

Injury Tracking Application File Upload Data Dictionary: Establishment and Form 300A

To report your establishment(s) injury and illness records using the File Upload feature, you must upload a CSV (comma separated value) file to the Injury Tracking Application (ITA) in the format specified below. This data dictionary will define the fields and formats that are required to upload information about the establishment and the summary data from Form 300A.

For the 2016 filing year, no establishment is required to submit case data from Forms 300 and 301.

If your file is processed correctly, you will receive a confirmation email listing the establishments that have been successfully submitted, meaning that OSHA considers the information to be complete.

If your file is not processed correctly, you will receive an email listing the errors that were found. Once corrected, you may re-upload the file.

Making Changes to Your Data

You can make changes to your data by uploading a new file. The establishments included in the new file will be updated and new submission records will be created.

Commas and Quotes in a CSV Batch File

A CSV batch file can contain special characters, such as commas and/or quotes, so long as the value which contains the comma or quotes is surrounded by quotes.

For example:

- A value which contains commas, such as 1, 2, 3 Street, would be need to be entered as "1, 2, 3 Street"
- A value which contains quotes, such as "123 & 4 Street", would need to be entered as ""123 & 4 Street""

Testing Your CSV Batch File

A testing/sandbox environment is available at <https://preview.osha.gov/injuryreporting/ita> which can be used to validate your CSV Batch file.

Please Note:

- Data submitted to this environment does not satisfy an employers' requirement to provide their injury and illness data to OSHA.
- Data submitted to this environment will be purged periodically.

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Help

- If you have any questions or problems, please use the contact form located at <https://www.osha.gov/injuryreporting/ita/help-request-form>.

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Changelog

2017-08-01

2017-03-01

- Added Testing/Sandbox environment information
- Added CSV escape character instructions
- Corrected the Annual Average Number of Employees needs to be greater than the total number of cases (Field G-J) additional validation edit check

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Establishment and Summary Data Dictionary

1. The first row of the Establishment and Summary file must be a header row containing the column names (e.g., company_name, establishment_name, etc.) specified in the table below.
2. Each subsequent row must contain the corresponding establishment and 300A summary information for a single establishment.
3. An Establishment and Summary Data file can contain data for one or more establishments.
4. Data for each establishment should come from that establishment’s completed OSHA Forms for Recording Work-Related Injuries and Illnesses (Form 300A) or equivalent documentation.

Data Element	Definition and Validations	Format	Length	Required
establishment_name	The name of the establishment reporting data. The system matches the data in your file to existing establishments based on establishment name. Each establishment MUST have a unique name.	Character	100	Yes
company_name	The name of the company that owns the establishment.	Character	100	No
street_address	The street address of the establishment. <ul style="list-style-type: none"> • Should not contain a PO Box address 	Character	100	Yes
city	The city where the establishment is located.	Character	100	Yes
state	The state where the establishment is located. <ul style="list-style-type: none"> • Enter the two character postal code for the U.S. State or Territory in which the establishment is located. 	Character	2	Yes
zip	The full zip code for the establishment. <ul style="list-style-type: none"> • Must be a five or nine digit number 	Text	9	Yes
naics_code	The North American Industry Classification System (NAICS) code which classifies an establishment’s business. Use a 2012 code, found here: http://www.census.gov/cgi-bin/sssd/naics/naicsrch?chart=2012 . <ul style="list-style-type: none"> • Must be a number and be 6 digits in length 	Integer	6	Yes

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Data Element	Definition and Validations	Format	Length	Required
industry_description	<p>Industry Description</p> <ul style="list-style-type: none"> You may provide an industry description in addition to your NAICS code. 	Character	300	No
size	<p>The size of the establishment based on the maximum number of employees which worked there at any point in the year you are submitting data for.</p> <ul style="list-style-type: none"> Enter 1 if the establishment has < 20 employees Enter 2 if the establishment has 20-249 employees Enter 3 if the establishment has 250+ employees 	Integer	1	Yes
establishment_type	<p>Identify if the establishment is part of a state or local government.</p> <ul style="list-style-type: none"> Enter 1 if the establishment is not a government entity Enter 2 if the establishment is a State Government entity Enter 3 if the establishment is a Local Government entity 	Integer	1	No
year_filing_for	<p>The calendar year in which the injuries and illnesses being reported occurred at the establishment.</p> <ul style="list-style-type: none"> Must be a four digit number Cannot be earlier than 2016 	Integer	4	Yes
annual_average_employees	<p>Annual Average Number of Employees</p> <ul style="list-style-type: none"> Must be > 0 Must be a number Should be < 25,000 	Integer	10	Yes

