

# Acknowledgement

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The information within this presentation is not intended to be comprehensive and additional information may be necessary to meet your specific needs.





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# **Measuring Safety Program Effectiveness with OSHA Recordkeeping and Industry Incident Rates**

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# Objectives

- OSHA Recordkeeping Requirements
- Completing, Updating and Posting OSHA 300 Log
- General Recordkeeping Criteria
- Rate Calculations
- Injury Tracking Application



# Purpose (of the Rule)

- To require employers to record and report work-related fatalities, injuries and illnesses
  - Note: Recording or reporting a work-related injury, illness, or fatality does not mean the employer or employee was at fault, an OSHA rule has been violated, or that the employee is eligible for workers' compensation or other benefits.
- OSHA injury and illness recordkeeping and Workers' Compensation are independent of each other



# Subpart B - Scope

- 1904.1 – Small employer partial exemptions
- 1904.2 – Industry partial exemptions (see Appendix A to Subpart B for complete list)



# Partial Exemption

Employers that are **partially** exempt from the recordkeeping requirements because of their size or industry must continue to comply with:

- 1904.39, Reporting fatalities and multiple hospitalization incidents
- 1904.41, Annual OSHA injury and illness survey (if specifically requested to do so by OSHA)
- 1904.42, BLS Annual Survey (if specifically requested to do so by BLS)



# 1904.1 – Size Exemption

- If your organization had **10 or fewer employees** at all times during the last calendar year, you do not need to keep the injury and illness records unless surveyed by OSHA or BLS.
  - The size exemption is based on the number of employees in the entire organization.
  - Including temporary employees who you supervised on a day to day basis in the count.



# 1904.2 - Industry Exemption

- In Minnesota all industries in agriculture, construction, manufacturing, transportation, utilities and wholesale trade sectors are covered.
- In Federal OSHA states some industries in the retail and service sectors are partially exempt.
  - Appendix A to Subpart B lists partially exempt industries.



# Recording Criteria

## Subpart C - Recordkeeping Forms and Recording Criteria

- 1904.4 Recording criteria
- 1904.5 Work-relatedness
- 1904.6 New case
- 1904.7 General recording criteria
- 1904.8 Needlesticks and sharps
- 1904.10 Hearing loss
- 1904.29 Forms



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# 1904.4 – Recording Criteria

- Covered employers must record each fatality, injury or illness that:
  - is work-related, and
  - is a new case, and
  - meets one or more of the criteria contained in sections 1904.7 through 1904.11.



# 5 Step Process

1. Did the employee experience an injury or illness?
2. Is the injury or illness work-related?
3. Is the injury or illness a new case?
4. Does the injury or illness meet the general criteria or the application to specific cases?

*If ALL Responses are YES then...*

- 5. Record the injury.**



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# Did the employee experience an injury or illness?

## Definition [1904.46]

An injury or illness is **an abnormal condition or disorder**. Injuries include cases such as, but not limited to, a cut, fracture, sprain, or amputation. Illnesses include both acute and chronic illnesses, such as, but not limited to, a skin disease, respiratory disorder, or poisoning. And Viral infection.



# Is the injury or illness work-related?

## Determination of Work-Relatedness [1904.5]

**Work-relatedness** is presumed for injuries and illnesses resulting from events or exposures occurring in the **work environment** unless an exception specifically applies.

A case is presumed work-related if, and only if, an event or exposure in the work environment is a discernible cause of the injury or illness or of a significant aggravation to a pre-existing condition.



