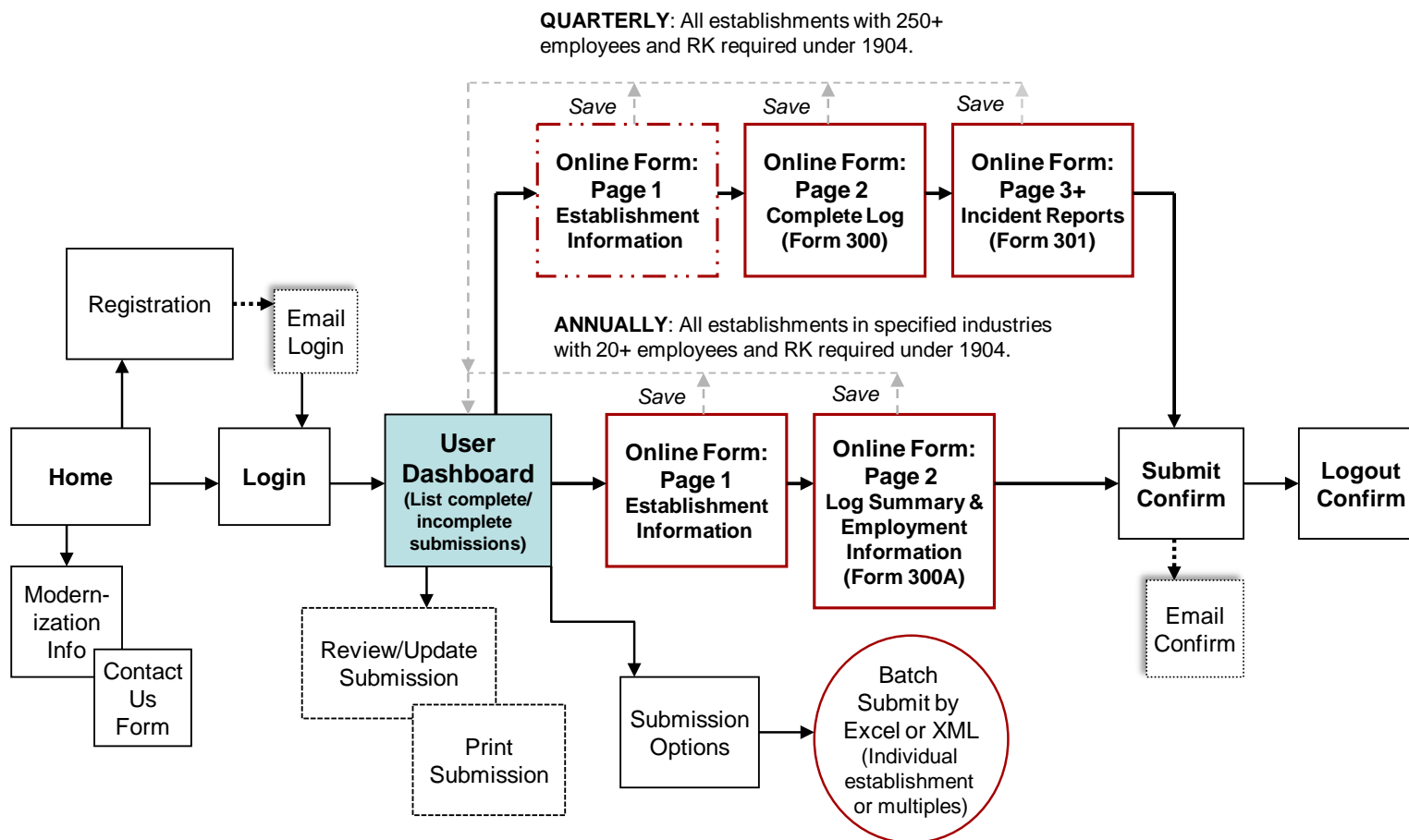


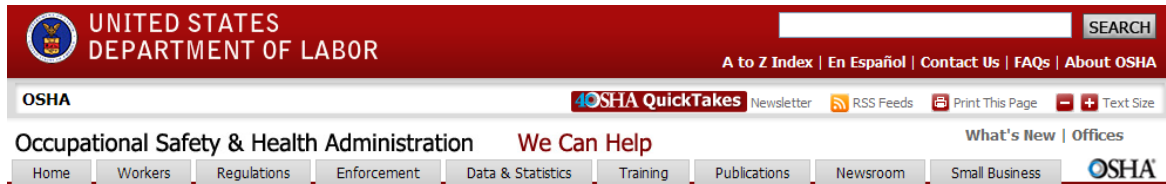
# Mockup of Proposed Web-Based Mechanism for OSHA's Injury/Illness Data Collection

(3/21/12)

## Overview of Data Collection Mechanism Represented by the Mockup



## 1. Home Page:



### OSHA's Injury/Illness Data Collection

[This page would include a welcome statement and explanation of the data collection including reference and links to the new rule.]

