evan if na

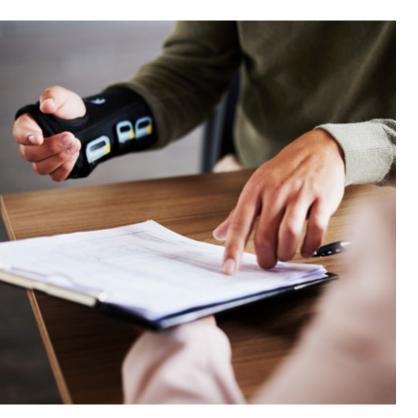
All establishments cover

Recording and posting workplace injuries and illnesses *m 300* work-Rol

You must

Am I required to keep records of workplace injuries and illnesses?

The list of industries exempt from the requirement to routinely keep OSHA injury and illness records was updated in 2016. The list is based on the North American Industry Classification System (NAICS). Some industries changed from an exempt industry to non-exempt - meaning they now have to keep records. Others, who were required to keep records, are now on



the exempt list because of relatively low occupational injury and illness rates. The complete list of the designated industries that are not required to keep injury and illness records are found in Table - 1 Exempt industries in Oregon OSHA's Recording Workplace Injuries and Illnesses Rule (OAR 437-001-0700).

What if I am not on the exempt list?

If your organization had more than 10 employees at any time during the last calendar year and is not listed on the exempt list in Table 1, you must keep the following injury and illness records for five years for each establishment.

- OSHA 300 Log Enter each recordable injury or illness within seven calendar days of receiving information that a recordable injury or illness occurred. Enter information about your business at the top and a description for each recordable injury or illness.
- OSHA 300A Summary Summarize the OSHA 300 Log information form at the end of the year.
- DCBS Form 801 Complete for each recordable injury or illness entered on the OSHA 300 Log.

You may use a computer to keep your records if it can produce equivalent forms when needed.

If you close one of your establishments, you must keep all records for that establishment.



Salem Central Office 350 Winter St. NE Salem, OR 97301-3882 Phone: 503-378-3272 Toll-free: 800-922-2689 Fax: 503-947-7461

What if I am on the exempt list?

If your industry is exempt or your organization never had more than 10 employees at any time during the last calendar year, you are not required to keep the OSHA Form 300 or 300A Summary form for that year. The exemption for size is based on the number of employees in the entire company within the state of Oregon. The list of exempt industries, regardless of the number of employees, is found on Table 1.

You must keep the DCBS Form 801 or equivalent for five years for each occupational injury or illness that may result in a compensable claim.

Who else must keep records of injuries and illnesses?

Hospitals and ambulatory surgical centers must keep a log of health care assaults that complies with Oregon OSHA's Recordkeeping for Health Care Assaults Rule (OAR 437-001-0706).

Summary of Work-Related Injuries and Illnesses Year 20

Total number of cases with job transfers or restriction

(I)

(4) Poisonings

(5) Hearing loss(6) All other illnes

Total number of other recordable cases

(J)

Establishm Your establishr

Street: ____ City: _____ State:

Industry descr

(e.g., manufact

North America

if known (e.g., I

Employment in see the worksh Annual average

Total hours wo

Knowingly fals

The highest rank must sign the O

Compan

Title

All establishments covered by OAR 437-601-0700 must complete this Summary of Work-Related Injuries and Illnesses, even if no work-related 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.

entities are compared and accurate sector comparing units animary. Using the log, count the individual entity uso made for each category. Then write the totals below, making sure you've added the entities from every page of the log. If you had no cases, write '0'. Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OESG mod 20 or the guivalent. See QAR 473-001-07002(1).

> Total number of cases with days away from work

Total number of days of job transfer or restriction

(L)

Keep this summary posted from Feb. 1 to April 30 of the year following the year covered by this form.