# Is the Injury/Illness a New Case?

## Determination of a New Case

Consider an injury or illness a “new case” if the employee has not previously experienced a recorded injury or illness of the same type that affects the same part of the body,

**OR**

the employee previously experienced a recorded injury or illness of the same type that affected the same part of body but had recovered completely from the previous injury or illness



# Does the Injury/Illness Meet Criteria?

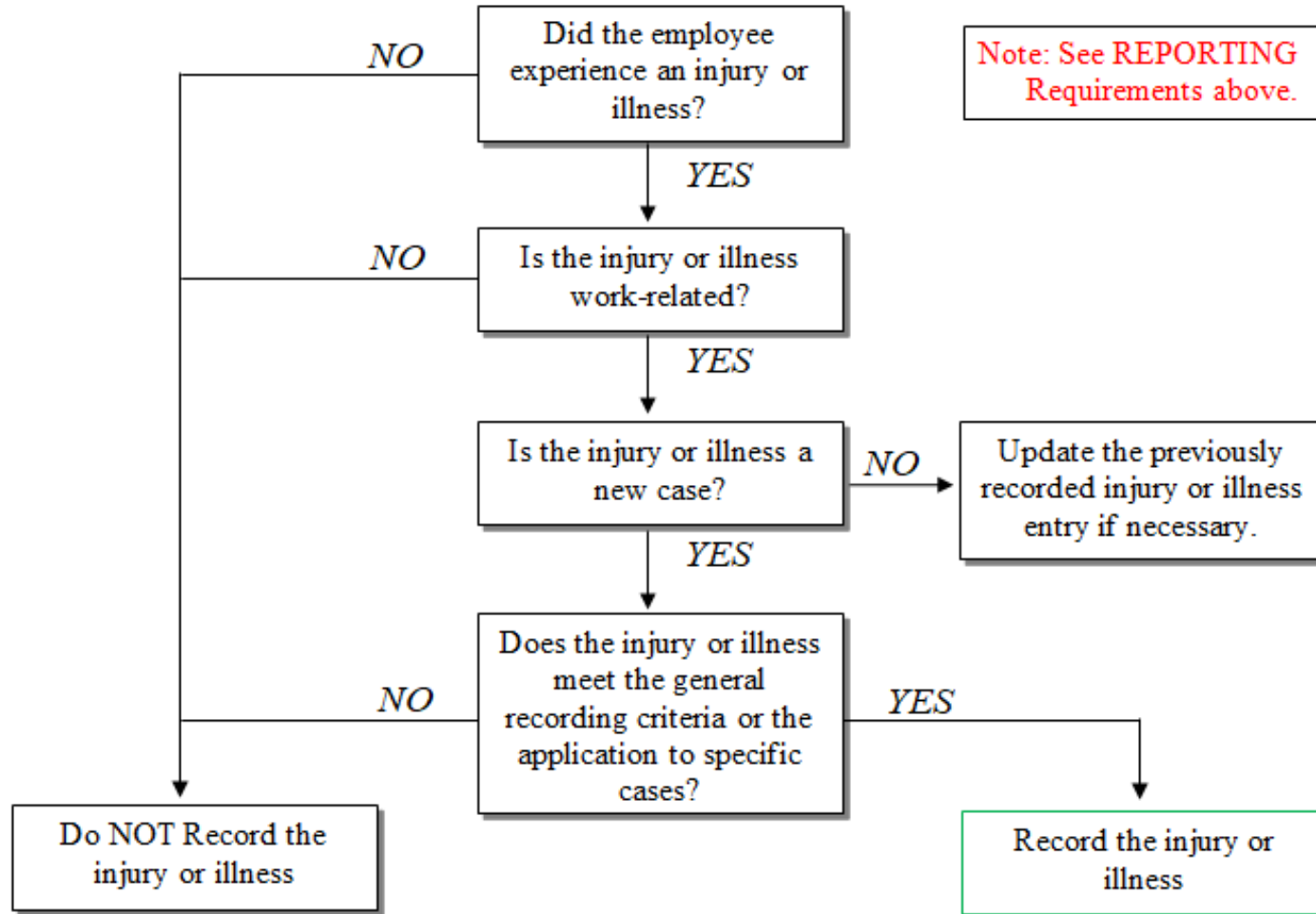
## General Recording Criteria 1904.7

An injury or illness is recordable if it results in one or more of the following:

- Death
- Days away from work
- Restricted work activity
- Transfer to another job
- Medical treatment beyond first aid
- Loss of consciousness
- Significant injury or illness diagnosed by a PLHCP



# Decision Tree



# Record the Injury or Illness

- If the criteria is met you **must record** it on the OSHA 300 Log.
- If the injury or illness did not involve death, one or more days away from work, one or more days of restricted work, or one or more days of job transfer, you enter a check mark in the box for Other Recordable Cases\*

(\*Cases where the employee received medical treatment but remained at work and was not transferred or restricted.)