[This page would also inform users that they need to first register in order to obtain a unique user ID and password to submit the OSHA log data.]

[Register Now](#)

[If the user already has an ID and password, they may click the link below to reach the data submission dashboard.]

[Login to the data submission dashboard](#)

[Contact us information would also be displayed for questions, comments, etc.]

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### General Notes:

For the purposes of this mockup, it is presumed that each submission is establishment-specific. Possible accommodations for “multiple” submissions (e.g., from a corporate location)—beyond batch submission—are not included in this mockup.

## 2. Registration Page:

UNITED STATES DEPARTMENT OF LABOR

A to Z Index | En Español | Contact Us | FAQs | About OSHA

OSHA OSHA QuickTakes Newsletter RSS Feeds Print This Page Text Size

Occupational Safety & Health Administration We Can Help What's New | Offices

Home Workers Regulations Enforcement Data & Statistics Training Publications Newsroom Small Business OSHA

### OSHA's Injury/Illness Data Collection

#### REGISTRATION:

In order to submit your injury and illness data to OSHA, you must first register by completing the form below. After submission of the registration form, a confirmation email will be sent to the email address provided. This email will contain your ID and password to log into the data submission dashboard.

Please provide the following information (\* = required)

* First Name:	<input type="text"/>
* Last Name:	<input type="text"/>
* Title:	<input type="text"/>
* Company Name:	<input type="text"/>
* Address 1:	<input type="text"/>
* Address 2:	<input type="text"/>
* City:	<input type="text"/>
* State:	<input type="text"/>
* Zip:	<input type="text"/>
* Phone:	<input type="text"/>
* Ext:	<input type="text"/>
* Email:	<input type="text"/>
* Confirm Email:	<input type="text"/>
* Select a Security Question:	<input type="text"/>
* Answer:	<input type="text"/>

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General Notes:

This page will register users and auto-generate a unique user ID and Password. This information will be sent to the email address provided on the Registration page when the user clicks the “submit” button. The user ID and password will be used for multiple submissions by the same user (e.g., quarterly submissions, or from year to year). When registering, the user will also be prompted to answer a hint question that will be used for a “Forgot your password?” mechanism.

**3. Sample Registration Confirmation Email**

Thank you for registering with OSHA’s Log Data Collection site. Your ID and password are:

ID: 123456789

Password: XYZ123CBA

Please login to [insert actual URL here] and submit your establishment-specific data.

If you have any questions, please contact the Helpline at [xxx-xxx-xxxx] or via email to [xxxxxxx@xxx.com](mailto:xxxxxxx@xxx.com). Helpline staff is available Monday through Friday from xx to xx.

This is an automated email. Please do not reply to this message.

#### 4. Login Page:

The screenshot shows the top portion of the OSHA website. At the top left is the OSHA logo and the text "UNITED STATES DEPARTMENT OF LABOR". To the right is a search bar with the word "SEARCH" in a button. Below this is a secondary navigation bar with links for "A to Z Index", "En Español", "Contact Us", "FAQs", and "About OSHA". The main navigation bar includes "OSHA", "OSHA QuickTakes" (with sub-links for Newsletter, RSS Feeds, Print This Page, and Text Size), and "What's New | Offices". A primary menu contains links for "Home", "Workers", "Regulations", "Enforcement", "Data & Statistics", "Training", "Publications", "Newsroom", and "Small Business". The OSHA logo is also present on the right side of this menu.

### Log In to OSHA's Log Data Collection Site

Please enter your ID Number and Password here to access OSHA's Log Data Collection Site\*

ID Number

Password

[Forgot your password?](#)

**OMB Disclosure Statement:** [text tbd]

OMB No. [insert no. here]

Approval Expires: [insert date here]

\*If you do not have an ID Number and Password, please go to the [Registration](#) page.

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#### General Notes:

[Registration](#) link will take the user to #2 in this document.

