

# OSHA Recordkeeping Update

*DOLI/OSHA Recordkeeping and Electronic Reporting Rule;  
“What is the Current Situation for Submitting to OSHA?”*

Presented by:

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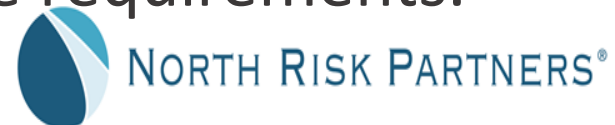
NORTH RISK PARTNERS®

*Developed & Presented by Integrated Loss Control, Inc.*



# Objectives

- Understand What the New Rule OSHA Issued Covers (Why The Rule Was Issued).
- What Will The New Rule Require
- How Will Electronic Submission Work
- How to locate and utilize the OSHA ITA for entering electronic illness and injury records
- The need for continuing to track OSHA recordable injuries and illnesses, and when direct reporting of certain injuries is required
- Future OSHA timelines for submitting illness and injury records for those organizations and businesses that fall under the rule requirements.





# What is OSHA Recordkeeping

- Many employers with more than 10 employees are required to keep a record of serious work related injuries and illnesses.
- There are some exceptions (Federal Level) for low hazard industries (based on NAICS code).
- **MN OSHA did not adopt the exceptions-so all businesses with 10 or more employees must report.**
- The rule has been in place for years, the August , 2016 rule change (electronic reporting, retaliation provisions, etc.) does not change requirements for keeping injury records (last updated in 2002).



# Why Was the Rule Changed?

*Per OSHA The rule will prevent worker injuries, illnesses, and deaths. With the information obtained through this final rule, OSHA, employers, employees, employee representatives, other government agencies, and researchers will be better able to identify and remove workplace hazards and thereby prevent worker injuries and illnesses.*





# Why Was the Rule Changed?

Electronic submission of establishment-specific injury and illness data will enable OSHA to use its enforcement and compliance assistance resources more efficiently. Analysis of the data will improve OSHA's ability to **identify, target, and remove safety and health hazards**, thereby preventing workplace injuries, illnesses, and deaths.





# Why Was the Rule Changed?

Employers can use this information to benchmark their own safety performance.

Keep in mind not every Workers Compensation Claim is recordable and not every recordable injury creates a new Workers Compensation Claim. They can be parallel but they are two different systems.



# Polling Question:

As an organization are you currently tracking OSHA recordable illnesses and injuries?

- A. Yes
- B. No
- C. Not sure
- D. Yes we are also tracking all incidents that are not recordable.



# Who Must Keep Records?

- **All employers** meeting the 10 employee or more rule.
- Same employers who kept records before the rule change.
- The records need to be kept whether there is an death, injury, lost work time or restriction, job transfer, illness or other injury requiring treatment beyond first aid(OSHA has a long definition on first aid).
- Annual summaries must be posted using OSHA format or equivalent.
- If there are no deaths, injuries, illnesses, etc. still need to post the summary and keep the record (for 5 years).
- This recordkeeping requirement is separate from Bureau of Labor Standards (BLS) requests.



# OSHA Form 300

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

## Log of Work-Related Injuries and Illnesses

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

Year 20

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

Form approved OMB no. 1218-0110

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 1904.3 through 1904.12. Feel free to use one illness for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

Identify the person		Describe the case		Classify the case				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:								
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/situation that directly injured or made person ill (e.g., Second degree burn on right forearm from arc-flash event)		Result of Work				Away from work (K)	On job transfer or restriction (L)	(M)					
							Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)			Lost workday (1)	Restricted workday (2)	Transfer to another job (3)	Medical treatment beyond first aid (4)	Job transfer or restriction (5)	Lost workday (6)
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# OSHA Form 300A

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

## Summary of Work-Related Injuries and Illnesses

Year 20\_\_  
**U.S. Department of Labor**  
 Occupational Safety and Health Administration  
Form approved OMB no. 1218-004

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 this access provision for these items.

### 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
(B) _____	(C) _____	(D) _____	(E) _____

### Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
(F) _____	(G) _____

### Injury and Illness Types

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

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

Public reporting burden for this collection of information is estimated to average 56 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 this estimate or any other aspect of this data collection, contact: U.S. Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20510. Do not send the completed forms to this office.

### Establishment Information

Your establishment name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Industry description (e.g., Manufacturer of new truck trailers) \_\_\_\_\_

Standard Industrial Classification (SIC), if known (e.g., 3711) \_\_\_\_\_

OR

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

**Employment Information** (If you don't have this data, write "Not known" on the back of this page or attach.)

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.

\_\_\_\_\_  
 Title \_\_\_\_\_

\_\_\_\_\_  
 Title \_\_\_\_\_



**NORTH RISK PARTNERS®**

## OSHA's Form 301 Injury and Illness Incident Report

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



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

Form approved OMB no. 1218-0176

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

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

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

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

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 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?** 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; be more specific than "hurt," "pain," or "sore." *Examples:* "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."  
17) **What object or substance directly harmed the employee?** *Examples:* "concrete floor"; "chlorine"; "radial arm saw." *If this question does not apply to the incident, leave it blank.*  
18) **If the employee died, when did death occur?** Date of death \_\_\_\_/\_\_\_\_/\_\_\_\_

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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 Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.