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# 1904.7(b)(3) - Days Away From Work Cases (DAWC)

- Record if the case involves one or more days away from work.
- Check the box for days away cases and count the number of days.
- Do not include the day of injury/illness.

<b>Classify the case</b> <i>CHECK ONLY ONE box for each case based on the most serious outcome for that case:</i>				<b>Enter the number of days the injured or ill worker was:</b>		<b>Check the "Injury" column or choose one type of illness:</b>					
Death (G)	Days away from work (H)	Remained at Work		Away from work (K)	On job transfer or restriction (L)	(M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
		Job transfer or restriction (I)	Other recordable cases (J)								
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# 1904.7(b)(3) - Days Away From Work Cases (DAWC)

- Day counts (days away or days restricted)
- Count the number of calendar days the employee was unable to work (include weekend days, holidays, vacation days, etc.)
- Cap day count at 180 days away and/or days restricted. *(ILC's OSHA 300 does this for you automatically)*
- May stop day count if employee leaves organization for a reason unrelated to the injury or illness.
- If a medical opinion exists, employer must follow that opinion.



# 1904.7(b)(4) - Restricted Work Cases

- Record if the case involves one or more days of restricted work or job transfer
- Check the box for restricted/transfer cases and count the number of days
- Do not include the day of injury/illness
- Restricted work activity exists if the employee is:
  - Unable to work the full workday he or she would otherwise have been scheduled to work; or
  - Unable to perform one or more routine job functions
- An employee's routine job functions are those activities the employee regularly performs at least once per week



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# 1904.7(b)(4) – Job Transfer

## **Job Transfer:**

- An injured or ill employee is assigned to a job other than his or her regular job for part of the day.
- A case is recordable if the injured or ill employee performs his or her routine job duties for part of a day and is assigned to another job for the rest of the day.



# 1904.7(b)(5) – Medical Treatment Beyond First Aid

- Medical treatment is the management and care of a patient to combat disease or disorder.
- It does NOT include:
  - Visits to a PLHCP solely for observation or counseling
  - Diagnostic procedures
  - First aid



# 1904.7(b)(5) – First Aid

- Using nonprescription medication at nonprescription strength
- Tetanus immunizations
- Cleaning, flushing, or soaking surface wounds
- Wound coverings, butterfly bandages, Steri-Strips
- Hot or cold therapy
- Non-rigid means of support
- Temporary immobilization device used to transport accident victims



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# 1904.7(b)(5) – First Aid (cont'd)

- Drilling of fingernail or toenail, draining fluid from blister
- Eye patches
- Removing foreign bodies from eye using irrigation or cotton swab
- Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means
- Finger guards
- Massages
- Drinking fluids for relief of heat stress



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# 1904.7(b)(7) – Significant Diagnosed Injury or Illness

The following work-related conditions must always be recorded at the time of diagnosis by a PLHCP:

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



# 1904.8 – Bloodborne Pathogens

- Record as an injury all work-related needle sticks and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material (includes human bodily fluids, tissues and organs; other materials infected with HIV or HBV such as laboratory cultures).
- Record splashes or other exposures to blood or other potentially infectious material if it results in diagnosis of a bloodborne disease or meets the general recording c



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# 1904.10 – Hearing Loss

Must record all work-related hearing loss cases where:

- Employee has experienced a Standard Threshold Shift (STS)<sup>1</sup>, and
- Employee's hearing level is 25 decibels (dB) or more above audiometric zero [averaged at 2000, 3000, and 4000 hertz (Hz)] in the same ears as the STS.



<sup>1</sup> An STS is defined in OSHA's noise standard at 29 CFR 1910.95(g)(10)(i) as a change in hearing threshold, relative to the baseline audiogram, of an average of 10 dB or more at 2000, 3000, and 4000 Hz in one or both ears.