[“Forgot your password?”](#) link will prompt user to respond to the hint question with the answer provided during user registration. If the correct answer is entered, an email will be sent (to the user email address entered during registration) with a login and url for resetting the user password.

## 5. User Dashboard (page 1 of 2):

The screenshot shows the top portion of the OSHA website. At the top left is the United States Department of Labor logo. To its right is the text 'UNITED STATES DEPARTMENT OF LABOR'. Further right is a search bar with the word 'SEARCH' in a button. Below this is a navigation bar with links: 'A to Z Index', 'En Español', 'Contact Us', 'FAQs', and 'About OSHA'. Below the navigation bar is a secondary bar with 'OSHA' on the left, 'OSHA QuickTakes' in a red box, and links for 'Newsletter', 'RSS Feeds', 'Print This Page', and 'Text Size'. Below that is a bar with 'Occupational Safety & Health Administration' and 'We Can Help' in red. At the bottom of this bar are links for 'What's New' and 'Offices'. The main navigation menu includes: 'Home', 'Workers', 'Regulations', 'Enforcement', 'Data & Statistics', 'Training', 'Publications', 'Newsroom', 'Small Business', and the OSHA logo.

### OSHA Log Data Collection Site: User Dashboard

You have logged into OSHA’s website for online submission of [insert collection year] work-related injury and illness data. You are required to submit injury and illness data (based on your OSHA 300 log) for your establishment if it meets the collection [criteria](#). You have two options for submitting data: 1) by using this online form or 2) by Batch submission (Excel or XML format). ([View Batch submission instructions](#))

**Questions**  
Contact Helpline Staff at [insert phone number]. Helpline staff are available Monday through Friday from [insert time] to [insert time] EST.

Make your data submission selection below:

- Establishments with 20 or more employees that (1) operate in one of the industries specified in Appendix A to subpart E of Part 1904 and (2) are required to keep injury/illness records:  
[Submit Annual Summary Data](#)
- Establishments with 250 or more employees that are required to keep injury/illness records:  
[Submit Quarterly Data](#)
- Other establishments that have been notified by OSHA to submit injury/illness records:  
[Submit Special Collections Data](#)

The footer consists of a dark red bar with the text 'Feedback | Disclaimer' in white. Below this is a grey bar containing the following text: 'U.S. Department of Labor | Frances Perkins Building, 200 Constitution Ave., NW, Washington, DC 20210', 'www.dol.gov | Telephone: 1-866-4-USA-DOL | TTY: 1-877-889-5627 | Contact Us'.

### General Notes:

[Criteria](#) link above will present the user with an informational pop-up describing the collection criteria:

- ANUALLY: All establishments with 20+ employees that operate in one of the industries specified in Appendix A to subpart E of Part 1904 and for whom RK is required under Part 1904.
- QUARTERLY: All establishments with 250+ employees and RK is required under Part 1904.

[Batch submission instructions](#) link above will present the user with an information pop-up that includes instruction for generating and submitting batch data (e.g., multiples from a corporate headquarters) in acceptable formats (MS Excel or XML).

Depending on the type of data submission, the user will click one of the 3 bullet links above and go to page 2 of the User Dashboard.

## 6. User Dashboard (page 2 of 2)

### OSHA Log Data Collection Site: User Dashboard

The table below lists [insert collection year] establishment submissions received by OSHA based on your login. From this page, you can review your submission(s) or go to the online form to submit data. To update your submission(s) or print a hard copy of your submission, select the establishment name link.

### My Establishment Data Submissions

#### Complete Submissions

(Select the establishment name link for read-only review of the data submission for that location. Also, to change the table sort order, select a column header.)

	Establishment Name	City	State	Street Address	Entry Date
1	<a href="#">company abc</a>	fafdas	AK	fdasfasf 0	07/07/2011
2	<a href="#">dafasfdad</a>	fdafa	AK	fdasfa 0	07/07/2011
3	<a href="#">fadfa</a>	fafda	AK	fdafa 0	07/07/2011

#### Attention: Incomplete Submissions

(Select the "Go" link to return to the online form to complete the data submission for that establishment. Also, to change the table sort order, select a column header.)