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# ILC OSHA 300A Summary

## ILC's OSHA 300 Recordkeeping System 10.0

OSHA 300A - Summary of Work-Related Injuries and Illnesses

For the Year: 2017

ABC Client

xxx street  
town, usa xxxxx

xxx-xxx-xxxx

NAICS Code: see code lookup

Average Number of Employees:

Annual Average Number of Employees:

Total Hours Worked:

Total Hours Worked by All Employees:

Number of Cases				Number of Days		Injury and Illness Type					
Total Number of Deaths	Total Number of Cases w/Days Away From Work	Total Number of Cases w/Job Transfer or Restriction	Total Number of Other Record-able Cases	Total Number of Days Away From Work	Total Number of Days on Restriction or Transfer	Total Number of Injuries	Total Number of Skin Disorders	Total Number of Respiratory Conditions	Total Number of Poisonings	Total Number of Hearing Losses	Total Number of All Other Illnesses
0	1	0	1	1	0	2	0	0	0	0	0

Incidence Rates				
	Total Recordable Case Rate (FATALS INCL.)	Total Recordable Case Rate (FATALS NOT INCL.)	Days Away From Work Case (DAWC) Rate	Days Away From Work and Restricted Case (DART)
Actual	3.4	3.4	1.7	1.7
BLS				
Difference				

Bureau of Labor Statistics (BLS)  
Gather information on this website  
to compare to your data. (left)

**Employee Access Statement:** 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.

**Certification:** 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.

You must post the summary no later than February 1 of the year following the year covered by the records and keep the posting in place until April 30.

Company Executive Signature

Name (Printed) & Title

Phone

Date



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# Who Needs to Report Them Directly to OSHA?

- Severe Injury-Employers must report any worker fatality within 8 hours and any amputation, loss of an eye, or hospitalization of a worker within 24 hours. Must talk to a person, not leave a message.
- State plans (like MN OSHA) have their own reporting phone number. Unless its after hours (then report to Federal OSHA).
- Also certain machine injuries (press brakes, point of operation) need to be reported directly to OSHA within 30 days(using their form).



# Who Needs to Report Them to OSHA Annually- (Electronic Reporting)?

- Establishments with 250 or more employees in industries covered by the regulation (OSHA has published a NAICS listing),
- Establishments with 20-249 employees in certain high risk industries,
- States may add to this listing (e.g. MN OSHA has yet to adopt or state it will change Federal Rule)- for example they did not exclude certain industries during the last change in May 2015. **Note about 12 states have decided not to adopt or enforce the electronic reporting at this time.**



# Who Needs to Report Them to OSHA Annually- (Electronic Reporting)?

Establishments in the following industries with 20 to 249 employees must submit injury and illness summary (Form 300A) data to OSHA electronically

NAICS	Industry
11	Agriculture, forestry, fishing and hunting
22	Utilities
23	Construction
31-33	Manufacturing
42	Wholesale trade
4413	Automotive parts, accessories, and tire stores
4421	Furniture stores
4422	Home furnishings stores
4441	Building material and supplies dealers
4442	Lawn and garden equipment and supplies stores
4451	Grocery stores
4452	Specialty food stores
4521	Department stores
4529	Other general merchandise stores
4533	Used merchandise stores
4542	Vending machine operators
4543	Direct selling establishments
4811	Scheduled air transportation
4841	General freight trucking
4842	Specialized freight trucking
4851	Urban transit systems
4852	Interurban and rural bus transportation
4853	Taxi and limousine service
4854	School and employee bus transportation
4855	Charter bus industry
4859	Other transit and ground passenger transportation
4871	Scenic and sightseeing transportation, land
4881	Support activities for air transportation
4882	Support activities for rail transportation
4883	Support activities for water transportation
4884	Support activities for road transportation
4889	Other support activities for transportation
4911	Postal service
4921	Couriers and express delivery services
4922	Local messengers and local delivery
4931	Warehousing and storage
5152	Cable and other subscription programming
5311	Lessors of real estate

5321	Automotive equipment rental and leasing
5322	Consumer goods rental
5323	General rental centers
5617	Services to buildings and dwellings
5621	Waste collection
5622	Waste treatment and disposal
5629	Remediation and other waste management services
6219	Other ambulatory health care services
6221	General medical and surgical hospitals
6222	Psychiatric and substance abuse hospitals
6223	Specialty (except psychiatric and substance abuse) hospitals
6231	Nursing care facilities
6232	Residential mental retardation, mental health and substance abuse facilities
6233	Community care facilities for the elderly
6239	Other residential care facilities
6242	Community food and housing, and emergency and other relief services
6243	Vocational rehabilitation services
7111	Performing arts companies
7112	Spectator sports
7121	Museums, historical sites, and similar institutions
7131	Amusement parks and arcades
7132	Gambling industries
7211	Traveler accommodation
7212	RV (recreational vehicle) parks and recreational camps
7213	Rooming and boarding houses
7223	Special food services
8113	Commercial and industrial machinery and equipment (except automotive and electronic) repair and maintenance
8123	Dry-cleaning and laundry services

<https://www.census.gov/eos/www/naics/>



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# Who Needs to Report Them to OSHA Annually- (Electronic Reporting)?cont.



