

Brief Tutorial on Completing the OSHA Recordkeeping Forms



Welcome to the Agency's tutorial on completing OSHA recordkeeping forms.

About the Tutorial

A review of the recordkeeping requirements and forms at a high level:

- Requirement to complete the forms and evaluate specific exceptions
- Forms in OSHA's recordkeeping package
- Recordability criteria for injuries and illnesses
- Recording injuries/illnesses on the forms



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This brief presentation reviews OSHA recordkeeping requirements at a high level, with an emphasis on how to fill out the forms provided in OSHA's recordkeeping forms package. The tutorial covers what types of operations come under the recordkeeping rule and thus are required to complete the forms, what types of injury and illness incidents must be recorded, and what information is to be included in each of the three OSHA forms, respectively.

Who must complete the OSHA injury and illness recordkeeping forms?

Many but not all employers must complete the OSHA recordkeeping forms.

Exceptions are based on:

- Small employer exemption – 10 or fewer employees at all times during the year
- Low-hazard industry exemption – [see list of partially exempt industries](#)

Fatality and other serious event reporting as well as injury and illness surveys involve other considerations.

To Make a Report



- Call the nearest [OSHA office](#)
- Call the OSHA 24-hour hotline at **1-800-321-6742** (OSHA)
- [Report online](#)

Be prepared to supply: Business name; names of employees affected; location and time of the incident; brief description of the incident; contact person and phone number.

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Many but not all employers must complete the OSHA injury and illness recordkeeping forms on an ongoing basis. Employers with 10 or fewer employees throughout the previous calendar year do not need to complete these forms. In other words, if there are more than 10 employees *at any time* during that calendar year, the employer may come under the requirement. When counting employees, you must include full-time, part-time, temporary, and seasonal workers. This exemption is based on the employment of the entire company rather than the establishment. For example, if a company has two establishments, one with five employees and one with seven employees, the company must fill out the forms for each establishment because the company employment is greater than 10.

In addition to the small employer exemption, there is an exemption for establishments classified in certain industries. For example, the forms do not need to be completed for restaurants, banks, and medical offices. A complete list of exempt industries can be found by using the “Partially Exempt Industries” link.

Establishments normally exempt from keeping the OSHA forms must complete the forms if they are informed in writing that they need to do so by the Bureau of Labor Statistics or OSHA. Also, exempt establishments must report to OSHA within eight hours of any work-related fatality. Work-related amputations, inpatient hospitalizations, and the loss of an eye must be reported to OSHA within 24 hours of learning of the incident. These events can be reported by phone to the local OSHA Area Office, by calling the OSHA 800 number (1-800-321-6742), or by using the reporting application on OSHA’s public website.

Links:

Partially Exempt Industries: <https://www.osha.gov/recordkeeping/ppt1/RK1exempttable.html>

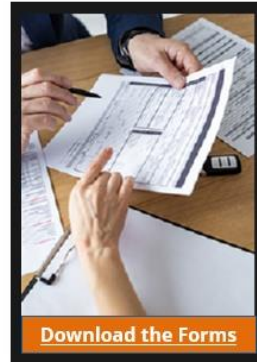
OSHA Offices by State: <https://www.osha.gov/contactus/bystate>

Online reporting form: <https://www.osha.gov/pls/ser/serform.html>

What forms must be completed?

Familiarize yourself with these forms:

- **OSHA Form 300** – Log of Work-Related Injuries and Illnesses
- **OSHA Form 301** – Injury and Illness Incident Report
- **OSHA Form 300A** – Summary of Work-Related Injuries and Illnesses



Download the Forms

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There are three forms you—the employer—must complete. OSHA forms 300 and 301 are maintained on an ongoing basis. Recordable injuries and illnesses must be entered on these forms as they occur throughout the year. The OSHA Form 300A is completed after the end of the year, summarizing the number of recordable cases that occurred. Employers may use equivalent forms in place of these forms as long as the equivalent forms contain all of the same data elements and are as easy to read as the OSHA forms.

Link:

OSHA Injury & Illness Recordkeeping Forms—300, 300A, 301
<https://www.osha.gov/recordkeeping/forms>

What cases need to be recorded on the forms?

Record cases within 7 calendar days of an incident if these conditions apply:

- Are injuries and illnesses
- Are work related
- Meet certain severity criteria



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Any work-related injury or illness that meets certain severity criteria must be entered on the forms within seven calendar days of learning about its occurrence. We'll talk about each of these bullet items on the next few slides.

