister

Bruise or Contusion

Medical Treatment vs First Aid

Medical Treatment (Recordable)

- Treatment of a bruise by draining collected blood (i.e. by needle)

First Aid (Non-Recordable)

- Soaking therapy or application of hot or cold compresses on any visit



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Medication

Medical Treatment vs First Aid

Medical Treatment (Recordable)	First Aid (Non-Recordable)
<ul style="list-style-type: none">• Recommendation or use of prescription medications constitutes medical treatment (including professional samples)• Administration of a single dose of prescription medication on a first visit for minor injury or discomfort is considered medical treatment and is recordable• Use of a non-prescription medication in a prescription dose/strength constitutes medical treatment and is recordable	<ul style="list-style-type: none">• Recommendation or use of non-prescription medicines in non-prescription strength is considered first aid, whether in ointment, cream, pill, liquid, spray or any other form



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Oxygen

Medical Treatment vs First Aid

Medical Treatment (Recordable)

- Oxygen administered to an employee exposed to a substance who exhibits symptoms of an injury or illness

First Aid (Non-Recordable)

- Oxygen administered purely as a precautionary measure to an employee who does not exhibit any symptoms of an injury or illness



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Loss of Consciousness

Medical Treatment vs First Aid

Medical Treatment (Recordable)	First Aid (Non-Recordable)
<ul style="list-style-type: none">Loss of consciousness which results from a workplace event or exposure (e.g., chemicals, heat, an oxygen deficient environment, a blow to the head)	<ul style="list-style-type: none">Loss of consciousness due solely to epilepsy, diabetes, narcolepsy, or other personal health conditionDue to voluntary participation in a wellness or similar program (e.g., company sponsored blood donation)



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Visit to Health Care Professional

Medical Treatment vs First Aid

Medical Treatment (Recordable)	First Aid (Non-Recordable)
<ul style="list-style-type: none">Any condition that is treated, or that should have been treated, with a treatment not on the first aid list	<ul style="list-style-type: none">Visits solely for observation, testing, or to evaluate diagnostic decisionsVisits solely for counseling



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State OSHA Offices

Alaska (907) 465-2700

South Carolina (803) 896-7825

Maryland (410) 527-4499

Arizona (602) 542-5795

Tennessee (615) 741-2793

Michigan (517) 284-7778

California (510) 286-7000

Utah (801) 530-6800

Minnesota (651) 284-5050

Hawaii (808) 586-9116

Vermont (800) 287-2765

Nevada (702) 486-9020

Indiana (317) 232-2693

Virginia (804) 371-2327

New Mexico (505) 476-8700

Iowa (515) 242-5870

Washington (360) 902-5580

North Carolina (919) 707-7806

Kentucky (502) 564-3070

Wyoming (307) 777-7786

Oregon (360) 902-5580



[Start Over](#)





Form 300, 300A and 301

Understanding how to complete OSHA's Form 300 and where exactly information is to be entered.



Begin

Three Components

Form 300 – Log of Work-Related Injuries and Illnesses

This is a form for employers to record all reportable injuries and illnesses that occur in the workplace, where and when they occur, the nature of the case, the name and job title of the employee injured or made sick, and the number of days away from work or on restricted or light duty, if any.

Form 300A – Summary of Work-Related Injuries and Illnesses

This summary shows the totals for the year in each category. At the end of the year, this summary should be posted in a visible location so that your employees are aware of the injuries and illnesses occurring in their workplace. This must be posted from **Feb. 1** through **April 30** for the recordable injuries from the prior year. Additionally, employers must submit this form electronically by **March 2** if they have:

- 250 or more employees and are currently required to keep OSHA injury and illness records.
- 20-249 employees classified in [specific industries](#) with historically high rates of occupational injuries and illnesses.

Form 301 – Injury and Illness Incident Report

This is used to record information on how each injury or illness case occurred.



Form Explanations

Form 300

Form 300A

Form 301

Click the numbered buttons for details.



OSHA Injury Logs: Entering Injury Data

Select a number for information on how to complete each section.

OSHA's Form 300 (2010/2004)
Summary of Recordable Injuries and Illnesses

Year _____

U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OMB no. 1210-0176

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are correct.