UNITED STATES  
DEPARTMENT OF LABOR



Find it in OSHA



[A TO Z INDEX](#)

Occupational Safety and Health Administration

[English](#) | [Spanish](#)

[ABOUT OSHA](#) ▾ [WORKERS](#) ▾ [EMPLOYERS](#) ▾ [REGULATIONS](#) ▾ [ENFORCEMENT](#) ▾ [TOPICS](#) ▾ [NEWS & PUBLICATIONS](#) ▾ [DATA](#) ▾ [TRAINING](#) ▾

[Recordkeeping Training Presentations](#) / Non-Mandatory Appendix A to Subpart B -- Partially Exempt Industries

Starting on January 1, 2015, the following NAICS will be partially exempt from OSHA recordkeeping requirements:

## Non-Mandatory Appendix A to Subpart B -- Partially Exempt Industries

Employers are not required to keep OSHA injury and illness records for any establishment classified in the following [North American Industry Classification System \(NAICS\)](#), unless they are asked in writing to do so by OSHA, the Bureau of Labor Statistics (BLS), or a state agency operating under the authority of OSHA or the BLS. All employers, including those partially exempted by reason of company size or industry classification, must report to OSHA any workplace incident that results in a fatality, in-patient hospitalization, amputation, or loss of an eye (see [§1904.39](#)).

NAICS Code	Industry Description	NAICS Code	Industry Description
4412	Other Motor Vehicle Dealers	5411	Legal Services
4431	Electronics and Appliance Stores	5412	Accounting, Tax Preparation, Bookkeeping, and Payroll Services
4461	Health and Personal Care Stores	5413	Architectural, Engineering, and Related Services
<a href="https://www.dol.gov">https://www.dol.gov</a>	Gasoline Stations	5414	Specialized Design Services




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# What App is OSHA Using for Compliance? How Long Will It Take?

- OSHA Released information on the app August 1st on their website  
<https://www.osha.gov/injuryreporting/index.html>
- **Its been down a number of times since its release-plan early!! A data breach has also been confirmed.**
- When its working correctly, should only take 15-20 minutes to set up an account and complete the summary (from form 300A)-No you can't use your own form or just e-mail them the information
- Organizations not allowed to submit on paper
- It should take 10-12 minutes to enter required information for each injury or illness recorded on your log and injury illness forms (Forms 300 and 301)





# How Will Submitting Information Work

- OSHA Provides a *secure* website  
<https://www.osha.gov/injuryreporting/index.html>
- Three Options for Submission:
  1. Manually Entering into a web-based form
  2. Upload a CSV file to process single or multiple establishments at the same time
  3. Automated systems will have option to submit via an API (Automated Program Interface)
- You can test your file before submitting

# How Will Submitting Information Work



UNITED STATES  
DEPARTMENT OF LABOR



OSHA

[English](#) | [Spanish](#)

MENU

[Final Rule](#) / Injury Tracking Application (ITA) - Electronic Submission of Injury and Illness Records to OSHA

## Injury Tracking Application Electronic Submission of Injury and Illness Records to OSHA



Launch ITA

**Updated** Click on "Launch ITA" to provide OSHA your 2016 OSHA Form 300A information. OSHA also published a [notice of proposed rulemaking](#) to extend the date by which certain employers are required to submit the information from their completed 2016 Form 300A electronically from July 1, 2017 to December 1, 2017.

**Who:** Establishments with 250 or more employees that are currently required to keep OSHA injury and illness records, and establishments with 20-249 employees that are classified in [certain industries](#) with historically high rates of occupational injuries and illnesses. *Note that the following OSHA-approved State Plans have not yet adopted the requirement to submit injury and illness reports electronically:* CA, MD, MN, SC, UT, WA and WY. Establishments in these states are not currently required to submit their summary data through the ITA. Similarly, state and local government establishments in IL, ME, NJ, and NY are not currently required to submit their data through the ITA. Contact information for each of the State Plans can be found at <https://www.osha.gov/dcsp/osp/states.html>.

**What:** Covered establishments with 250 or more employees must electronically submit information from OSHA Forms 300 (Log of Work-Related Injuries and Illnesses), 300A (Summary of Work-Related Injuries and Illnesses), and 301 (Injury and Illness Incident Report). Covered establishments with 20-249 employees must electronically



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# How Will Submitting Information Work

**When:** The requirement becomes effective on January 1, 2017. The new reporting requirements will be phased in over two years. In 2017, all covered establishments must submit information from their completed 2016 Form 300A. In 2018, covered establishments with 250 or more employees must submit information from all completed 2017 forms (300A, 300, and 301) by July 1, 2018, and covered establishments with 20-249 employees must submit information from their completed 2017 Form 300A by July 1, 2018. Beginning in 2019 and every year thereafter, covered establishments must submit the information by March 2.

**How:** OSHA will provide a secure website that offers three options for data submission. First, users will be able to manually enter data into a web form. Second, users will be able to upload a CSV file to process single or multiple establishments at the same time. Last, users of automated recordkeeping systems will have the ability to transmit data electronically via an API (application programming interface). We will provide status updates and related information here as it becomes available.

- [View the CSV instructions](#)
- [Download a CSV file template](#)
- [Download a CSV sample file](#)
- [View the API technical specifications](#)


**ITA Job Aids:** These instructions are available to support users through the submission process.

- [Getting Started in ITA](#)
- [Create an establishment](#)
- [Add 300A summary data](#)
- [Submit establishment data](#)
- [Upload a file](#)
- [View API token](#)
- [View an establishment or edit an establishment](#)
- [Edit 300A summary data](#)
- [Edit an ITA account](#)
- [Reset Password](#)

## Frequently Asked Questions



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# How Will Submitting Information Work

## Sample CSV file:

establishment\_name,company\_name,street\_address,city,state,zip,naics\_code,industry\_description,size,establishment\_type,year\_filing\_for,annual\_average\_employees,total\_hours\_worked,no\_injuries\_illnesses,total\_deaths,total\_dafw\_cases,total\_djtr\_cases,total\_other\_cases,total\_dafw\_days,total\_djtr\_days,total\_injuries,total\_skin\_disorders,total\_respiratory\_conditions,total\_poisonings,total\_hearing\_loss,total\_other\_illnesses,change\_reason