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# 1904.10 – Hearing Loss (cont'd)

- Must compute the STS in accordance with OSHA's noise standard, 1910.95.
- Compare employee's current audiogram to the original baseline audiogram or the revised baseline audiogram allowed by 1910.95(g)(9).
- May adjust for aging to determine whether an STS has occurred using tables in Appendix F of 1910.95.
- May not adjust for aging to determine whether or not hearing level is 25 dB or more above audiometric zero.



# 1904.29 - Forms

- OSHA Form 300 - *Log of Work-Related Injuries and Illnesses*
- OSHA Form 300A - *Summary of Work-Related Injuries and Illnesses*
- OSHA Form 301 - *Injury and Illness Incident Report*



# 1904.29 - Forms

Employers must enter each recordable case on the forms within **7 calendar days** of receiving information that a recordable case occurred.



# 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.

Form approved OMB no. 1218-0170

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

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

Identify the person		Describe the case				Classify the case				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:							
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Away from work (K)		On job transfer or restriction (L)		(M)					
						Remained at Work													
						Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)					Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
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Employee Identification					Case Description								Case Classification				Day Count		Type of Injury/Illness							
Case Number	Privacy Case?	Case Continuation?	Strike Through Case?	Employee Name*	Job Title	Date of Injury or Illness Onset MM/DD/YY	First Day Away*	Date Returned*	Date Restriction or Transfer Began*	Date Restriction or Transfer Ended*	Where Event Occurred	Description of Injury or Illness	Part of Body Affected	Object or Substance that Caused the Injury or Illness	Death	Days Away From Work	Restriction or Transfer	Other Recordable Case	Recordable Days Away From Work	Recordable Days Restricted or on Job Transfer	Injury	Skin Disorder	Respiratory Cond.	Poisoning	Hearing Loss	All Other Illnesses
2020-01				EE A	Welder	01/26/20						Contacted arc welder with left leg	Left leg	Arc Welding Machine			X		0	0	X					
2020-02				EE B	Painter	03/19/20	03/20/19	03/21/20				Allergic reaction to paint	Entire Body	Paint		X			0	0		X				
2020-03			X	EE C	Leader	05/29/20			05/30/20	06/02/20		Strained back when lifting	Back	Metal Rods					0	0						
2020-04				EE D	Maintenance	08/24/20						Cut hand on metal	Right Hand	Sheet Metal			X		0	0	X					
2020-05	X			Privacy Case	Office	09/01/20	09/02/20	10/05/20				Mental Illness	Head	Stress		X			33	0						X
2020-06				EE F	Loader	11/21/20	11/22/20	11/25/20				sliced finger	right hand index finger	conveyor belt		X			3	0						X
2020-07																			0	0						
2020-08																			0	0						
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\*Place your mouse over heading for usage tips.

**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





# 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)	
(1) Injuries _____	(4) Poisonings _____
(2) Skin disorders _____	(5) Hearing loss _____
(3) Respiratory conditions _____	(6) All other illnesses _____

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

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time to review the instructions, search and gather the data needed, and to 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 burden estimate or any other aspect of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3044, 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*) \_\_\_\_\_

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

OR

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

**Employment information** (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees \_\_\_\_\_

Total hours worked by all employees last year \_\_\_\_\_

### Sign here

Knowingly falsifying this document may result in a fine.

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

Company executive \_\_\_\_\_ Title \_\_\_\_\_  
 ( ) - \_\_\_\_\_ / /  
 Phone \_\_\_\_\_ Date \_\_\_\_\_



# OSHA's Form 301

## Injury and Illness Incident Report

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



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

Form approved OMB no. 1218-0176

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

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

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

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

### Information about the employee

- 1) Full name \_\_\_\_\_
- 2) Street \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
- 3) Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_
- 4) Date hired \_\_\_\_/\_\_\_\_/\_\_\_\_
- 5)  Male  
 Female

### Information about the physician or other health care professional

- 6) Name of physician or other health care professional \_\_\_\_\_
- 7) If treatment was given away from the worksite, where was it given?
- Facility \_\_\_\_\_
- Street \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

- 8) Was employee treated in an emergency room?  
 Yes  
 No
- 9) Was employee hospitalized overnight as an in-patient?  
 Yes  
 No

### 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

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-3614, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

# 1904.29 - Forms

- An equivalent form has the same information, is as readable and understandable, and uses the same instructions as the OSHA form it replaces.
- Forms can be kept on a computer as long as they can be produced when they are needed (i.e., meet the access provisions of 1904.35 and 1904.40).