| | Insert self-insured employer service company, if any. | , and insurer name, address, p | | | |
|--|--|--|---|--|---|
| | | uaaress, p | | | |
| on never | To make a claim for a m | | R_e | Port of Job Injury or I Workers' compensation and give it to your employer. If you do not inte are line. Your employer. If you do not inte | |
| | Date of injury or illness: | related injury or illness, fi | Worker | Workers, Job Injury or I | Un - |
| ring the 🛛 🛛 🎼 | Time of injury r illness: | Date you left work: | ce company, do not sign the signat | Workers' compensation | claim |
| eep the \int_{w_b} | hat is your illness or injury? | m. left work: What part of the bod | a, <u>do not sign the signal</u> Time you began work <u>p.m.</u> <u>Check here if you have 1</u> <u>ich side?</u> (Example: Sprained right f | Port of Job Injury or I Workers' compensation and give ito your employer. If you do not inte mer line your employer will give you a copy and a star intervent and a star intervent and a star mer line your employer will give you a copy and a star intervent and a star intervent and a star mer line your employer will give you a copy mer than and a star intervent and a star mer than and a star intervent and a star mer line your employer will give you a star mer line you and a star mer line you and a star mer line you and | nd to |
| c that | aat caused it? What were you d insion ladder carrying a 40-po | loing? Includes | a.m. Check here if you have i p.m. Job: ich side? (Example: Sprained right f | $\begin{array}{c c} \hline a.m. \\ p.m. \\ nore than one \\ \hline m \\ \hline \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$ | USE: |
| r that | - 104p0 | and box of roofing materia | shinery, or tool used. (Example: E-u | $\begin{array}{c c} \text{Sot} & & & I & WT & FS & S \\ \hline & & & & I & Left & \Box & Right & Occ \\ \hline \end{array}$ | |
| number | ation ABOVE this line; date of deal | th, if death - | Image: Check here if you have Image: Debt Image: Debt Image: Debt Image: Debt Image: Sprained right Image: Sprained right Image: Debt Image: | 10 feet when climbing an Part | |
| he state | ailing address: | Sccurred; and Oreg | on OSHA case log number must be set | 10 feet when climbing an Pan Ex- Sec 4 or an audionical worker representative and representa- Birthdate: Opender: M D a co | |
| ardless | witnesses: phone number of health insur- ospitalized own: | Work phone: | inguage preference: | d to an authorized worker representative upon several Birthdate | |
| | | | | | 1 |
| | ture, 1 am - intergency room? | | Name and address of he injury or illness you are | ealth care provider who treated you for the now reporting: | |
| treatment for the | n administrator | orkers' compensati | its. The st | now reporting: | |
| valent | rds, certain drug and alcohol tre- d I have a right to see a hold | to the same area of the body | Name and address of h injury or illness you are injury or illness you are its. The above information is true to th d Business medical records to the w ords protectives. Notice Relevan ords protectives. Notice Relevan in AIPPAA autorization is not requir gentlement of the state and not requir | e best of my to | |
| Com-i | a healt | a care provider of my choice | is. The advice information is true to discuss roles and marked a records to the way of the sease relevant medical records to the way of the sease relevant restrictions and for the sease relevant restrictions and for the sease relevant of the | alth care provider who treated you for the now reporting: = best of my knowledge and belief 1 media compensation institutes self-instead of 45 crFR (bit seconds of prior requires get 164 512(1)). Beliese of e OR or A sense and a second self of the e OR of A sense and a second second second e OR of A sense and a second second second e OR of A sense and a second second second second e OR second second second second second second second e OR second seco | / |
| im. | of this form and give a conv | (please print) | access of certain restrictions und | v requires separate authorization. | |
| IIIIII If worker leasing con list client business na Address of prima: | npany, | the form to the worker. Et | oyer | Date: | / |
| Address of principal p of business (not P.O. B Street address for | me: place | Ph | onas protected by state and focused of the state of the state of the state and focused of the state and focused and state and focused and state of the state of t | e a claim, keep a copy of a | / |
| Street address from wh worker is/was supervise Address where | ich zd: | | | reat | |
| | | | FE | Danas | |
| Were other workers injured Date employer knew of claim: | ure of a machine or product, o d? Yes | t by a . | ZIP: Natu | y no.: re of business in which worker supervised: | |
| knew of claim: By my signature, I acknowled understand | Date worker returned to we t | 2 a person other than the | injured worker? | supervised: "Anch worker | |
| Employer | ge I am responsible for | Worker's | | | |
| signature: | worker's choice of | my work | OSHA 300 log case | | |
| Os Os | HA man | iny workers' compensation ss to a health care provider fame and rite | Date worker hired: | 10: If fatal, date of death: | |
| Os Os | HA man | iny workers' compensation ss to a health care provider fame and rite | Date worker hired: | av If fatal, date the ownedge of the claim 1 is under ORS 555 200 | |
| Os Os | HA man | iny workers' compensation ss to a health care provider fame and rite | Date worker hired: | no: If fatal, date of death: les under ORS 656.260, Date: uno or of the claim 1. Date: | |
| Os Os | HA man | iny workers' compensation ss to a health care provider fame and rite | Date worker hired: | no: di dauti: tanowladge or the claim. I Patric: Patric: Weight Of Constitution Weight Of Constitution Wei | |
| | Hance of or area Noted to the second secon | iny workers' compensation ss to a health care provider fame and rite | Date worker hired: | no: If final, date of death: Markine folges of the chine 1 Date: Deate: Second of Apple 1 Second of A | |