Store 1,ABC Company,123 Main St,Washington,DC,20001,112210,Hog feedlots,2,1,2016,77,152152,1,0,3,1,2,10,5,2,1,2,0,0,1,

Store 2,ABC Company,234 Maple Ave,Washington,DC,200011234,311212,Milling rice,2,1,2016,200,395200,2,0,0,0,0,0,0,0,0,0,0,0,

Store 3,ABC Company,456 41st St,New York,NY,10003,236115,,3,1,2016,300,592800,1,0,4,0,3,7,4,4,1,1,1,0,0,Correction of prior submission





# Compliance Schedule

- Establishments with 250 or more employees in industries covered by the recordkeeping regulation, must submit information from their 2016 form 300A by December 1, 2017. These same employers will be required to submit information from all their forms by July 1, 2018. Beginning in 2018, and every year thereafter (*at least that is the plan*), the information must be submitted by March 2nd.
- State plans had 6 months to adopt requirements that are substantially identical to the requirements in the Federal rule. **MN OSHA has moved towards adopting the rule but has not decided on the app to use. Federal OSHA is pointing towards state programs to resolve app questions-this is a challenge and developing issue..**





# Polling Question:

Have you or representatives from your organization been to the OSHA website and established an account for utilizing the ITA???

- A. Yes-Registered as a user, created an establishment and the ITA worked as expected
- B. Yes-but did not enter data
- C. No-Waiting to see if the rule changes
- D. Don't Know



# Recordkeeping Summary

- If you had to keep records previously, you still have to unless your number of employees is now less than 10
- Continue to Post Summaries in February of Each Year
- **Still Need to Report to OSHA Directly: fatality, hospitalization of an employee, amputation, loss of eye**
- Watch for Updates on Direct Reporting to OSHA
- Post Accident-Drug and Alcohol Testing is allowed in certain circumstances, but can be considered retaliation if program is not established and implemented properly.



# Summary-References

- Federal OSHA weblink:

<https://www.osha.gov/recordkeeping/finalrule/index.html>

- State Plan Information:

<https://www.osha.gov/dcsp/osp/statestandards.html>


- MN OSHA Record Keeping:

<http://www.dli.mn.gov/OSHA/Recordkeeping.asp>



# OSHA Document-References


## OSHA Create an Establishment

An end user may modify their account profile and/or change their password. **Note:** For additional information relevant to the previous text, place the cursor over the information icon . Complete the following steps to edit an ITA account:

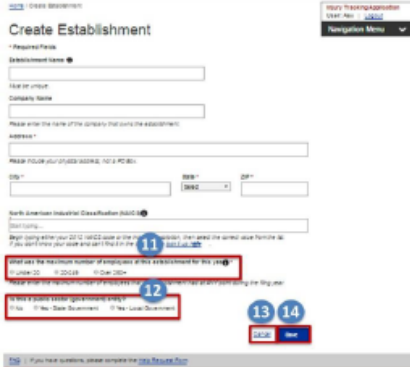
1. Click the *Create Establishment* button on the *Injury Tracking Application Home* screen in the *Manual Data Entry* section.
2. Select the *Create an Establishment* option from the dropdown *Navigation Menu* on any ITA screen.
3. Type the establishment's name in the *Establishment Name* field. **Note:** The name must be unique.
4. Type the name of the company that owns the establishment in the *Company Name* field.
5. Type the establishment's physical address (i.e., not a post office (PO) box) in the *Address* field.
6. Type the establishment's city in the *City* field.
7. From the *State* dropdown menu, select the appropriate state for the establishment.
8. Type the establishment's zip code in the *Zip* field.
9. Enter the North American Industrial Classification (NAIC) code in the *North American Industrial Classification (NAIC)* field. **Note:** If the NAIC code is unknown, the end user may begin typing the code or industry description, and then select the correct code from the list.
10. When the NAIC code cannot be located, click the *look it up here* hyperlink to access the United States Census Bureau's North American Industry Classification System.

### Create Establishment

# OSHA Document-References

**OSHA** Create an Establishment 

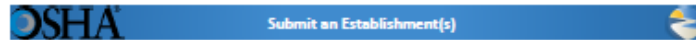
11. Click the radio button that corresponds to the establishment's maximum number of employees for any point during the year.
12. Select the appropriate radio button to indicate whether the establishment is a public sector (government) entity.
13. If it is necessary to cancel the creation action, click the *Cancel* hyperlink.
14. To attach the establishment to the account, click the *Save* button.




The screenshot shows the 'Create Establishment' form with the following fields and callouts:

- 11:** Points to the 'Maximum number of employees' field.
- 12:** Points to the 'Public Sector (Government) Entity' radio button.
- 13:** Points to the 'Cancel' button.
- 14:** Points to the 'Save' button.

# OSHA Document-References



An ITA user has completed 300A data entry for an establishment and wishes to submit it to OSHA from the *Establishment List* or *View Establishment* screen. **Note:** For additional information relevant to a particular page or form element, place the cursor over the information icon .

Complete the following steps to submit an establishment(s) from the *Establishment List* page:

1. Click the *View Establishment List* button on the *Injury Tracking Application Home* screen in the *Manual Data Entry* section

or

Select the *View Establishment List* option from the dropdown *Navigation Menu* on any ITA screen to display the *View Establishment List* screen.