# Subpart D - Other Requirements

- 1904.30 Multiple business establishments
- 1904.31 Covered employees
- 1904.32 Annual summary
- 1904.33 Retention and updating
- 1904.34 Change of ownership
- 1904.35 Employee involvement
- 1904.36 Discrimination
- 1904.37 State plans
- 1904.38 Variances



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# 1904.30 – Multiple Business Establishments

- Keep a separate OSHA Form 300 for each establishment that is expected to be in operation for more than a year.
- May keep one OSHA Form 300 for all short-term establishments.
- Each employee must be linked with one establishment.



# 1904.31 – Covered Employees

- Employees on payroll
- Employees not on payroll who are supervised on a day-to-day basis
- Exclude self-employed and partners
- Temporary help agencies should not record the cases experienced by temp workers who are supervised by the using firm



# 1904.32 – Annual Summary

1. Review OSHA Form 300 for completeness and accuracy, correct deficiencies
2. Complete OSHA Form 300A
3. Certify Summary
4. Post Summary



# 1904.32 – Annual Summary

- A company executive must certify the summary:
  - An owner of the company
  - An officer of the corporation
  - The highest ranking company official working at the establishment, or
  - His or her supervisor
- Must post for 3-month period from February 1 to April 30 of the year following the year covered by the summary.
- (Ex: 2020 data must remain posted from February 1 through April 30, 2021)



# 1904.33 – Retention and Updating

- Retain forms for 5 years following the year that they cover.
- Update the OSHA Form 300 during that period.
  - Newly discovered recordable injuries or illnesses.
  - Any changes that have occurred in the classification of previously recorded injuries and illnesses.
  - If the description or outcome of a case changes, you must remove or line out the original entry and enter the new information.
- Need not update the OSHA Form 300A or OSHA Form 301.



# 1904.35 – Employee Involvement

- Must set up a way for employees to report work-related injuries and illnesses promptly; and
- Must tell each employee how to report work-related injuries and illnesses to you.
- Must provide limited access to your injury and illness records for your employees and their representatives.



# Subpart E - 1904.39 – Fatality/Catastrophe Reporting

- 1) Within eight (8) hours after the death of any employee as a result of a work-related incident, you must report the fatality to the Occupational Safety and Health Administration (OSHA), U.S. Department of Labor.
- 2) Within twenty-four (24) hours after the in-patient hospitalization of one or more employees or an employee's amputation or an employee's loss of an eye, as a result of a work-related incident, you must report the in-patient hospitalization, amputation, or loss of an eye to OSHA.



# 1904.39(a) – Fatality/Catastrophe Reporting

- 3) You must report the fatality, in-patient hospitalization, amputation, or loss of an eye using one of the following methods:
  - i. By telephone or in person to the OSHA Area Office that is nearest to the site of the incident.
  - ii. By telephone to the OSHA toll-free central telephone number, 1-800-321-OSHA (1-800-321-6742).
  - iii. By electronic submission using the reporting application located on OSHA's public Web site at [www.osha.gov](http://www.osha.gov).



# Calculating Incident Rates

## OSHA Frequency & Severity Rates and what they tell you:

- Frequency Rate- # of accidents per 100 employees.
- Severity Rate- # of lost workdays per 100 employees.