| 460.500 (1/21/DCBS/WCD/WEB) 5800. | 1000cc of or sec 1000cc of or sec 1000cc of a sec 1000 | any workers' compresentation set to a health care Provided fame and title leave print). If those works of the set of the set of the line, employeen must report any ere or cardiage loss to Oregon O or Oregon Energency Respons | Date worker Date worker Manage company within five days of <u>If 100, if could result in civil penal</u> de catastropheses to Oregon OSHA etiker in Stata within 24 kms. See OAR 43 7501.7 Stata within 24 kms. See OAR 43 7501.7 Stata within 24 kms. See OAR 43 7501.7 <u>New Year 20</u> Interesting: This form contains inform | Late: West or d any d Call d Call d Call d Call d Call to cure to | |
| 40.501 (1/21DCB5WCDWEB) 40.501 (1/21DCB5WCDWEB) OSHA's Form 3 Log of Work-H | 1414 represente Employee 1414 represente Employee material of the American American material of the American American Material American American American American American 2022-2689 (oBl-fers), 503-576-3272 2022 - 6899 (oBl-fers), 503-576-3272 2020 - 6899 (oBl-fers), 503-576-576-576-576-576-576-576-576-576-576 | any workers' compensation so to a head the composition arms and the composition of the composition was prime to be compared with the composition of the complex set must report and set or carrilage set to the composition of the complex set of the composition of the composition of the complex set of the composition of the composition of the complex set of the composition of the composition of the complex set of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of | Date worker Date | Late: West or d any d Call d Call d Call d Call d Call to cure to | |
| 40.801 (1.21 DC BS WCD WEB) 40.801 (1.21 DC BS WCD WEB) BOX OSHA's Form 3 Log of Work-I To mat record information about serving an instanced and distribution and bacture of the and and the about of the about th | Conservation of a second | Mill vorkerg' compensation of vorketing compensation arrea and traite Maxe prantice experiments and traited experiments of the second or or control age loss of cores and or or cores of cores of cores of core of cores of cores of cores of cores of cores of core of cores of cores of cores of cores of cores of core of cores of cores of cores of cores of cores of core of cores of cores of cores of cores of cores of core of cores of cores of cores of cores of cores of core of cores of cores of cores of cores of cores of cores of core of cores of cores of cores of cores of cores of cores of core of cores of cores of cores of cores of cores of core of cores of core of cores of | Date worker Date | Lette: da any da any da any cels radio cels radio methods of employees to the center possible while the center of employees to the center possible while the center of the center of the center of the center of the center of the center of the center of the center of the center of the center of the center of the cen | |
| 40.801 (1.21 DC BS WCD WEB) 40.801 (1.21 DC BS WCD WEB) BOX OSHA's Form 3 Log of Work-I To mat record information about serving an instanced and distribution and bacture of the and and the about of the about th | An event even of the second event even of the second event event of the second event | diffy workers' compresentation set to a heading compression array and tridity array | Date worker Date | Lase: days days days days days days days eckrads ation relating to employers the sust the used the | |
| 40.801 (1/21/DCBSWCDWEB) 40.801 (1/21/DCBSWCDWEB) 40.501 (1/21/DCBSWCDWEB) SOSHA'S Form 32 Log of Work-1 Want and infinition about ren with the main about ren with the main about ren with the main about the main about ren with the main about the main about ren with the main about the main about the main about the main about the main the main about the main about t | Control Control Control MAA requirements: Engloyees requirements: Engloyees requirements: Engloyees MAA requirements: Engloyees requirements: Engloyees requirements: Engloyees Max requirements: Engloyees requirements: Engloyees requirements: Engloyees Max requirements: Engloyees requirements: Engloyees requirements: Engloyees Max requirements: Engloyees requirements: Engloyees requirements: Engloyees OOO Reelacted Injuriee requirements: Engloyees requirements: Engloyees Max requirements: Engloyees requirements: Engloyees requirements: Engloyees OOO Reelacted Injurie requirements: Engloyees requirements: Engloyees requirements: Engloyees No requirements: Engloyees requirements: Engloyees requirements: Engloyees requirements: Engloyees OOO Reelacted Injurie requirements: Engloyees requirements: Engloyees requirements: Engloyees Diabation requirements: Engloyees requirements: Engloyees requirements: Engloyees Diabation <t< td=""><td>Min workerge compensation with a keating energy compensation arrae and tritter wess printing the second second second second energy of the second second second energy of the second se</td><td>Date worker Date work</td><td>Late: A any of Call a day of Call</td><td>injury" hoose one ess:</td></t<> | Min workerge compensation with a keating energy compensation arrae and tritter wess printing the second second second second energy of the second second second energy of the second se | Date worker Date work | Late: A any of Call a day of Call | injury" hoose one ess: |
| 40.801 (1.21 DC BS WCD WEB) 40.801 (1.21 DC BS WCD WEB) BOX OSHA's Form 3 Log of Work-I To mat record information about serving an instanced and distribution and bacture of the and and the about of the about th | An ender ender an ender AltA registering | Min workerge compensation with a keating energy compensation arrae and tritter wess printing the second second second second energy of the second second second energy of the second se | Date worker Date | Late: A any of Call a day of Call | injury" hoose one ess: |