2. Select the establishment(s) to submit. **Note:** Only establishments in the *Not Submitted* status can be submitted

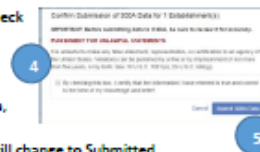
3. Click the *Submit 300A Data for Selected* button. **Note:** The establishment's progress must be *Not Submitted* in order to be submitted to OSHA.

4. In the *Confirm Submission of 300A Data* notification, check the checkbox to indicate the data is accurate.

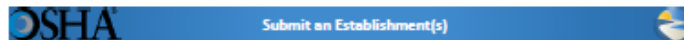
5. Click the *Submit 300A Data* button.

6. Following a submission of an Establishments' 300A data, the user will receive a confirmation message both on-screen and via email. The status of the establishment will change to *Submitted*.

**Note:** You should receive this email confirmation shortly after submission. If you do not receive it after several minutes, check the *Junk/Spam* folder for the account which was registered with ITA. If no email is received, verify the establishment's status was changed to *Submitted* (with a link to view the submission). If not, try submitting the establishment again.



# OSHA Document-References



Complete the following steps to submit an establishment's data from the View Establishment page:

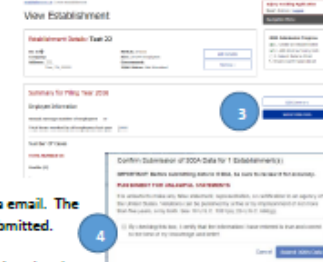
1. Click the View Establishment List button on the Injury Tracking Application Home screen in the Manual Data Entry section  
or  
Select the View Establishment List option from the dropdown Navigation Menu on any ITA screen.



2. From the establishment list page, which lists each establishment connected to a user's account, click the establishment's name to access that establishment's View Establishment page.



3. From the View Establishment page, click the Submit 300A Data button.  
Note: The establishment's progress must be Not Submitted in order to be submitted to OSHA.




4. In the Confirm Submission of 300A Data notification displays, check the checkbox to indicate the data is accurate.
5. Click the Submit 300A Data button.
6. Following a submission of an Establishments' 300A data, the user will receive a confirmation message both on-screen and via email. The status of the establishment will change to Submitted.

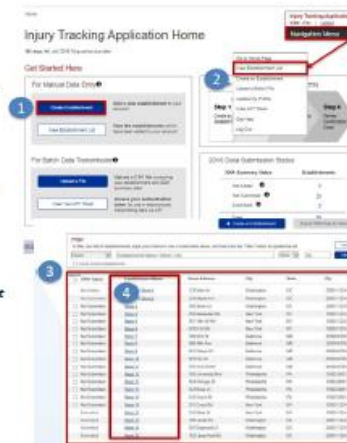
Note: You should receive this email confirmation shortly after submission. If you do not receive it after several minutes, check the Junk/Spam folder for the account which was registered with ITA. If no email is received, verify the establishment's status was changed to Submitted (with a link to view the submission). If not, try submitting the establishment again.

# OSHA Document-References

## OSHA View Establishment List and/or Edit an Establishment

An end user may view a list of establishments, and/or edit an establishment from the *View Establishment List* screen. Note: For additional information relevant to the previous text, place the cursor over the information icon . Complete the following steps to view/edit establishments:

1. Click the *View Establishment List* button on the *Injury Tracking Application Home* screen in the *Manual Data Entry* section or...
2. Select the *View Establishment List* option from the dropdown *Navigation Menu* on any *ITA* screen to display the *View Establishment List* screen.
3. The *Establishment List* screen lists each establishment connected to the end user's account.
4. To edit an establishment, click its name in the *Establishment Name* field. Note: The *Edit Establishment* screen will display.
5. Modify the appropriate fields on the *Edit Establishment* screen.
6. Click the *Save* button.




The screenshot shows the 'Injury Tracking Application Home' interface. Callout 1 points to the 'View Establishment List' button in the 'Manual Data Entry' section. Callout 2 points to the 'View Establishment List' option in the 'Navigation Menu' dropdown. Callout 3 points to the 'Establishment List' table. Callout 4 points to an establishment name in the table.