	Establishment Name	City	State	Street Address	Complete This Submission
1	<a href="#">0</a>	fdsafas	AK	dasfsaf 0	<a href="#">Go »</a>
2	<a href="#">0</a>	fdsafa	AK	fdasfasf 0	<a href="#">Go »</a>
3	<a href="#">sarah one</a>	fdadfa	AK	fdasfas 0	<a href="#">Go »</a>

Submit Data

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### General Notes:

The screen-shot above is not necessarily representative of the actual page. For example, an additional column will be added to these tables to indicate the type of submission (e.g., annual, quarterly, special collection). In addition, complete submissions will include previous "quarterly" submissions for those establishments required to submit quarterly (and possibly from previous years).

Users will be able to review and update completed submissions by selecting the Establishment Name link. Corrections will be **time-limited**. The “read-only” statement in the sample above will be deleted.

## 7. Online Form: Page 1 – Establishment Information

The screenshot shows the top portion of the OSHA website. At the top left is the United States Department of Labor logo. To its right is the text "UNITED STATES DEPARTMENT OF LABOR". Further right is a search bar with the word "SEARCH" in a button. Below this is a navigation bar with links: "A to Z Index", "En Español", "Contact Us", "FAQs", and "About OSHA". Below the navigation bar is a secondary bar with "OSHA" on the left, "OSHA QuickTakes" in a red box, and links for "Newsletter", "RSS Feeds", "Print This Page", and "Text Size". Below that is the text "Occupational Safety & Health Administration We Can Help" and "What's New | Offices". At the bottom of the header is a menu with links: "Home", "Workers", "Regulations", "Enforcement", "Data & Statistics", "Training", "Publications", "Newsroom", "Small Business", and the OSHA logo.

### Establishment Address Information

Input the following information about the particular establishment for which these injury/illness data are being provided. Then click the "Next" button to advance to the next screen.

*Important:* To submit a completed online form for an individual corporate establishment, you must select the "Submit" button at the end of the form (on the next screen).

**(\*) = required field**

SIC:

NAICS:

Establishment  
DUNS Number:   
(Please provide if available.)

### Establishment Location Address

**(\*)** Contact:   
**(\*)** Title:   
**(\*)** Phone:  Ext:

**(\*)** Establishment  
Name:   
Secondary Name:

**(\*)** Address:

Address 2:

**(\*)** City/State/Zip: ,

### Establishment Mailing Address

Establishment Mailing Address is the same as Establishment Location Address.

**(\*)** Address:

Address 2:

**(\*)** City/State/Zip: ,

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General Notes:

This is the first of multiple data entry screens for *all* establishments submitting data. Users reach this page by selecting “Submit Data” on the previous Dashboard page. Exact data fields will be determined during system development.

Basic validation will be included to ensure that required fields are completed and that data is entered into the appropriate format (e.g., numeric entries only in phone fields.)

To minimize the level of effort per submission (e.g., quarterly submissions), data entered on the first form page (above) will be saved in the system and displayed for updating as needed.

**8. Online Form: Page 2 – Log Summary & Employment Information (Form 300A)**

The screenshot shows the top navigation bar of the OSHA website. It features the United States Department of Labor logo and name on the left, a search box on the right, and a list of links including 'A to Z Index', 'En Español', 'Contact Us', 'FAQs', and 'About OSHA'. Below this is a secondary navigation bar with 'OSHA' on the left, 'OSHA QuickTakes' in the center, and 'Newsletter', 'RSS Feeds', 'Print This Page', and 'Text Size' on the right. A third navigation bar contains 'Occupational Safety & Health Administration' and 'We Can Help' on the left, and 'What's New | Offices' on the right. At the bottom of this bar is a horizontal menu with links for 'Home', 'Workers', 'Regulations', 'Enforcement', 'Data & Statistics', 'Training', 'Publications', 'Newsroom', 'Small Business', and the OSHA logo.

**Online Submission Form: Log Summary Information**

Using your completed Calendar Year 2010 Summary of Work-Related Injuries and Illnesses (OSHA Form 300A), copy the establishment information into the boxes below.