What is considered an injury or illness?

OSHA defines an injury or illness as:

- An abnormal condition or disorder
- Not an exposure, unless it results in signs or symptoms



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OSHA defines an injury or illness as an abnormal condition or disorder. Injuries and illnesses include cases such as cuts, fractures, sprains, skin diseases, or respiratory conditions. For OSHA recordkeeping purposes, an injury or illness can also consist of only subjective symptoms such as aches or pain.

Exposures that do not result in signs or symptoms are not considered injuries or illnesses and should therefore not be recorded on the OSHA forms. For example, if an employee is exposed to chlorine and does not exhibit any signs or symptoms due to the exposure, the case would not be recorded on the log, even if it involved prophylactic—that is, preventative—medical treatment.

What cases are work-related?

OSHA defines work-related as:

- Cases caused by events or exposures in the work environment
- Cases contributed to by events or exposures in the work environment
- Cases significantly aggravated by events or exposures in the work environment



(For a list of activities that are not work-related, see section [1904.5\(b\)\(2\)](#))

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Cases that are caused, contributed to, or significantly aggravated by events or exposures in the work environment are considered work-related for OSHA recordkeeping purposes.

Work-relatedness is presumed for injuries and illnesses occurring in the workplace or in locations where the employee is located as a condition of employment. It's important to remember that if work makes any contribution to the injury or illness, it is considered work-related for OSHA recordkeeping purposes.

There are certain activities that occur in the work environment that OSHA does not consider work-related. For example, injuries resulting directly from eating, drinking, or preparing one's own food at the workplace are not considered work-related. For a complete list of these activities, refer to section 1904.5(b)(2) using the regulatory text link below.

Link:

Section 1904.5(b)(2):

[https://www.osha.gov/laws-regs/regulations/standardnumber/1904/1904.5#1904.5\(b\)\(2\)](https://www.osha.gov/laws-regs/regulations/standardnumber/1904/1904.5#1904.5(b)(2))

What are the severity criteria for recording a work-related injury or illness?

OSHA defines severity criteria as:

- Death
- Loss of consciousness
- Days away from work
- Restricted work activity or job transfer
- Medical treatment beyond first aid



Work-related injuries and illnesses that result in death, loss of consciousness, days away from work, restricted work activity, transfer to another job, or medical treatment beyond first aid must be recorded on the OSHA forms. We'll talk about these criteria on the next few slides.

OSHA Form 300: Recording a Fatality

Step 3. Classify the case
SELECT ONLY ONE circle based on the most serious outcome:

Remained at Work

Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For cases involving a fatality, enter a check mark in column G on the OSHA Form 300.

OSHA Form 300: Recording a Case with Days Away From Work

Step 3. Classify the case
SELECT ONLY ONE circle based on the most serious outcome:

Remained at Work			
Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OSHA's Form 300 (Rev. 04/2004)
Log of Work-Related Injuries and Illnesses
 Please Record:
 - Information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restriction of work activity or loss of workdays, days away from work or medical treatment beyond first aid.
 - Significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional.
 - Work-related injuries and illnesses that meet any of the criteria resulting values listed in 29 CFR part 1904.4.

Year 20
 U.S. Department of Labor
 Occupational Safety and Health Administration
 Form approved OSHA no. 1224-0176

Step 4. Classify the case
 SELECT ONLY ONE circle based on the most serious outcome:

Step 5. Enter the number of days the injured or ill worker was:

Step 6. Select one column:

For cases that involve one or more days away from work, you must place a check mark in column H on the OSHA Form 300.

OSHA Form 300: Recording a Case with Days Away From Work (Continued)

Step 4.
Enter the number of days the injured or ill worker was:

Away from work (K)	On job transfer or restriction (L)
<input type="text"/> days	<input type="text"/> days

OSHA's Form 300 (Rev. 04/2004)
Log of Work-Related Injuries and Illnesses
 Note: You can type input into this form and save it. Because the forms in this recording package are PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader. The forms are programmed to auto-calculate as appropriate.

Year 20
 U.S. Department of Labor
 Occupational Safety and Health Administration
 Form approved OSHA no. 1224-0176

Step 1. Identify the person

Step 2. Describe the case

Step 3. Classify the case

Step 4. Enter the number of days the injured or ill worker was:

Step 5. Enter the number of days the injured or ill worker was:

Step 6. Select one column:

Enter the number of calendar days the employee was away from work in column K.

