

# OSHA WORK-RELATED INJURY AND ILLNESS DATA COLLECTION FORM, 2009



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

OMB No. 1218-0209  
Approval Expires 4/30/2013  
OSHA Form 196B  
(3/2010)



*Public Law 91-596 requires you to participate in the data initiative collection.*

OSHA estimates that it will take you, on average, 10 minutes to complete the forms in this data collection, including the time you'll spend reviewing the instructions, searching and gathering 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 currently valid OMB control number. If you have any comments regarding these estimates or any other aspects of this data collection, send them to:

U.S. Department of Labor  
Occupational Safety and Health Administration  
Directorate of Evaluation and Analysis  
Office of Statistical Analysis  
Room N-3644  
200 Constitution Ave. N.W.  
Washington, D.C. 20210

DO NOT SEND THE COMPLETED FORM TO THIS ADDRESS. Send the completed form to the Return Address indicated on the mailing label.

Place Label Here

**SAMPLE**

Please Make Any Necessary Corrections to your Establishment Site Address, SIC, and NAICS.



**Did you know you can submit your form electronically on the web?**

Access our electronic survey at  
<http://www.osha.gov/form196/collection.htm>

## Dear Employer:

The U.S. Department of Labor, Occupational Safety and Health Administration (OSHA) is working with State agencies to compile work-related injury and illness data from employers within specific industry and employment size specifications. The information will be used to focus OSHA activities (inspections, outreach, consultations, technical assistance, and leveraging programs) and to measure the performance of the Agency in meeting its goal of reducing workplace injuries and illnesses.

We are asking for the totals from your 2009 *Summary of Work-Related Injuries and Illnesses* (OSHA No. 300A), as well as information about hours worked and employment at your establishment. The Occupational Safety and Health Act, 29 U.S.C. §§ 657 & 673, and reporting regulations at 29 C.F.R. Part 1904 authorize OSHA to collect the requested information. Please note that establishments that fail to submit a completed 2009 survey may be subject to OSHA enforcement actions, including the issuance of a citation and assessment of penalties.

At this time the Bureau of Labor Statistics (BLS) and its State partners are collecting the 2009 Survey of Occupational Injuries and Illnesses, Part 1 of which solicits information similar to that OSHA is collecting. Some employers will receive the BLS survey and the OSHA request. **If you have already received the BLS survey, you may (at your option) either (1) complete this form, or (2) send us a copy of your responses to the BLS survey (Parts 1A and 1B).**

We recognize that responding to our questions may be time consuming for some employers. We have made every effort to reduce the completion time while still obtaining the necessary information. In this spirit, we now provide two means of submitting your establishment information: (1) by mail or fax, using this hard-copy form, or (2) via the Internet using our secure electronic version of this form available on our Web site. Instructions for use of the electronic form are displayed on our Web site. You can access an electronic survey form by pointing your browser to <http://www.osha.gov/formcollection.htm> and then, when prompted, inputting your establishment-specific ID number and password (provided on the last page of the cover of this form). If you choose this option, use your browser's print function to print a copy for your records. If you need assistance completing the enclosed survey form or if you have questions, please call the phone number printed on the cover of this form.

OSHA has initiated a comprehensive approach to monitor and improve data quality. As part of this approach, OSHA will audit the injury and illness records of a random sample of establishments included in this data collection. We will continue to evaluate this initiative and will build on the lessons learned to improve OSHA's ability to protect the health and safety of America's workers sensibly and appropriately. We invite your comments as we proceed with this effort. Thank you for helping us collect accurate information and for participating in the effort to make America's workplaces safer and healthier.

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

## Who must complete this form?

All establishments that receive this form should complete and return it or respond via Internet within 30 days, even if they had no work-related injuries and illnesses recorded on their 2009 OSHA No. 300.

## What else do you need?

- ▶ Information from your 2009 *Summary of Work-Related Injuries and Illnesses* (OSHA No. 300A).

## What do you need to do?

- ▶ Check the address information printed on the cover. Make any corrections necessary on the hardcopy or Web site.
- ▶ Complete this form **only** for the establishment noted on the cover.
- ▶ Complete pages 3 and 4. You can either photocopy your OSHA Form 300A or you can transcribe the entries from your OSHA Form 300A to this survey form.
- ▶ On the last page, fill in the name of the person we should call with questions and sign the form.
- ▶ Return this form in the enclosed envelope, fax, or respond via Internet within **30 days** of the date your establishment received it.



## Did you have ANY occupational injuries or illnesses during 2009?

- Yes. Go to the next section, *Summary of Work-Related Injuries and Illnesses, 2009*.
- No. Go to *Sign and return this form* below.

## Summary of Work-Related Injuries and Illnesses, 2009

Using your completed Calendar Year 2009 *Summary of Work-Related Injuries and Illnesses (OSHA Form 300A)*:

1. Copy the establishment summary information into the spaces below.
2. If you prefer, you may enclose a photocopy of your *Summary of Work-Related Injuries and Illnesses (OSHA Form 300A)*.
3. If any total is zero on your OSHA Form 300A, write "0" in that total's space below.

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### Number of Cases

Copy these totals from columns (G), (H), (I), and (J):

Total number of deaths (column G)

\_\_\_\_\_

Total number of cases with days away from work (column H)

\_\_\_\_\_

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

\_\_\_\_\_

Total number of cases with permanent disability (column J)

\_\_\_\_\_

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### Number of Days

Copy these totals from columns (K) and (L):

Total number of days away from work (column K)

\_\_\_\_\_

Total number of days with job transfer or restriction (column L)

\_\_\_\_\_

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### Injury and Illness Types

Total number of . . . from column (M)

(1) Skin disorders \_\_\_\_\_

(3) Respiratory conditions \_\_\_\_\_

(4) Poisonings \_\_\_\_\_

(5) Hearing loss \_\_\_\_\_

(6) All other illnesses \_\_\_\_\_

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### Sign and return this form

Fill in the name, title, phone number and fax number of the person we should call with questions about this form. Then sign and date the form.

\_\_\_\_\_  
Printed Name                      Telephone Number                      Ext.                      Fax Number                      E-mail address (optional)

\_\_\_\_\_  
Signature    Title    Today's date

Use the envelope included with this packet to mail the original forms to us. If the return envelope is missing, send the package to the Return Address on the front cover. Remember to keep a photocopy for your records.