



Add 300A Summary data to an establishment by completing the following five steps. **Note:** For additional information relevant to the previous text, place the cursor over the **i** icon.

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. **Note:** The *Establishment List* screen lists each establishment connected to the end user's account.
3. To display the *Add 300A Summary* screen, click the establishment's name.
4. Enter the correct data into **each** field of the Summary of Work-Related Injuries and Illnesses. **Note:** Each field on the form is required.
5. Click *Save*.

FAQ | If you have questions, please complete the [Help Request Form](#)

Filter
To filter your list of establishments, input your criteria in one or more fields below, and then click the "Filter" button to update the list.

Select All	300A Status	Establishment Name	Street Address	City	State	Zip
<input type="checkbox"/>	Not Added	Store 1	123 Main St	Washington	DC	20001-1234
<input type="checkbox"/>	Not Submitted	Store 2	234 Maple Ave	Washington	DC	20001-1234
<input type="checkbox"/>	Not Submitted	Store 3	345 Silver Ln	Washington	DC	20001-1234
<input type="checkbox"/>	Not Submitted	Store 4	456 Alexander Rd	New York	NY	10003-1234
<input type="checkbox"/>	Not Submitted	Store 5	567 19th St NW	New York	NY	10003-1234
<input type="checkbox"/>	Not Submitted	Store 6	678 A St SW	New York	NY	10003-1234
<input type="checkbox"/>	Not Submitted	Store 7	789 93rd St	Baltimore	MD	20900-6789
<input type="checkbox"/>	Not Submitted	Store 8	890 4th Ave	Baltimore	MD	20900-6789
<input type="checkbox"/>	Not Submitted	Store 9	901 Wilson Ct	Baltimore	MD	20900-6789
<input type="checkbox"/>	Not Submitted	Store 10	907 Elm St	Baltimore	MD	20900-6789
<input type="checkbox"/>	Not Submitted	Store 11	876 41st St NW	Baltimore	MD	20900-6789
<input type="checkbox"/>	Not Submitted	Store 12	765 University Blvd	Philadelphia	PA	19102-2001
<input type="checkbox"/>	Not Submitted	Store 13	654 Chicago St	Philadelphia	PA	19102-2001
<input type="checkbox"/>	Not Submitted	Store 14	543 Route Ln	Philadelphia	PA	19102-2001
<input type="checkbox"/>	Not Submitted	Store 15	432 Green St	Philadelphia	PA	19102-2001
<input type="checkbox"/>	Not Submitted	Store 16	321 Cross Rd	New York	NY	10003-1234
<input type="checkbox"/>	Submitted	Store 17	210 State St	New York	NY	10003-1234
<input type="checkbox"/>	Submitted	Store 18	109 Center Dr	Washington	DC	20001-1234
<input type="checkbox"/>	Submitted	Store 19	807 Dogwood Ct	Washington	DC	20001-1234
<input type="checkbox"/>	Submitted	Store 20	703 Lamp Post Rd	Washington	DC	20001-1234

Store 2 / Add 300A Summary

Add 300A Summary

Summary of Work-Related Injuries and Illnesses

All Fields are Required

Establishment Name: [Establishment Name]

Employment Information

Annual average number of **i** employees **i**

Note: This is not necessarily the same as the maximum number of employees you selected when creating the 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 maintain a file that the employees actually worked.

Did any recordable work-related injuries or illnesses occur **i** at this establishment last year? **i**
 Yes No No 2016 recordable work-related injuries this year. Select No if not.

TOTAL NUMBER

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

Number of Calendar Days

TOTAL NUMBER

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

Injury and Illness Types

TOTAL NUMBER

Blowings (M) Poisonings (N)
 Skin disorders (O) Hearing loss (P)
 Respiratory Conditions (Q) All other illnesses (R)