# Why Calculate Them?

- Compare your accident prevention progress
- Benchmark against others in your industry



# What Do You Need?

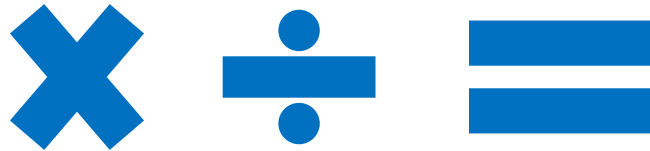
- Average number of employees
- Total employee hours worked
- NAICS Code
- EIN (Tax ID #) (requested as of 2020)
- OSHA Log
- Calculator



# The Formula

(Cases X 200,000) / Total Employee Hours Worked

The 200,000 represents a rate equivalent to 100 fulltime employees



# Total Recordable Incident Rate (TRIR)

**TRIR** (a.k.a. *Total Cases Incident Rate (TCIR)*) – the number of recordable incident that a company experiences per 100 full-time employees in any given time frame.

$$\text{TRIR} = \frac{\text{Number of OSHA Recordable Cases} \times 200,000}{\text{Number of Employee labor hours worked}}$$

*(Frequency)*



# Total Recordable Incident Rate (TRIR)

*For example...*

A company has an average of 17 full-time employees. These 17 employees worked a total of **35,360** labor hours.

If the company experienced **2** recordable injuries, then the formula works like this:

$$\text{TRIR} = \frac{2 \times 200,000}{35,360} = \frac{400,000}{35,360} = 11.3$$

For every 100 employees, 11.3 employees have been involved in a recordable injury or illness.



# Benchmarking Sample

## **2018 Bureau of Labor and Statistics Incident Rates for 321999 – All Other Miscellaneous Wood Product Manufacturing**

	<u>MN BLS</u>	<u>National BLS</u>
Total Recordable Cases	6.4	7.8
Lost Work Day (LWD) Cases (aka DAWC)	1.2	2.7
Job Transfer/Restrict	2.1	1.3
Other Recordable	3.1	3.8



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# Other Rates

- LWDR – Loss Work Day Injury Rate  
(# of Lost Work Days X 200,000) / Employee Hours Worked
- DART – Days Away, Restricted, Transfer Rate  
(# of Days ART X 200,000) / Employee Hours Worked

*(Severity)*



# Other Rates

- Cost per employee hour
- Rates per internal variables
- Fleet accidents per million miles
- Claims per revenues/profit margin



# Benchmark Resources

- NAICS – <https://www.naics.com/search/>
- Federal BLS - <http://www.bls.gov/iif/home.htm#tables>
- MN BLS - <https://www.bls.gov/iif/oshstate.htm>



# Injury Tracking Application (ITA)

https://www.osha.gov/injuryreporting/

Getting Started

OSHA ▾ STANDARDS ▾ TOPICS ▾ HELP AND RESOURCES ▾

SEARCH OSHA

Final Rule / Injury Tracking Application

## Injury Tracking Application

**Launch the Injury Tracking Application**

### 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.

If employers in State Plan states have questions about their obligation to submit injury and illness information, please contact your State Plan office.

Federal Agencies should *not* report their injury and illness data through the Injury Tracking Application (ITA). For information on the Federal Agency reporting requirements click [here](#)

### What

### When

### How

### Job Aids (How-To documentation)

### ANNOUNCEMENTS

**March 2, 2020, is the deadline** for electronically reporting your OSHA Form 300A data for calendar year 2019. Collection will begin January 2, 2020.

### Frequently Asked Questions


ITA Reporting Requirements OSHA Recordkeeping Requirements

## FAQs about the ITA

#### Account Access

I want multiple staff members to access our account. Can I create multiple logins?

# Injury Tracking Application (ITA)



UNITED STATES  
DEPARTMENT OF LABOR

f t i r e v

Occupational Safety and Health Administration

OSHA ▾ STANDARDS ▾ TOPICS ▾ HELP AND RESOURCES ▾

SEARCH OSHA

[View Establishment](#) / [Add 300A Summary](#)

**Add 300A Summary**

Summary of Work-related Injuries and Illnesses

\* All Fields are Required

Establishment Name: **Example Company**

Employment Information

Annual average number of employees\* ⓘ

63

Note: This is not necessarily the same as the maximum number of employees you selected when creating the establishment.