Establishment Name	Address	City	State	Zip
ABC Corp	123 Main St	Anytown	CA	90001
DEF Inc	456 Elm St	Anytown	CA	90002
GHI LLC	789 Oak St	Anytown	CA	90003
JKL Corp	101 Pine St	Anytown	CA	90004
MNO Inc	202 Birch St	Anytown	CA	90005
PQR LLC	303 Cedar St	Anytown	CA	90006
STU Corp	404 Maple St	Anytown	CA	90007
VWX Inc	505 Spruce St	Anytown	CA	90008
YZA LLC	606 Willow St	Anytown	CA	90009
BCD Corp	707 Poplar St	Anytown	CA	90010
EFG Inc	808 Hickory St	Anytown	CA	90011
HIJ LLC	909 Sycamore St	Anytown	CA	90012
KLM Corp	1010 Walnut St	Anytown	CA	90013
NOP Inc	1111 Chestnut St	Anytown	CA	90014
QRS LLC	1212 Olive St	Anytown	CA	90015
TUV Corp	1313 Elm St	Anytown	CA	90016
WXY Inc	1414 Maple St	Anytown	CA	90017
ZAB LLC	1515 Pine St	Anytown	CA	90018
CCD Corp	1616 Birch St	Anytown	CA	90019
EEF Inc	1717 Cedar St	Anytown	CA	90020
GHI LLC	1818 Spruce St	Anytown	CA	90021
JKL Corp	1919 Willow St	Anytown	CA	90022
MNO Inc	2020 Poplar St	Anytown	CA	90023
PQR LLC	2121 Hickory St	Anytown	CA	90024
STU Corp	2222 Sycamore St	Anytown	CA	90025
VWX Inc	2323 Walnut St	Anytown	CA	90026
YZA LLC	2424 Chestnut St	Anytown	CA	90027
BCD Corp	2525 Olive St	Anytown	CA	90028
EFG Inc	2626 Elm St	Anytown	CA	90029
HIJ LLC	2727 Maple St	Anytown	CA	90030
KLM Corp	2828 Pine St	Anytown	CA	90031
NOP Inc	2929 Birch St	Anytown	CA	90032
QRS LLC	3030 Cedar St	Anytown	CA	90033
TUV Corp	3131 Spruce St	Anytown	CA	90034
WXY Inc	3232 Willow St	Anytown	CA	90035
ZAB LLC	3333 Poplar St	Anytown	CA	90036
CCD Corp	3434 Hickory St	Anytown	CA	90037
EEF Inc	3535 Sycamore St	Anytown	CA	90038
GHI LLC	3636 Walnut St	Anytown	CA	90039
JKL Corp	3737 Chestnut St	Anytown	CA	90040
MNO Inc	3838 Olive St	Anytown	CA	90041
PQR LLC	3939 Elm St	Anytown	CA	90042
STU Corp	4040 Maple St	Anytown	CA	90043
VWX Inc	4141 Pine St	Anytown	CA	90044
YZA LLC	4242 Birch St	Anytown	CA	90045
BCD Corp	4343 Cedar St	Anytown	CA	90046
EFG Inc	4444 Spruce St	Anytown	CA	90047
HIJ LLC	4545 Willow St	Anytown	CA	90048
KLM Corp	4646 Poplar St	Anytown	CA	90049
NOP Inc	4747 Hickory St	Anytown	CA	90050
QRS LLC	4848 Sycamore St	Anytown	CA	90051
TUV Corp	4949 Walnut St	Anytown	CA	90052
WXY Inc	5050 Chestnut St	Anytown	CA	90053
ZAB LLC	5151 Olive St	Anytown	CA	90054
CCD Corp	5252 Elm St	Anytown	CA	90055
EEF Inc	5353 Maple St	Anytown	CA	90056
GHI LLC	5454 Pine St	Anytown	CA	90057
JKL Corp	5555 Birch St	Anytown	CA	90058
MNO Inc	5656 Cedar St	Anytown	CA	90059
PQR LLC	5757 Spruce St	Anytown	CA	90060
STU Corp	5858 Willow St	Anytown	CA	90061
VWX Inc	5959 Poplar St	Anytown	CA	90062
YZA LLC	6060 Hickory St	Anytown	CA	90063
BCD Corp	6161 Sycamore St	Anytown	CA	90064
EFG Inc	6262 Walnut St	Anytown	CA	90065
HIJ LLC	6363 Chestnut St	Anytown	CA	90066
KLM Corp	6464 Olive St	Anytown	CA	90067
NOP Inc	6565 Elm St	Anytown	CA	90068
QRS LLC	6666 Maple St	Anytown	CA	90069
TUV Corp	6767 Pine St	Anytown	CA	90070
WXY Inc	6868 Birch St	Anytown	CA	90071
ZAB LLC	6969 Cedar St	Anytown	CA	90072
CCD Corp	7070 Spruce St	Anytown	CA	90073
EEF Inc	7171 Willow St	Anytown	CA	90074
GHI LLC	7272 Poplar St	Anytown	CA	90075
JKL Corp	7373 Hickory St	Anytown	CA	90076
MNO Inc	7474 Sycamore St	Anytown	CA	90077
PQR LLC	7575 Walnut St	Anytown	CA	90078
STU Corp	7676 Chestnut St	Anytown	CA	90079
VWX Inc	7777 Olive St	Anytown	CA	90080
YZA LLC	7878 Elm St	Anytown	CA	90081
BCD Corp	7979 Maple St	Anytown	CA	90082
EFG Inc	8080 Pine St	Anytown	CA	90083
HIJ LLC	8181 Birch St	Anytown	CA	90084
KLM Corp	8282 Cedar St	Anytown	CA	90085
NOP Inc	8383 Spruce St	Anytown	CA	90086
QRS LLC	8484 Willow St	Anytown	CA	90087
TUV Corp	8585 Poplar St	Anytown	CA	90088
WXY Inc	8686 Hickory St	Anytown	CA	90089
ZAB LLC	8787 Sycamore St	Anytown	CA	90090
CCD Corp	8888 Walnut St	Anytown	CA	90091
EEF Inc	8989 Chestnut St	Anytown	CA	90092
GHI LLC	9090 Olive St	Anytown	CA	90093
JKL Corp	9191 Elm St	Anytown	CA	90094
MNO Inc	9292 Maple St	Anytown	CA	90095