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Data Element	Definition and Validations	Format	Length	Required
total_hours_worked	Total hours worked by all employees last year <ul style="list-style-type: none"> • Must be > 0 • Must be numeric • total_hours_worked divided by annual_average_employees must be < 8760 • total_hours_worked divided by annual_average_employees should be > 500 	Integer	10	Yes
no_injuries_illnesses	Whether the establishment had any OSHA recordable work-related injuries or illnesses during the year. <ul style="list-style-type: none"> • Enter 1 if the establishment had injuries or illnesses • Enter 2 if the establishment did not have injuries or illnesses 	Integer	1	Yes
total_deaths	Total number of deaths (Form 300A Field G) <ul style="list-style-type: none"> • Must be >= 0 • Must be a number 	Integer	10	Yes
total_dafw_cases	Total number of cases with days away from work (Form 300A Field H) <ul style="list-style-type: none"> • Must be >= 0 • Must be a number 	Integer	10	Yes
total_djtr_cases	Total number of cases with job transfer or restriction (Form 300A Field I) <ul style="list-style-type: none"> • Must be >= 0 • Must be a number 	Integer	10	Yes
total_other_cases	Total number of other recordable cases (Form 300A Field J) <ul style="list-style-type: none"> • Must be >= 0 • Must be a number 	Integer	10	Yes
total_dafw_days	Total number of days away from work (Form 300A Field K) <ul style="list-style-type: none"> • Must be >= 0 • Must be a number 	Integer	10	Yes

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Data Element	Definition and Validations	Format	Length	Required
total_djtr_days	Total number of days of job transfer or restriction (Form 300A Field L) <ul style="list-style-type: none"> • Must be >= 0 • Must be a number 	Integer	10	Yes
total_injuries	Total number of injuries (Form 300A Field M(1)) <ul style="list-style-type: none"> • Must be >= 0 • Must be a number 	Integer	10	Yes
total_skin_disorders	Total number of skin disorders (Form 300A Field M(2)) <ul style="list-style-type: none"> • Must be >= 0 • Must be a number 	Integer	10	Yes
total_respiratory_conditions	Total number of respiratory conditions (Form 300A Field M(3)) <ul style="list-style-type: none"> • Must be >= 0 • Must be a number 	Integer	10	Yes
total_poisonings	Total number of poisonings (Form 300A Field M(4)) <ul style="list-style-type: none"> • Must be >= 0 • Must be a number 	Integer	10	Yes
total_hearing_loss	Total number of hearing loss (Form 300A Field M(5)) <ul style="list-style-type: none"> • Must be >= 0 • Must be a number 	Integer	10	Yes
total_other_illnesses	Total number of all other illnesses (Form 300A Field M(6)) <ul style="list-style-type: none"> • Must be >= 0 • Must be a number 	Integer	10	Yes
change_reason	The reason why an establishment's injury and illness summary was changed, if applicable	Character	100	No

Additional Data Validations

In addition to the validations listed in the Data Dictionary, the following checks will be performed on your data to ensure that it is complete:

- The sum of Injury and Illness Types (Form 300A Fields M1-M6) must equal the sum of the Number of Cases (Form 300A Fields G-J).
- The Annual Average Number of Employees needs to be greater than the total number of cases (Field G-J)."

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- If there are cases with days away from work (Form 300A Field H), there must be days away from work (Form 300A Field K).
- If there are days away from work (Form 300A Field K), there must be cases with days away from work (Form 300A Field H).
- Days away from work (Form 300A Field K) must be higher than cases with days away from work (Form 300A Field H).
- If there are cases with job transfer or restriction (Form 300A Field I), there must be days with job transfer or restriction (Form 300A Field L).
- If there are days with job transfer or restriction (Form 300A Field L), there must be cases with days away OR job transfer or restriction reported (Form 300A Field H or I).