

DOL OSHA ITA Case Data CSV Specifications



Department of Labor

**Occupational Safety and Health Administration
(OSHA)**

Table of Contents

DOL OSHA ITA Case Data CSV Specifications.....	1
Document Change Log	3
Introduction.....	4
Case Data CSV File Format	5

Document Change Log

Version	Date	Details
DRAFT	6-23-2023	Initial draft of the specifications.
DRAFT	6-28-2023	<ul style="list-style-type: none">- Age is converted to date of birth- Job category is removed- Length of employment updated to date of hire- EIN is removed from CSV spec- Dates and times changed to mm-dd-yyyy and hh:mm from unix timestamps.
1.0	7-5-2023	Formal approval by OSHA business team.
1.1	8-8-2023	Updated URL hosting sample CSV file.
1.2	8-25-2023	<ul style="list-style-type: none">- Added incident_description field- Changed emp_gender to gender

Introduction

The Department of Labor (DOL) Occupational Safety and Health Administration (OSHA) Injury Tracking Application (ITA) provides a system to securely access and submit information related to workplace injuries. The application is being enhanced for reporting year 2024 (collection of CY 2023 data) to begin collecting details on individual injury and illness cases.

To facilitate this process, ITA provides a utility to bulk upload larger data sets using a CSV file format. CSV data submission will continue to accept form 300A data and will extend this capability to forms 300 and 301 for the upcoming reporting period. Organizations that have been using CSV files to upload case summary data in the past will continue to follow the same process to upload form 300A data. Going forward, a second file specification will be provided to upload and validate form 300 and 301 data. This document outlines the specifications for the new data collection.

The existing CSV format used to submit form 300A data will retain the same structure without modification. The implementation of two separate CSVs minimizes the number of impacted end users adopting the new submission process for forms 300 and 301.

REMINDER: Please do not include any personally identifiable information (PII) pertaining to worker(s) involved in the incident (e.g., no names, phone numbers, or SSNs) in the narrative fields.

Case Data CSV File Format

The following structure will be used to upload case data to the application. The first row of the Establishment and Case Data file must be a header row containing the column names (e.g establishment_name, etc.) specified in the table below. Each subsequent row must contain the corresponding establishment and case data information for a single case. Both the Establishment and Case Data CSV files can contain data for one or more establishments.

The case data submission assumes that the establishment already exists in the system and is associated with the user submitting the file. If establishment name does not exist or is not associated with the user submitting the file, the submission will be rejected.

All values with special characters (Case Number, Date etc.) should be placed inside double quotes. Sample CSV file can be downloaded from the following URL:

https://www.osha.gov/sites/default/files/ita_sample_form_300-301_csv_data.csv.

Data Element	Definition and Validations	Format	Length	Required
establishment_name	The name of the establishment reporting data. The system matches the data in your case data file to your existing establishments based on establishment name. This continues with the assumption being held in the Form 300A CSV file where the Establishment name column is used to uniquely identify an establishment. THE ESTABLISHMENT NAMES MUST MATCH EXACTLY FOR THE DATA TO LOAD.	Character	100	Yes
year_of_filing	The calendar year in which the injuries and illnesses being reported occurred at the establishment. Must be a four-digit number Must be the reference year of the current collection	Integer	4	Yes
case_number	Case number from your Log. CASE NUMBER MUST BE UNIQUE WITHIN THE ESTABLISHMENT.	Character	100	Yes
job_title	Job title	Character	255	Yes

Data Element	Definition and Validations	Format	Length	Required
date_of_incident	Date employee was injured or became ill. Example: 11-23-2022.	mm-dd-yyyy or mm/dd/yyyy	10	Yes
incident_location	Where the event occurred	Character	255	Yes
incident_description	Briefly describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill.	Character	255	Yes
incident_outcome	Incident outcome Enter 1 for Death Enter 2 for Days away from work Enter 3 for Job transfer or restricted work activity Enter 4 for Other recordable cases	Integer	1	Yes
dafw_num_away	If 2 is set on incident_outcome, Number of days away from work	Integer	3	No
djtr_num_tr	If 2 or 3 is set on incident outcome, Number of days of job transfer or restriction	Integer	3	No
type_of_incident	Type of Incident 1 for Injury 2 for Skin disorder, 3 for Respiratory condition 4 for Poisoning 5 for Hearing loss 6 for other illnesses	Integer	1	Yes
date_of_birth	Date of Birth. Example: 11-23-2022.	mm-dd-yyyy or mm/dd/yyyy	10	Yes
date_of_hire	Date employee was hired. Example: 11-23-2022.	mm-dd-yyyy or mm/dd/yyyy	10	Yes
gender	Employee's gender M for male F for female	Character	1	Yes
treatment_facility_type	Was employee treated in emergency room? 1 for yes 0 for no	Integer	1	Yes
treatment_in_patient	Was employee hospitalized as an in-patient?	Integer	1	Yes

Data Element	Definition and Validations	Format	Length	Required
	1 for yes 0 for no			
time_started_work	Time employee began work in 24-hour time. Example: 17:30.	Time (hh:mm)	5	No
time_of_incident	Time of event in 24-hour time. Example: 17:30.	Time (hh:mm)	5	No
time_unknown	Time is unknown Set to 1 if time is unknown	Int	1	No
nar_before_incident	What was employee doing just before the incident occurred?	Text	N/A	Yes
nar_what_happened	What happened? Tell us how the injury or illness occurred	Text	N/A	Yes
nar_injury_illness	What was the injury or illness?	Text	N/A	Yes
nar_object_substance	What object or substance directly harmed the employee?	Text	N/A	Yes
date_of_death	If employee died, date of death. Example: 11-23-2022.	mm-dd-yyyy or mm/dd/yyyy	10	No

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