PQR LLC	9393 Pine St	Anytown	CA	90096
STU Corp	9494 Birch St	Anytown	CA	90097
VWX Inc	9595 Cedar St	Anytown	CA	90098
YZA LLC	9696 Spruce St	Anytown	CA	90099
BCD Corp	9797 Willow St	Anytown	CA	90100
EFG Inc	9898 Poplar St	Anytown	CA	90101
HIJ LLC	9999 Hickory St	Anytown	CA	90102
KLM Corp	0000 Sycamore St	Anytown	CA	90103
NOP Inc	0101 Walnut St	Anytown	CA	90104
QRS LLC	0202 Chestnut St	Anytown	CA	90105
TUV Corp	0303 Olive St	Anytown	CA	90106
WXY Inc	0404 Elm St	Anytown	CA	90107
ZAB LLC	0505 Maple St	Anytown	CA	90108
CCD Corp	0606 Pine St	Anytown	CA	90109
EEF Inc	0707 Birch St	Anytown	CA	90110
GHI LLC	0808 Cedar St	Anytown	CA	90111
JKL Corp	0909 Spruce St	Anytown	CA	90112
MNO Inc	1010 Willow St	Anytown	CA	90113
PQR LLC	1111 Poplar St	Anytown	CA	90114
STU Corp	1212 Hickory St	Anytown	CA	90115
VWX Inc	1313 Sycamore St	Anytown	CA	90116
YZA LLC	1414 Walnut St	Anytown	CA	90117
BCD Corp	1515 Chestnut St	Anytown	CA	90118
EFG Inc	1616 Olive St	Anytown	CA	90119
HIJ LLC	1717 Elm St	Anytown	CA	90120
KLM Corp	1818 Maple St	Anytown	CA	90121
NOP Inc	1919 Pine St	Anytown	CA	90122
QRS LLC	2020 Birch St	Anytown	CA	90123
TUV Corp	2121 Cedar St	Anytown	CA	90124
WXY Inc	2222 Spruce St	Anytown	CA	90125
ZAB LLC	2323 Willow St	Anytown	CA	90126
CCD Corp	2424 Poplar St	Anytown	CA	90127
EEF Inc	2525 Hickory St	Anytown	CA	90128
GHI LLC	2626 Sycamore St	Anytown	CA	90129
JKL Corp	2727 Walnut St	Anytown	CA	90130
MNO Inc	2828 Chestnut St	Anytown	CA	90131
PQR LLC	2929 Olive St	Anytown	CA	90132
STU Corp	3030 Elm St	Anytown	CA	90133
VWX Inc	3131 Maple St	Anytown	CA	90134
YZA LLC	3232 Pine St	Anytown	CA	90135
BCD Corp	3333 Birch St	Anytown	CA	90136
EFG Inc	3434 Cedar St	Anytown	CA	90137
HIJ LLC	3535 Spruce St	Anytown	CA	90138
KLM Corp	3636 Willow St	Anytown	CA	90139
NOP Inc	3737 Poplar St	Anytown	CA	90140
QRS LLC	3838 Hickory St	Anytown	CA	90141
TUV Corp	3939 Sycamore St	Anytown	CA	90142
WXY Inc	4040 Walnut St	Anytown	CA	90143
ZAB LLC	4141 Chestnut St	Anytown	CA	90144
CCD Corp	4242 Olive St	Anytown	CA	90145
EEF Inc	4343 Elm St	Anytown	CA	90146
GHI LLC	4444 Maple St	Anytown	CA	90147
JKL Corp	4545 Pine St	Anytown	CA	90148
MNO Inc	4646 Birch St	Anytown	CA	90149
PQR LLC	4747 Cedar St	Anytown	CA	90150
STU Corp	4848 Spruce St	Anytown	CA	90151
VWX Inc	4949 Willow St	Anytown	CA	90152
YZA LLC	5050 Poplar St	Anytown	CA	90153
BCD Corp	5151 Hickory St	Anytown	CA	90154
EFG Inc	5252 Sycamore St	Anytown	CA	90155
HIJ LLC	5353 Walnut St	Anytown	CA	90156
KLM Corp	5454 Chestnut St	Anytown	CA	90157
NOP Inc	5555 Olive St	Anytown	CA	90158
QRS LLC	5656 Elm St	Anytown	CA	90159
TUV Corp	5757 Maple St	Anytown	CA	90160
WXY Inc	5858 Pine St	Anytown	CA	90161
ZAB LLC	5959 Birch St	Anytown	CA	90162
CCD Corp	6060 Cedar St	Anytown	CA	90163
EEF Inc	6161 Spruce St	Anytown	CA	90164
GHI LLC	6262 Willow St	Anytown	CA	90165
JKL Corp	6363 Poplar St	Anytown	CA	90166
MNO Inc	6464 Hickory St	Anytown	CA	90167
PQR LLC	6565 Sycamore St	Anytown	CA	90168
STU Corp	6666 Walnut St	Anytown	CA	90169
VWX Inc	6767 Chestnut St	Anytown	CA	90170
YZA LLC	6868 Olive St	Anytown	CA	90171
BCD Corp	6969 Elm St	Anytown	CA	90172
EFG Inc	7070 Maple St	Anytown	CA	90173
HIJ LLC	7171 Pine St	Anytown	CA	90174
KLM Corp	7272 Birch St	Anytown	CA	90175
NOP Inc	7373 Cedar St	Anytown	CA	90176
QRS LLC	7474 Spruce St	Anytown	CA	90177
TUV Corp	7575 Willow St	Anytown	CA	90178
WXY Inc	7676 Poplar St	Anytown	CA	90179
ZAB LLC	7777 Hickory St	Anytown	CA	90180
CCD Corp	7878 Sycamore St	Anytown	CA	90181
EEF Inc	7979 Walnut St	Anytown	CA	90182
GHI LLC	8080 Chestnut St	Anytown	CA	90183
JKL Corp	8181 Olive St	Anytown	CA	90184
MNO Inc	8282 Elm St	Anytown	CA	90185
PQR LLC	8383 Maple St	Anytown	CA	90186
STU Corp	8484 Pine St	Anytown	CA	90187
VWX Inc	8585 Birch St	Anytown	CA	90188
YZA LLC	8686 Cedar St	Anytown	CA	90189
BCD Corp	8787 Spruce St	Anytown	CA	90190
EFG Inc	8888 Willow St	Anytown	CA	90191