1. **★ For this particular establishment: Enter the annual average employment for 2010. (You can copy this from your OSHA Form 300A).**
2. **★ For this particular establishment: Enter the total hours worked for 2010. (You can copy this from your OSHA Form 300A.)**

**Note:** Total Hours Worked should exclude vacation, sick leave, holidays, and other non-work time.

If these numbers are not available on your OSHA Form 300A, or if your establishment does not keep records needed to answer (1) and (2) above, you can estimate this way. [click here](#)

3. **Check any conditions that might have affected your annual average number of employees or total hours worked during 2010:**
  - Strike or lockout
  - Shutdown or layoff
  - Seasonal work
  - Natural disaster or adverse weather conditions
  - Shorter work schedules or fewer pay periods than usual
  - Longer work schedules or more pay periods than usual
  - Other reason
  - Nothing unusual happened to affect our employment or hours figures
4. **Did you have any recordable injuries or illnesses during 2010?**
  - Yes (Go to the next section)
  - No (Go to Authorization and Submission of This Form)

5. Number of Cases

Total number of deaths(G)	Total number of cases with days away from work(H)	Total number of cases with job transfer or restriction(I)	Total number of other recordable cases(J)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Number of Days

Total number of days away from work(K)	Total number of days of jobs transfer or restriction (L)
<input type="text"/>	<input type="text"/>

7. Injury and Illness Types

(M) Total Number of..

(1) Injuries	<input type="text"/>	(4) Poisonings	<input type="text"/>
(2) Skin Disorders	<input type="text"/>	(5) Hearing Loss	<input type="text"/>
(3) Respiratory Conditions	<input type="text"/>	(6) All Other Illnesses	<input type="text"/>

Additional Comments

\*\*\*\*\*

Authorization and Submission of This Form

Authorization

In the appropriate fields below, provide the name, title, phone number, and email address of the person who authorizes the submission of this injury and illness log data.

The person authorizing this submission is considered by OSHA to be responsible for the accuracy of this establishment's injury and illness data provided to the Agency in keeping with the requirements of Section 24 of Public Law 91-596 (the Occupational Safety and Health Act of 1970). Further, the person authorizing this submission is the person OSHA will contact to resolve any questions that arise concerning the data.

Submission

To transmit the completed form to OSHA, click on the "Submit" button. Doing so will transmit the form's data directly to OSHA's Log Data collection database. Once you have submitted the data, confirmation of submittal will appear on the screen, and a confirmation email will be sent to the contact's email address. To print a copy of the completed survey form for your own records, use the "Print" command on your web browser.

\* Contact Name (e.g. FirstName LastName)

\* Title

\* Telephone Number (e.g. 6035551212)  Ext

Fax Number (e.g. 6035551212)

Today's Date (e.g. mm/dd/yyyy)

\* Email (e.g. xxx@xxx.com)

\* Confirm Email

Submit

No data are collected by this site until the Submit button has been clicked.

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General Notes:

This form will only be seen by establishments with 20+ employees that (1) operate in one of the industries specified in Appendix A to subpart E of Part 1904 and (2) for whom RK is required under Part 1904; and thus will submit summary data to OSHA *annually*.

Basic validation will be included to ensure that required fields are completed and that data is entered into the appropriate format (e.g., numeric entries only in phone fields.)

In addition, ODI-specific validation can be incorporated to check for outlier data when the user clicks “submit.” See following page for an example.

Following submission of the 300A data, respondents will receive online confirmation and an email confirmation. See items 10 and 11.

**9. Example Data Validation Check:**

**Change value?** ×

▲ The following error has been identified:

Injury and illness totals are inconsistent. The total number of reported cases (G+H+I+J) must equal the total number of injury and illness types (M1+M2+M3+M4+M5+M6).  
Note: Choose ONLY ONE of the categories (G through J) for each recordable case. If a case has both days away from work and days of job transfer or restriction, record the case once and only once in column H. This is true even when the number of job transfer/restriction days exceeds the number of days away from work. Column I is used for cases with days of job transfer/restriction only. If the case has even one day away from work, the case is counted in column H.

To stop your data submission and correct this error, click **FIX NOW**. To continue your data submission with this error, click **IGNORE and SUBMIT**.

Please note, continuing to submit the data with an error may result in a phone call from an OSHA collecting agency to correct the identified error(s).

If you need assistance, please call the collecting agency indicated on the mailing label.

**FIX NOW**    **IGNORE and SUBMIT**

**General Notes:**

Upon submission, users will be notified if data entered fall outside of set parameters and will have the option to fix the data before continuing with data submission OR ignore the edit condition(s) presented and continue with data submission. (This is an assumption based on current OSHA Log data collection.) This notification is presented as a pop-up on the data entry page when the user clicks the “submit” button.

There are a number of edit condition checks already in use on the current ODI Respondent’s website that can be incorporated into the new data collection site. See example above. These checks, however, are specific to the 300A data. New edit checks will need to be developed and tested for the 300 and 301 data.