| Additional (1/2) (2) (2) (2) (2) (2) (2) (2) (2) (2) (| Control Control Control MAA requirements: Engloyees requirements: Engloyees requirements: Engloyees MAA requirements: Engloyees requirements: Engloyees requirements: Engloyees Max requirements: Engloyees requirements: Engloyees requirements: Engloyees Max requirements: Engloyees requirements: Engloyees requirements: Engloyees Max requirements: Engloyees requirements: Engloyees requirements: Engloyees OOO Reelacted Injuriee requirements: Engloyees requirements: Engloyees Max requirements: Engloyees requirements: Engloyees requirements: Engloyees OOO Reelacted Injurie requirements: Engloyees requirements: Engloyees requirements: Engloyees No requirements: Engloyees requirements: Engloyees requirements: Engloyees requirements: Engloyees OOO Reelacted Injurie requirements: Engloyees requirements: Engloyees requirements: Engloyees Diabation requirements: Engloyees requirements: Engloyees requirements: Engloyees Diabation <t< td=""><td>diff workerg's comparisation work and the site provide array and tritle wespective these prints thes</td><td>Date worker Date worker Date worker definition of the set of</td><td>Late:: Arrow of the card o</td><td>injury" hoose one ess: 640002440017 010007000</td></t<> | diff workerg's comparisation work and the site provide array and tritle wespective these prints thes | Date worker Date worker Date worker definition of the set of | Late:: Arrow of the card o | injury" hoose one ess: 640002440017 010007000 |
| 40.501 (1/21/DEBSWEDWEB) 40.501 (1/21/DEBSWEDWEB) 500 OSHA'S Form 32 Log of Work-1 Which and infinite on photometer was about the other states of the second state of the second about the other second states of the second states of the second about the second states of the second states of the second about the second states of the second states of the second about the second states of the second states of the second about the second states of the second states of the second about the second states of the second states of the second about the second states of the second states of the second about the second states of the second states of the second states of the second about the second states of t | Control of a result of the second of th | Min Vorkerg' compensation wire a karding carporation Ame and tritte Wess Print) Toport work-reduced families a more and tritte more and t | Date worker Date worker Date worker definition of the set of | Late:: | injury" hoose one Ess: sequenting on the second |
| Additional of the second secon | All registrances: Engloyee in a section of the sect | Min Vorkerg' compensation wire a karding carporation Ame and tritte Wess Print) Toport work-reduced families a more and tritte more and t | Date worker Date worker Date worker definition of the set of | Late:: | injury" srd fuxer srd fuxer srd fuxer fuxer fuxer srd fuxer srd fuxer fu |
| And and the second seco | Control of a result of the second of th | diff vorkerge compensation with a kathford science provide with a kathford science provid | Date worker Date worker Date worker definition of the set of | Late:: Arrow of the constraint of t | injury" https://www.jaukovieweliaukoviewe |
| | Other control of the second | diff vorkerge compensation with a kathford science provide with a kathford science provid | Date worker Date worker Date worker definition of the set of | Late: Annow and any of the cards and any o | injury" https://www.injury" https://www.injury/ sq.Gu/uwy.injury/ (4) (5) (6) (1) |
| All Andrewski - All Andre | Other control of the second | diff vorkerge compensation with a kathford science provide with a kathford science provid | Date worker Date | Late:: | injury" herose one ess: sq 6urosed (4) (5) (6) (1) |
| Additional (1.2) DCTBS WCD W(2)) Addit | Other control of the second | diff vorkerge compensation with a kathford science provide with a kathford science provid | Date worker Date | Late:: | injuny" boose one su d Guard (4) (5) (6) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1 |
| | Other control of the second | diff vorkerge compensation with a kathford science provide with a kathford science provid | Date worker Date | Late:: | injuny" boose one su d Guard (4) (5) (6) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1 |
| Advanced in the second | Other control of the second | diff vorkerge compensation with a kathford science provide with a kathford science provid | Date worker Date | Late: State: It has a finite of the constant of th | |
| | Other control of the second | diff vorkerge compensation with a kathford science provide with a kathford science provid | Date worker Date | Date: Control of any of a | Image: Second |
| | Other control of the second | diff vorkerge compensation with a kathford science provide with a kathford science provid | Date worker Date worker Date worker Date worker definition of the days of definition of the days definition definitio | Date: Control of any of a | injury" interse one sess: sequence interse one sess: sequence interse |
| | Other control of the second | diff vorkerge compensation with a kathford science provide with a kathford science provid | Contraction of the sector of the sect | Late: State: Instance register, edited in processes Instance register, edited in processes Instance register, edited in processes Instance register, edited in processes Instance register, edited in processes Instance register, edited in processes Instance register, edited in processes Instance register, edited in processes Instance register, edited in processes Instance register, edited in processes Instance register, edited in processes Instance register, edited in processes Instance register, edited in processes Instance register, edited in processes Instance register, edited in processes Instance register, edited in processes Instance register, edited in processes Instance register, edited in processes Instance register, edited in processes Instance register, edited in processes Instance register, edited in processes Instance register, edited in processes Instance register, edited in processes Instance register, edited in processes Instance register, edited in processes Instance, edited in processes In | |
| Advant (1/2)(DCRSWCDWEB) 400-001 (1/2)(DCRSWCDWEB) BOSHA'S Form 32 DOSHA'S Form 33 Log of Work-1 The rest of the set of a contra your set of the set of the set of a contra your set of the set of the set set of the set o | Other control of the second | diff vorkerge compensation with a kathford science provide with a kathford science provid | Contraction of the sector of the sect | Date: Control of any of a | |