Total hours worked by all employees last year\* ⓘ

84838

- **Include** hours worked by salaried, hourly, part-time and seasonal workers, as well as hours worked by other workers subject to day to day supervision by your establishment (e.g., temporary help services workers).
- **Do not include** vacation, sick leave, holidays, or any other non-work time, even if employees were paid for it. If your establishment keeps records of only the hours paid or if you have employees who are not paid by the hour, please estimate the hours that the employees actually worked.

Did any recordable work-related injuries or illnesses occur at this establishment in this year?\* ⓘ  Yes  No

Select Yes if the establishment had recordable work-related injuries this year. Select No if it did not.

**Injury Tracking Application**  
User: John | [Logout](#)  
Navigation Menu ▾

# Injury Tracking Application (ITA)

## Number Of Cases

Enter 0 if there are no cases to report.

### TOTAL NUMBER OF:

Deaths (G)\* ⓘ

Cases with days away from work (H)\* ⓘ

Cases with job transfer or restriction (I)\* ⓘ

Other recordable cases (J)\* ⓘ

## Number Of Days

Enter 0 if there are no days to report.

### TOTAL NUMBER OF:

Days away from work (K)\* ⓘ

Days of job transfer or restriction (L)\* ⓘ

## Injury And Illness Types

Enter 0 if there are no injuries or illnesses to report.

### TOTAL NUMBER OF:

Injuries (M1)\* ⓘ

Poisonings (M4)\* ⓘ

Skin disorders (M2)\* ⓘ

Hearing loss (M5)\* ⓘ

Save

# Injury Tracking Application (ITA)

The screenshot displays the Injury Tracking Application (ITA) interface. At the top, the United States Department of Labor logo and name are visible, along with social media icons for Facebook, Twitter, Instagram, RSS, Email, and YouTube. The main header identifies the user as 'John' and provides a 'Logout' link. A navigation menu is also present.

A green notification bar at the top left states: **300A summary data has been added but not submitted**. This notification is circled in red.

The main content area is titled 'View Establishment' and shows details for 'Example Company'. The details include:

- ID: XXXXXXXX
- EIN: XXXXXXXXXX
- Company: Example Company
- Address:
- NAICS: XXXXXX
- Size: 20-249 employees
- Government:
- 300A Status: Not Submitted

Buttons for 'Edit Details' and 'Remove' are provided for the establishment details.

To the right of the details is a '300A Submission Progress' section, also circled in red. It lists four steps:

1. Create an Establishment
2. Add 300A Summary Data
3. Submit Data to OSHA
4. Review Confirmation Email

At the bottom, there is a 'Summary for Filing Year 2019' section. It includes 'Employee Information' with the following data:

- Annual average number of employees: 63
- Total hours worked by all employees last year: 84838

Buttons for 'Edit Summary' and 'Submit 300A Data' are located in this section.

# Injury Tracking Application (ITA)

## Number Of Cases

### TOTAL NUMBER OF:

Deaths (G)	Cases with days away from work (H)	Cases with job transfer or restriction (I)	Other recordable cases (J)
0	0	0	3

## Number Of Days

### TOTAL NUMBER OF:

Days away from work (K)	Days of job transfer or restriction (L)
0	0

## Injury And Illness Types

### TOTAL NUMBER OF:

Injuries (M1)	Poisonings (M4)
3	0
Skin disorders (M2)	Hearing loss (M5)
0	0
Respiratory conditions (M3)	All other illnesses (M6)
0	0

## Illness & Injury Rates

Total Case Incidence Rate (TCR): 7.1 ⓘ

Days Away Restrictions and Transfers (DART): 0.0 ⓘ

# Injury Tracking Application (ITA)

The screenshot displays the Injury Tracking Application (ITA) interface. At the top, there is a red header with the United States Department of Labor logo and social media icons. Below the header, the text "Occupational Safety and Health Administration" is visible. A navigation menu includes "OSHA", "STANDARDS", "TOPICS", and "HELP AND RESOURCES". A search bar labeled "SEARCH OSHA" is present. The main content area shows "View Establishment" for "Example Company". A green notification bar states "300A summary data has been added but not submitted". The "Establishment Details" section includes fields for ID, EIN, Company, Address, NAICS, Size, Government, and 300A Status, along with "Edit Details" and "Remove" buttons. The "300A Submission Progress" section shows a checklist with steps 1 and 2 completed, and steps 3 and 4 pending. The "Summary for Filing Year 2019" section displays "Employee Information" with "Annual average number of employees: 63" and "Total hours worked by all employees last year: 84838". A "Submit 300A Data" button is highlighted with a red circle.