OSHA Form 300: Recording a Case with Days Away From Work (Continued)

OSHA's Form 300 (Rev. 04/2004)
Log of Work-Related Injuries and Illnesses

Step 5. Select one column:

Illness

(M) Injury (1) Skin disorder (2) Respiratory condition (3) Poisoning (4) Hearing loss (5) All other illnesses (6)

Then note in column M whether the case involves an injury or an illness. When counting days, be sure to count the days the employee would not have been able to work, regardless of whether they were scheduled to work. This would include weekends and holidays. Do not count the day of the injury. If the day count reaches 180 calendar days, you may stop counting subsequent days and enter "180" in column K.

OSHA Form 300: Recording a Case with Restricted Work Activity or Job Transfer

Step 3. Classify the case
SELECT ONLY ONE circle based on the most serious outcome:

Remained at Work			
Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Step 4.
Enter the number of days the injured or ill worker was:

Away from work (K)	On job transfer or restriction (L)
<input type="text"/> days	<input type="text"/> days

Step 5.
Select one column:

Illness						
(M)	(1)	(2)	(3)	(4)	(5)	(6)
Injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skin disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respiratory condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poisoning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All other illnesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For cases that involve restricted work activity or job transfer, you must place a check mark in column I on the OSHA Form 300 and enter the number of calendar days the employee was restricted in column L. You count the days in the same manner as you would when counting days away from work. Then note in column M whether the case involves an injury or an illness.

An employee is considered restricted if they are unable to work a full shift or are unable to perform all the work activities they would be expected to do at least once during a week.

OSHA Form 300: Recording a Case with Restricted Work Activity or Job Transfer (Continued)

Step 3. Classify the case
SELECT ONLY ONE circle based on the most serious outcome:

Remained at Work			
Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Step 4.
Enter the number of days the injured or ill worker was:

Away from work (K)	On job transfer or restriction (L)
<input type="text"/> days	<input type="text"/> days

Step 5.
Select one column:

Illness					
(M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If a case involves both days away from work *and* days of restricted work activity, place a check mark in column H, leave column I blank, and enter the correct day counts in both columns K and L. For example, if an employee had three days away from work and two days of restricted work activity, place a check mark in column H and enter a three in column K and a two in column L. Again, note in column M whether the case involves an injury or an illness.

OSHA Form 300: Recording a Case with Medical Treatment Beyond First Aid

Step 3. Classify the case
SELECT ONLY ONE circle based on the most serious outcome:

Remained at Work			
Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Step 5.
Select one column:

Illness						
(M)	(1)	(2)	(3)	(4)	(5)	(6)
Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

See section [1904.7\(b\)\(5\)](#)

For cases that involve medical treatment beyond first aid, you must place a check mark on the OSHA Form 300 in column J, which is for “other recordable cases.” Then note in column M whether the case involves an injury or an illness.

For OSHA recordkeeping purposes, medical treatment is any treatment for an injury or illness except diagnostic procedures, observation and counseling, and first aid. First aid consists of 14 specific treatments listed in section 1904.7(b)(5) of the regulatory text. It includes items such as non-prescription medication, wound coverings, and hot and cold treatment. You can access the complete list using the regulatory text link below or by looking in the “Overview” section of the recordkeeping forms package, available on OSHA’s Recordkeeping web page.

Link:

Section 1904.7(b)(5):

[https://www.osha.gov/laws-regs/regulations/standardnumber/1904/1904.7#1904.7\(b\)\(5\)](https://www.osha.gov/laws-regs/regulations/standardnumber/1904/1904.7#1904.7(b)(5))

Other Recording Criteria

Additional qualifying criteria:

- Significant diagnosed injury or illness
- Needlestick and sharps injuries – section [1904.8](#)
- Medical removal – section [1904.9](#)
- Hearing loss – section [1904.10](#)
- Tuberculosis – section [1904.11](#)



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Work-related cases of cancer, chronic irreversible disease, fractured or cracked bones or teeth, or a punctured eardrum must be entered on the OSHA forms. These are considered significant injuries and illnesses.

The recordkeeping rule also contains special criteria for recording occupational hearing loss, tuberculosis, injuries from needlesticks and sharps potentially contaminated with bloodborne pathogens, and cases involving medical removal required by other OSHA standards. For the specific requirements, refer to sections 1904.8 through 1904.11 using the regulatory text links below.