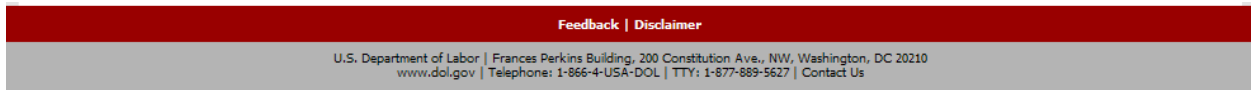
**10. Online Confirmation:**



**Online Submission Confirmation: OSHA Log Data Collection**

Meg Jones: Thank you for the data submission to OSHA’s log data collection website. You can review, update, and print a copy of your submission by returning to your dashboard. If you have any questions regarding your submission, please contact the Helpline at [xxx-xxx-xxxx] or via email to [xxxxxxx@xx.com](mailto:xxxxxxx@xx.com). Helpline staff is available Monday through Friday from xx to xx.

[Return to My Dashboard](#)



**11. Email Confirmation:**

Thank you for submitting your [insert calendar year] OSHA log data to OSHA’s Log Data Collection website. You can review, update, and print a copy of your submission by returning to your dashboard. If you have any questions, please contact the Helpline at [xxx-xxx-xxxx] or via email to [xxxxxxx@xxx.com](mailto:xxxxxxx@xxx.com). Helpline staff is available Monday through Friday from xx t xx.

This is an automated email. Please do not reply to this message.

## 12. Logout Confirmation:



The screenshot shows the OSHA website header with the United States Department of Labor logo and navigation links. The main content area displays a blue confirmation message: "You are now logged out of the Log Data Collection System." Below this message, it says "You can either [log back in](#) or close this window." The footer contains contact information for the U.S. Department of Labor.

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**You are now logged out of the Log Data Collection System.**

You can either [log back in](#) or close this window.

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### General Notes:

“[Log back in](#)” link will return the user to the login screen (see #4 above).

13. Online Form: Page 2 – Complete Log (Form 300)


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OSHA's Form 300 (Rev. 01/2004)

## Log of Work-Related Injuries and Illnesses

**Note: You can type input into this form and save it.** Because the forms in this recordkeeping package are "fillable/writable" 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.

Year 20 

  
**U.S. Department of Labor**  
 Occupational Safety and Health Administration

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Form approved OMB no. 1218-0176

Establishment name   
 City  State

Identify the person			Describe the case			Classify the case				Enter the number of days the injured or ill worker was:		Select the "Injury" column or choose one type of illness:					
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	Remained at Work				Away from work	On job transfer or restriction	(M)					
						Death	Days away from work	Job transfer or restriction	Other recordable cases	(K)	(L)	Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses
						(G)	(H)	(I)	(J)			(1)	(2)	(3)	(4)	(5)	(6)
Reset			/ /							days	days						
Reset			/ /							days	days						
Reset			/ /							days	days						
Reset			/ /							days	days						
Reset			/ /							days	days						
Reset			/ /							days	days						
Reset			/ /							days	days						
Reset			/ /							days	days						
Reset			/ /							days	days						
Reset			/ /							days	days						
Reset			/ /							days	days						
Reset			/ /							days	days						

Page totals ▶

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Page 1 of 1

**Go to Form 301 Page**

### General Notes:

This form will only be seen by establishments with 250+ employees and RK required under Part 1904 that submit log 300 data to OSHA *quarterly*.

The example above shows the types of data that will be captured on this page. Some aspects of the look and feel may be adjusted during the development stage and will ensure that the data entry is straight-forward and intuitive.

Users will have the option of adding another 300 log page. If they choose to “Add a Form Page,” they will get a blank form page like this one. The “Save Input” button will prompt users to (1) continue entering 300 data or (2) go to a Form 301 data-entry screen.

After entering Form 300 data, the respondent will click “Go to Form 301 Page” to input the Form 301 data. Data elements that are redundant between the two forms will auto-fill in the Form 301 (i.e., case number, employee name, date of injury/illness).

Following input of the 301 data, users will authorize and submit data (for both 300 and 301s). For quarterly submitters, it is anticipated that the system will give respondents the option to input data over multiple user sessions before the user authorizes the establishment’s quarterly submission.