UNITED STATES  
DEPARTMENT OF LABOR

Occupational Safety and Health Administration

OSHA ▾ STANDARDS ▾ TOPICS ▾ HELP AND RESOURCES ▾

SEARCH OSHA

[Establishment List](#) / [View Establishment](#)

## View Establishment

**Injury Tracking Application**  
User: John | [Logout](#)  
Navigation Menu ▾

✔ 300A summary data has been added but not submitted ✕

**Establishment Details: Example Company**

ID: XXXXXXXX  
EIN: XXXXXXXXXX  
Company: Example Company  
Address:

NAICS: XXXXXX  
Size: 20-249 employees  
Government:  
300A Status: Not Submitted

Edit Details  
Remove

**300A Submission Progress**

- ✔ 1. Create an Establishment
- ✔ 2. Add 300A Summary Data
- 3. Submit Data to OSHA
- 4. Review Confirmation Email

**Summary for Filing Year 2019** 2019 ▾

Employee Information

Annual average number of employees: 63  
Total hours worked by all employees last year: 84838

Edit Summary  
Submit 300A Data

# Injury Tracking Application (ITA)

Confirm Submission of 300A Data for 1 Establishment(s)

**IMPORTANT: Before submitting data to OSHA, be sure to review it for accuracy.**

## **PUNISHMENT FOR UNLAWFUL STATEMENTS**

It is unlawful to make any false statement, representation, or certification to an agency of the United States. Violations can be punished by a fine or by imprisonment of not more than five years, or by both. See 18 U.S.C. 1001(a); 29 U.S.C. 666(g).

By checking this box, I certify that the information I have entered is true and correct to the best of my knowledge and belief.

[Cancel](#)

Submit 300A Data



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# Injury Tracking Application (ITA)



UNITED STATES  
DEPARTMENT OF LABOR



Occupational Safety and Health Administration

OSHA ▾ STANDARDS ▾ TOPICS ▾ HELP AND RESOURCES ▾

SEARCH OSHA

[Establishment List](#) / View Establishment

## View Establishment

### Injury Tracking Application

User: John | [Logout](#)

Navigation Menu ▾

✓ On 1/28/2020 at 1:16:33 PM, you successfully submitted this establishment to OSHA.

An email confirmation will be sent shortly.

### Establishment Details: Example Company

ID: XXXXXXX

EIN: XXXXXXXXX

Company: Example Company

Address:

NAICS: XXXXXX

Size: 20-249 employees

Government:

300A Status: Submitted

Edit Details

Remove

### 300A Submission Progress

- ✓ 1. Create an Establishment
- ✓ 2. Add 300A Summary Data
- ✓ 3. Submit Data to OSHA
- 4. Review Confirmation Email

# Document your Submission

- Make sure you can access your ITA submission if you are ever asked to produce this data in the future.



RECORDKEEPING

# Benchmark Resources

- NAICS – <https://www.naics.com/search/>
- Federal BLS - <http://www.bls.gov/iif/home.htm#tables>
- MN BLS - <https://www.bls.gov/iif/oshstate.htm>

## COVID-19 Recordkeeping Enforcement Guidance

- <https://www.osha.gov/memos/2020-05-19/revised-enforcement-guidance-recording-cases-coronavirus-disease-2019-covid-19>



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# Questions?



*Thank you for attending!*



# North Risk Partners Value-Added Services Hotline

**(888) 667-4135**

Call the hotline to get personalized advice from HR and safety professionals on a variety of topics, including state and federal compliance, employer best practices, workplace programs and more.

**\*You may also reach Integrated Loss Control by emailing  
[safety@northriskpartners.com](mailto:safety@northriskpartners.com)**



*"A Systems Approach to Loss Control"*



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