

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.

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. You also always have the option to add or edit data using the web forms.

NOTE TO USERS: Please be aware that if you are submitting data for just one or for a small handful of establishments, it is much easier to enter the data using the web forms rather than by creating and uploading a CSV file. Simply click on the "Create Establishment" button and fill out two web forms for each establishment and you're finished. If you already provided your establishment information for a previous collection(s), you only need to click on "View establishment list", select the already entered establishment and provide the new 300A summary data.

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 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>.

FAQ

Q: How long will it take to upload my CSV?

A: The amount of time it takes to upload a CSV will depend on the size of the CSV as well as the amount of current traffic the server is handling. Generally, most CSV submissions are uploaded within just a few minutes. After they have been uploaded, the CSVs will be put in a queue. Files in queue are processed every three hours.

Q: How many establishments can I upload at a time?

A: There isn't a limit to the number of establishments that can be uploaded at a time via CSV. However, we highly recommend limiting a file to 1000 records (i.e. submit multiple files of 1000 or fewer records). This will reduce the processing time required.

Q: I didn't receive an email after I submitted my CSV.

A: Double-check your spam folders for an email and verify that there aren't any filters in place that would prevent you from receiving an email. If the problem persists, please complete the help request form in the link above.

Q: I am trying to submit my data using a CSV, but it keeps stripping the leading zeros from my zip codes and/or EIN field. How can I fix this problem?

A: To stop this from happening, put an apostrophe (') in front of the zero then save it. Be aware that if you open the file again with Excel, it will strip the zeros again. You can also edit it with Notepad (right click on the file and choose the "Open with..." feature). Notepad will not strip the zeros.

Q: Can I include decimals in my numbers?

A: No. The system will reject the file if you include decimals in any of the number fields. Only enter whole numbers.

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Changelog

- 2019-19-08
 - Added EIN number
- 2019-05-06
 - Updated the FAQ section with information on leading zeros
- 2017-11-09
 - Updated the information on submitting Forms 300 and 301
 - Added an FAQ section
- 2017-08-01
 - Added Testing/Sandbox environment information
- 2017-03-01
 - 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
ein	An Employer Identification Number (EIN) is also known as Federal Tax Identification Number and is a unique nine-digit number assigned by the IRS and is used to identify business entities operating in the United States. <ul style="list-style-type: none"> • Should not include dashes 	Character (do not include dashes)	9	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

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Data Element	Definition and Validations	Format	Length	Required
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
industry_description	Industry Description <ul style="list-style-type: none"> • You may provide an industry description in addition to your NAICS code. 	Character	300	No
size	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. <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	Identify if the establishment is part of a state or local government. <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	The calendar year in which the injuries and illnesses being reported occurred at the establishment. <ul style="list-style-type: none"> • Must be a four digit number • Cannot be earlier than 2016 	Integer	4	Yes
annual_average_employees	Annual Average Number of Employees <ul style="list-style-type: none"> • Must be > 0 • Must be a number • Should be < 25,000 	Integer (do not include decimals)	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 (do not include decimals)	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 should 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 equal to or greater 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).