### ***Request for Comment on:***

#### **System Characteristics to Consider for Minimizing Burden on Respondents**

- From the perspective of quarterly respondents who would be required to submit both the Form 300 log and an accompanying Form 301 incident report for each case on the log, would it be easier (i.e., less burdensome) for the respondent to input the incident report at the same time the respondent inputs a case on the log? Or would it be easier to input multiple log entries at once and then input multiple corresponding incident reports at once?

#### ***Programming approaches under consideration:***

- If preferable to input the incident report at the same time as the log entry, the system could open a blank incident report for input (e.g., in a child window) whenever a case is entered on the log.
- If preferable to input multiple incident reports as a separate step, the system could be set up so that respondent proceeds to step for inputting incident reports after clicking “Go to Form 301 page” (i.e., as the mockup currently anticipates).

# 14. Online Form: Page 3 – Incident Reports (Form 301)

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## OSHA's Form 301

# 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/writable" 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.

U.S. Department of Labor  
Occupational Safety and Health Administration

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.

Completed by

Title

Phone  -  -       Date  /  /

### Information about the employee

1) Full name

2) Street

3) City  State  ZIP

4) Date of birth  /  /

5) Date hired  /  /

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 worksite, where was it given?

Facility

Street

City  State  ZIP

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

9) Was employee hospitalized overnight 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  /  /

12) Time employee began work   AM  PM

13) Time of event   AM  PM  Check if time cannot be determined

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 soreness in wrist over time."

16) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." *Examples:* "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

17) **What object or substance directly harmed the employee?** *Examples:* "concrete floor"; "chlorine"; "radial 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  /  /

Save Input

Add a Form Page

Reset

Authorize and Submit Data

Feedback | Disclaimer

General Notes:

This form will only be seen by establishments with 250+ employees and RK required under Part 1904 that submit 301 data to OSHA *quarterly*.

The example above shows the types of data that will be captured on this page. Some aspects of the look and feel may be adjusted during the development stage and will ensure that the data entry is straight-forward and intuitive.

Users will have the option of adding more incident reports or, when finished, authorizing and submitting data. If they choose to “Add a Form Page” (i.e., another incident report page), they will get a fresh page like this one. By choosing “Authorize and Submit Data”, they will go to the next screen. The “Save Input” button will prompt users to (1) continue entering 301 data (i.e., get a blank 301 form) or (2) authorize and submit data. For quarterly submitters, it is anticipated that the system will give respondents the option to input data over multiple user sessions before the user authorizes the establishment’s quarterly submission.

As noted on prior page, data elements that are redundant between the Form 300 and the Form 301 will auto-fill in the Form 301 (i.e., case number, employee name, date of injury/illness).

**Possible Data Validation:** When the user selects “Authorize and Submit Data” the system will compare the number of incident reports entered to the number of rows entered on the Log 300 data page and notify the user about any discrepancies.

15. **Online Form: Page 3 – Authorize and Submit Data (Form 300 and 301):**

### Authorization and Submission of This Form

#### Authorization

In the appropriate fields below, provide the name, title, phone number, and email address of the person who authorizes the submission of this injury and illness log data.

The person authorizing this submission is considered by OSHA to be responsible for the accuracy of this establishment's injury and illness data provided to the Agency in keeping with the requirements of Section 24 of Public Law 91-596 (the Occupational Safety and Health Act of 1970). Further, the person authorizing this submission is the person OSHA will contact to resolve any questions that arise concerning the data.

#### Submission

To transmit the completed form to OSHA, click on the "Submit" button. Doing so will transmit the form's data directly to OSHA's Log Data collection database. Once you have submitted the data, confirmation of submittal will appear on the screen, and a confirmation email will be sent to the contact's email address. To print a copy of the completed survey form for your own records, use the "Print" command on your web browser.

Contact Name  
(e.g. FirstName LastName)

Title

Telephone Number  
(e.g. 6035551212)      Ext

Fax Number  
(e.g. 6035551212)

Today's Date  
(e.g. mm/dd/yyyy)      03/08/2012

Email  
(e.g. xxx@xxx.com)

Confirm Email

No data are collected by this site until the Submit button has been clicked.

[Feedback](#) | [Disclaimer](#)

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www.dol.gov | Telephone: 1-866-4-USA-DOL | TTY: 1-877-889-5627 | Contact Us

General Notes:

Following submission of the Form 300 and 301 incident data, respondents will receive online confirmation and an email confirmation. See items 10 and 11 above for examples.

Basic validation will be included to ensure that required fields are completed and that data is entered into the appropriate format (e.g., numeric entries only in phone fields.)