Links:

Section 1904.8: <https://www.osha.gov/laws-regs/regulations/standardnumber/1904/1904.8>

Section 1904.9: <https://www.osha.gov/laws-regs/regulations/standardnumber/1904/1904.9>

Section 1904.10: <https://www.osha.gov/laws-regs/regulations/standardnumber/1904/1904.10>

Section 1904.11: <https://www.osha.gov/laws-regs/regulations/standardnumber/1904/1904.11>

OSHA Form 301: Injury and Illness Incident Report

OSHA's Form 301 (Rev. 04/2004)

Injury and Illness Incident Report

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



Form approved OSHA no. 1218-0176

This Injury and Illness Incident Report is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the Log of Work-Related Injuries and Illnesses and the accompanying Summary, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy the printout or insert additional form pages in the PDF, and then use as many as you need.

Information about the employee

- 1) Full name _____
- 2) Street _____
- City _____ State _____ ZIP _____
- 3) Date of birth _____
Month Day Year
- 4) Date hired _____
Month Day Year
- 5) ☐ Male ☐ Female

Information about the physician or other health care professional

- 6) Name of physician or other health care professional _____
- 7) If treatment was given away from the workplace, where was it given?
Facility _____
Street _____
City _____ State _____ ZIP _____

- 8) Was employee treated in an emergency room?
☐ Yes
☐ No

- 9) Was employee hospitalized overnight or as an in-patient?
☐ Yes
☐ No

Information about the case

- 10) Case number from the Log _____ (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness _____
Month Day Year
- 12) Time employee began work (approx) _____ AM ☐ PM
- 13) Time of event (approx) _____ AM ☐ PM ☐ Check if time cannot be determined

* The fields 14 to 17: Please do not include any personally identifiable information (PII) pertaining to worker(s) involved in the incident (e.g., no names, phone numbers, or Social Security numbers).

- 14) What was the employee doing just before the incident occurred? (Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials", "spraying chlorine from hand sprayer", "daily computer key-entry".)

- 15) What happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet", "Worker was sprayed with chlorine when gasket broke during replacement", "Worker developed asthma in work area."

- 16) What was the injury or illness? Tell us the part of the body that was affected and how it was affected. Examples: "sprained back", "chemical burn, hand", "carpal tunnel syndrome."

- 17) What object or substance directly harmed the employee? Examples: "concrete floor", "chlorine", "metal arm saw." If this question does not apply to the incident, leave it blank.

- 18) If the employee died, when did death occur? Date of death _____
Month Day Year

Completed by _____
Title _____
Phone _____ Date _____
Month Day Year

You must fill out an Injury and Illness Incident Report for every recordable work-related injury or illness. Together with the Log of Work-Related Injuries and Illnesses and the accompanying summary, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within seven calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

OSHA Form 300A: Summary of Work-Related Injuries and Illnesses

OSHA's Form 300A (Rev. 04/2004)
Summary of Work-Related Injuries

All establishments covered by Part 1904 must complete this Summary page. Remember to review the Log to verify that the entries are complete and accurate. Using the Log, count the individual entries you made for each category. Then write the totals on the left side of the Form 300A, making sure you've added the entries from every page of the log. If you had no cases, write 0.

Employees, former employees, and their representatives have the right to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.36, in CCR these forms.

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of . . . (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

All establishments covered by Part 1904 must complete the Summary of Work-Related Injuries and Illnesses, even if no injuries or illnesses occurred during the year. Remember to review the log to verify that the entries are complete and accurate before completing this summary. Using the Form 300, count the individual entries you made for each category. Then write the totals on the left side of the Form 300A, making sure you've added the entries from every page of the log. If you had no cases, write in a zero.

OSHA Form 300A: Summary of Work-Related Injuries and Illnesses (continued)

Establishment information

Your establishment name _____

Street _____

City _____ State _____ Zip _____

Industry description (e.g., Manufacture of motor truck trailers) _____

North American Industrial Classification (NAICS), if known (e.g., 336212) _____

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees _____

Total hours worked by all employees last year _____

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive _____ Title _____

Phone _____ Date _____

Establishment information

Your establishment name _____

Street _____

City _____ State _____ Zip _____

Industry description (e.g., Manufacture of motor truck trailers) _____

North American Industrial Classification (NAICS), if known (e.g., 336212) _____

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees _____

Total hours worked by all employees last year _____

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive _____ Title _____

Phone _____ Date _____

On the right side of the Form 300A, fill in the establishment information. Also, in this section of the form, a company official must certify that the entries on the summary are true, accurate, and complete. The certifying official must be the owner of the company, an officer of the corporation, the highest-ranking company official at the establishment, or that person's supervisor.