HIJ LLC	8989 Poplar St	Anytown	CA	90192
KLM Corp	9090 Hickory St	Anytown	CA	90193
NOP Inc	9191 Sycamore St	Anytown	CA	90194
QRS LLC	9292 Walnut St	Anytown	CA	90195
TUV Corp	9393 Chestnut St	Anytown	CA	90196
WXY Inc	9494 Olive St	Anytown	CA	90197
ZAB LLC	9595 Elm St	Anytown	CA	90198
CCD Corp	9696 Maple St	Anytown	CA	90199
EEF Inc	9797 Pine St	Anytown	CA	90200
GHI LLC	9898 Birch St	Anytown	CA	90201
JKL Corp	9999 Cedar St	Anytown	CA	90202
MNO Inc	0000 Spruce St	Anytown	CA	90203
PQR LLC	0101 Willow St	Anytown	CA	90204
STU Corp	0202 Poplar St	Anytown	CA	90205
VWX Inc	0303 Hickory St	Anytown	CA	90206
YZA LLC	0404 Sycamore St	Anytown	CA	90207
BCD Corp	0505 Walnut St	Anytown	CA	90208
EFG Inc	0606 Chestnut St	Anytown	CA	90209
HIJ LLC	0707 Olive St	Anytown	CA	90210
KLM Corp	0808 Elm St	Anytown	CA	90211
NOP Inc	0909 Maple St	Anytown	CA	90212
QRS LLC	1010 Pine St	Anytown	CA	90213
TUV Corp	1111 Birch St	Anytown	CA	90214
WXY Inc	1212 Cedar St	Anytown	CA	90215
ZAB LLC	1313 Spruce St	Anytown	CA	90216
CCD Corp	1414 Willow St	Anytown	CA	90217
EEF Inc	1515 Poplar St	Anytown	CA	90218
GHI LLC	1616 Hickory St	Anytown	CA	90219
JKL Corp	1717 Sycamore St	Anytown	CA	90220
MNO Inc	1818 Walnut St	Anytown	CA	90221
PQR LLC	1919 Chestnut St	Anytown	CA	90222
STU Corp	2020 Olive St	Anytown	CA	90223
VWX Inc	2121 Elm St	Anytown	CA	90224
YZA LLC	2222 Maple St	Anytown	CA	90225
BCD Corp	2323 Pine St	Anytown	CA	90226
EFG Inc	2424 Birch St	Anytown	CA	90227
HIJ LLC	2525 Cedar St	Anytown	CA	90228
KLM Corp	2626 Spruce St	Anytown	CA	90229
NOP Inc	2727 Willow St	Anytown	CA	90230
QRS LLC	2828 Poplar St	Anytown	CA	90231
TUV Corp	2929 Hickory St	Anytown	CA	90232
WXY Inc	3030 Sycamore St	Anytown	CA	90233
ZAB LLC	3131 Walnut St	Anytown	CA	90234
CCD Corp	3232 Chestnut St	Anytown	CA	90235
EEF Inc	3333 Olive St	Anytown	CA	90236
GHI LLC	3434 Elm St	Anytown	CA	90237
JKL Corp	3535 Maple St	Anytown	CA	90238
MNO Inc	3636 Pine St	Anytown	CA	90239
PQR LLC	3737 Birch St	Anytown	CA	90240
STU Corp	3838 Cedar St	Anytown	CA	90241
VWX Inc	3939 Spruce St	Anytown	CA	90242
YZA LLC	4040 Willow St	Anytown	CA	90243
BCD Corp	4141 Poplar St	Anytown	CA	90244
EFG Inc	4242 Hickory St	Anytown	CA	90245
HIJ LLC	4343 Sycamore St	Anytown	CA	90246
KLM Corp	4444 Walnut St	Anytown	CA	90247
NOP Inc	4545 Chestnut St	Anytown	CA	90248
QRS LLC	4646 Olive St	Anytown	CA	90249
TUV Corp	4747 Elm St	Anytown	CA	90250
WXY Inc	4848 Maple St	Anytown	CA	90251
ZAB LLC	4949 Pine St	Anytown	CA	90252
CCD Corp	5050 Birch St	Anytown	CA	90253
EEF Inc	5151 Cedar St	Anytown	CA	90254
GHI LLC	5252 Spruce St	Anytown	CA	90255
JKL Corp	5353 Willow St	Anytown	CA	90256



# Summary

*It is not yet clear whether the breach will affect the Dec. 1 deadline. Organizations may decide to avoid reporting their data electronically until closer to the deadline assuming OSHA is confident in its security. All affected establishments should monitor these developments, and continue to record and report workplace injuries as required by current OSHA requirements.*



# Personal Identifiable Information(PII) Protection

***Per OSHA website: OSHA has effective safeguards in place to prevent the disclosure of personal or confidential information contained in the recordkeeping forms and submitted to OSHA. OSHA will not collect employee name, employee address, name of physician or other health care professional, or healthcare facility name and address if treatment was given away from the worksite. All of the case specific narrative information in employer reports will be scrubbed for PII using software that will search for, and de-identify, personally identifiable information before the data are posted.***



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# Questions?



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# Thank You For Attending!



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