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 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these records.

Number of Cases

Total number of deaths	Total number of cases with days away	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

Total number of... (M)	(1) Injury	0	(4) Poisoning	0
	(2) Skin Disorder	0	(5) Hearing Loss	0
	(3) Respiratory Condition	0	(6) All Other Illnesses	0

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., SIC 3715) _____

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

Employment information

Annual average number of employees _____

Total hours worked by all employees last year _____

Sign here

Knowingly falsifying this document may result in a fine.

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

Company executive

Title

Phone

Date

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

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instruction, 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 aspects of this data collection, contact: US Department of Labor, OSHA Office of



Form Explanations

Form 300

Form 300A

Form 301



OSHA Injury Logs: Entering Injury Data

Select a number for information on how to complete each section.

Click the numbered buttons for details.



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

Year _____



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

Form approved OMB no. 1210-0176

From the OSHA Form 300, add up the totals from column G, H, I, J, K and L then enter that number in the corresponding boxes below:

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 1904.35 in OSHA's Recordkeeping rule for further details on the access provisions for these records.

Number of Cases

Total number of deaths
0
(G)

Total number of cases with days away
0
(H)

Total number of cases with job transfer or restriction
0
(I)

Total number of other recordable cases
0
(J)

Number of Days

Total number of days away from work
0
(K)

Total number of days of job transfer or restriction
0
(L)

Injury and Illness Types

Total number of...
(M)

(1) Injury	0	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	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 58 minutes per response, including time to review the instruction, 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 aspects of this data collection, contact: US Department of Labor, OSHA Office of

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., SIC 3715) _____

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

Employment information

Annual average number of employees _____

Total hours worked by all employees last year _____

Sign here

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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

1

2

3

Form Explanations

Form 300

Form 300A

Form 301

OSHA Injury Logs: Entering Injury Data

Select a number for information on how to complete each section.

Click the numbered buttons for details.



OSHA's Form 300 (01/2004)
Summary of Recordable Injuries and Illnesses

Year _____

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 injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are correct.

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 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these records.

Number of Cases

Total number of deaths	Total number of cases with days away	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

Total number of...	
(M)	
(1) Injury	0
(2) Skin Disorder	0
(3) Respiratory Condition	0
(4) Poisoning	0
(5) Hearing Loss	0
(6) All Other Illnesses	0

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., SIC 3715) _____
 OR North American Industrial Classification (NAICS), if known (e.g., 336212) _____

Employment information

Annual average number of employees _____
 Total hours worked by all employees last year _____

Sign here

Knowingly falsifying this document may result in a fine.

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

Company executive

Title

Phone

Date

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

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time to review the instruction, search and gather the data, review the collection of information, and the collection of information. Send comments about this estimate or any aspect of this collection of information, including suggestions for reducing the burden, to Washington, DC 20503-2941 and to the Office of Management and Budget, Paperwork Project Director (0704-0188).



From section M on the Form 300, enter the totals for each injury/illness type.

Form Explanations

Form 300

Form 300A

Form 301



OSHA Injury Logs: Entering Injury Data

Select a number for information on how to complete each section.

Click the numbered buttons for details.



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

Year _____

U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OMB no. 1218-0176

1

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are correct.

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 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	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types			
Total number of... (M)			
(1) Injury	0	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

2

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 instruction, 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 aspects of this data collection, contact: US Department of Labor, OSHA Office of

Enter company information in the yellow shaded boxes below:

3

Establishment information

Your establishment name _____

Street _____

City _____ State _____

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

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

OR North American Industry Classification System (NAICS), if known (e.g., 336212) _____

Employment information

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.

Form Explanations

Form 300

Form 300A

Form 301

OSHA Injury Logs: Entering Injury Data



OSHA's Form 301 Injuries and Illnesses 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

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

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?** _____
floor, worker f
replacement";

***16) What was the** _____
was affected.

***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 dea

Use this form to capture all information necessary for recording a workplace injury on Form 300.

Completed by _____
Title _____
Phone _____ Date _____

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. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate or any other aspects of this data collection, including suggestions for reducing this burden, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Form Explanations

Form 300

Form 300A

Form 301