You must post a copy of the annual summary in each establishment in a conspicuous place or places where notices to employees are customarily posted. You must post it no later than February 1 of the year following the year covered by the records and keep the posting in place for three months until April 30.

Keep the Forms on File

Make sure to:

- File and update for 5 years
- Not send copies to OSHA unless asked to do so
- Allow access to the records
- Protect confidentiality



(For details on access provisions, see sections [1904.35](#) and [1904.40](#).)

You must keep these forms on file for five years following the year to which they pertain. You must also update the Form 300 with any changes that may occur to the recorded cases during that period. Do not send completed copies of the forms to OSHA. You must make the forms available to employees, former employees, their representatives, and to OSHA officials upon request. Note, however, that both the Log 300 and Form 301 incident reports will include information relating to employee health and thus can only be used in a manner that protects confidentiality to the extent possible while promoting occupational safety and health. For details concerning the access provisions, refer to sections 1904.35 and 1904.40 using the regulatory text links below.

Links:

Section 1904.35:

<https://www.osha.gov/laws-regs/regulations/standardnumber/1904/1904.35#1904.35>

Section 10904.40:

<https://www.osha.gov/laws-regs/regulations/standardnumber/1904/1904.40#1904.40>

Who Must Electronically Report Data to OSHA?

Many, but not all, establishments must electronically report injury and illness data to OSHA by March 2 of each year.

- The reporting requirements are based on the size and industry of your establishment. You can use the “ITA Coverage Application” at <https://www.osha.gov/itareportapp> to determine if your establishment is covered by the reporting requirements.
- OSHA provides a secure website, called the Injury Tracking Application (ITA), where employers create accounts, then enter and submit their data. Information about and access to the ITA is available at <https://www.osha.gov/injuryreporting>.

Many but not all establishments must electronically report data from their completed OSHA forms. The data must be reported by March 2 of each year.

The size and industry of the establishment determines who needs to report and what information needs to be reported. Establishments in certain industries with a peak employment of 20 or more employees are required to report data from the 300A Summary Form. Establishments in certain industries with a peak employment of 100 or more employees are required to report data from the OSHA 300, 301, and 300A Forms. Use the “OSHA ITA Coverage Application” to determine if your establishment is subject to these reporting requirements.

Note that the reporting criteria are based on the size and industry of each individual establishment, not the firm as a whole. For example, if a company has two manufacturing establishments, one with 17 employees and one with 25 employees, the company only needs to report the Form 300A data for the establishment with 25 employees. While manufacturing is a covered industry, establishments with fewer than 20 employees are not required to report their Form 300A data.

Links:

ITA Coverage Application: <https://www.osha.gov/itareportapp>

Injury Tracking Application: <https://www.osha.gov/injuryreporting>

Resources

- Recordkeeping web page (<https://www.osha.gov/recordkeeping>)
- Q&A search application (https://www.osha.gov/recordkeeping/faq_search/index.html)
- Contact us (<https://www.osha.gov/contactus>)



Call OSHA to report emergencies, unsafe working conditions, safety and health violations; to file a complaint; or to ask safety and health questions.

1-800-321-6742 (OSHA)



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In conclusion, this presentation reviewed OSHA's injury and illness recordkeeping requirements at a very high level. The Recordkeeping page, however, includes links to reference documents that address the specific requirements of the recordkeeping rule and answer many reoccurring questions, as well as providing a link to the recordkeeping forms package itself. To learn the details of what you need to do to comply with the recordkeeping rule, you can review the regulatory text, Frequently Asked Questions, or FAQs, and the Letters of Interpretation linked from the Recordkeeping page.

If you have specific questions that you cannot find direct guidance for in these documents, you may try the recordkeeping Q&A search application using the link below. Also, feel free to call your local OSHA office or submit your question to OSHA using the "Contact Us" link below.

Thanks for helping to make the nation's workplaces safer.

Links:

Recordkeeping web page: <https://www.osha.gov/recordkeeping>

Q&A search application: <https://www.osha.gov/recordkeeping/faq-search>

Contact Us: <https://www.osha.gov/contactus>