OSHA Form 300A

Number of cases

Number of day

Injury and ill

Injuries
 Skin disc

Total number of . . (M)

The Technical Section of Oregon OSHA produced this fact sheet to highlight health and safety programs and rules. The information is intended to explain the rules and provide best practices to employers.

What are the annual summary posting requirements?

OSHA 300A Summary is the annual summary of injuries and illnesses recorded on your OSHA 300 Log. Review the OSHA 300 Log to verify that the entries are accurate and to correct deficiencies. The OSHA 300A Summary must be certified (signed and dated) by a company executive. A designated representative can certify the OSHA 300A Summary as long as a company executive reviews the OSHA 300 Log to familiarize themselves with its contents.

Each year you must post a copy of each establishment's OSHA 300A Summary in a conspicuous place no later than Feb. 1 of the year following the records and keep it posted until April 30. The summary must be posted at the establishment where the injuries or illnesses occurred. In cases where the employees are mobile, the OSHA 300A Summary may be posted at a location where employees regularly report to work. Do not post your OSHA 300 Log.

Rules

- Recording Workplace Injuries and Illnesses:
 OAR 437-001-0700
- <u>Reporting Fatalities and Injuries to Oregon</u>
 <u>OSHA: OAR 437-001-0704</u>
- Rules for all Workplaces: OAR 437-001-0760
- Recordkeeping for Health Care Assaults: OAR 437-001-0706

Program directives

- Inspection Criteria: Temporary Employment and Leasing Agencies (A-246)
- <u>
 Recordkeeping (A-249)</u>

Forms

- OSHA 300 and 300A forms
- DCBS Form 801



Visit Oregon OSHA

Workers

Your employer cannot retaliate against you for reporting a workplace health or safety concern or violation. For more information about your rights, visit the Oregon OSHA website.





osha.oregon.gov OR-OSHA (01/24) FS-24a