OSHA
Forms for Recording
Work-Related Injuries and Illnesses

Dear Employer:

This booklet includes the forms needed for maintaining occupational injury and illness records for 2004. These new forms have changed in several important ways from the 2003 recordkeeping forms.

In the December 17, 2002 Federal Register (67 FR 77165-77170), OSHA announced its decision to add an occupational hearing loss column to OSHA's Form 300, Log of Work-Related Injuries and Illnesses. This forms package contains modified Forms 300 and 300A which incorporate the additional column M(5) Hearing Loss. Employers required to complete the injury and illness forms must begin to use these forms on January 1, 2004.

In response to public suggestions, OSHA also has made several changes to the forms package to make the recordkeeping materials clearer and easier to use:

- On Form 300, we've switched the positions of the day count columns. The days "away from work" column now comes before the days "on job transfer or restriction."
- We've clarified the formulas for calculating incidence rates.
- We've added new recording criteria for occupational hearing loss to the "Overview" section.
- On Form 300, we've made the column heading "Classify the Case" more prominent to make it clear that employers should mark only one selection among the four columns offered.

The Occupational Safety and Health Administration shares with you the goal of preventing injuries and illnesses in our nation's workplaces. Accurate injury and illness records will help us achieve that goal.

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

What's Inside...

In this package, you'll find everything you need to com OSHA's *Log* and the *Summary of Work-Related Injuries an* for the next several years. On the following pages, you'

▼ **An Overview: Recording Work-Related Injuries and I** General instructions for filling out the forms in this and definitions of terms you should use when you your cases as injuries or illnesses.

▼ **How to Fill Out the Log —** An example to guide you out the *Log* properly.

▼ **Log of Work-Related Injuries and Illnesses —** Several pages of the *Log* (but you may make as many copies of the *Log* as you need.) Notice that the *Log* is separate from the *Summary.*

▼ **Summary of Work-Related Injuries and Illnesses —** Removable *Summary* pages for easy posting at the end of the year. Note that you post the *Summary* only, not the *Log*.

▼ **Worksheet to Help You Fill Out the Summary —** A w figuring the average number of employees who wo your establishment and the total number of hours

▼ **OSHA's 301: Injury and Illness Incident Report —** A copy of the OSHA 301 to provide details about the incident. You may make as many copies as you need or use an equivalent form.

Take a few minutes to review this package. If you have questions, *visit us online at www.osha. gov* or *call your local* We'll be happy to help you.

diagnostic procedures, including administering prescription medications that are used solely for diagnostic purposes; and

any procedure that can be labeled first aid. (*See below for more information about first aid.*)

hat is first aid?

he incident required only the following types treatment, consider it first aid. Do NOT ord the case if it involves only:

using non-prescription medications at non-prescription strength;

administering tetanus immunizations;

cleaning, flushing, or soaking wounds on the skin surface;

using wound coverings, such as bandages, BandAids™, gauze pads, etc., or using SteriStrips™ or butterfly bandages.

using hot or cold therapy;

using any totally non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc.;

using temporary immobilization devices while transporting an accident victim (splints, slings, neck collars, or back boards).

drilling a fingernail or toenail to relieve pressure, or draining fluids from blisters;

using eye patches;

using simple irrigation or a cotton swab to remove foreign bodies not embedded in or adhered to the eye;

using irrigation, tweezers, cotton swab or other simple means to remove splinters or foreign material from areas other than the eye;

▼ using finger guards;

▼ using massages;

▼ drinking fluids to relieve heat stress

How do you decide if the case involved restricted work?

Restricted work activity occurs when, as the result of a work-related injury or illness, an employer or health care professional keeps, or recommends keeping, an employee from doing the routine functions of his or her job or from working the full workday that the employee would have been scheduled to work before the injury or illness occurred.

How do you count the number of days of restricted work activity or the number of days away from work?

Count the number of calendar days the employee was on restricted work activity or was away from work as a result of the recordable injury or illness. Do not count the day on which the injury or illness occurred in this number. Begin counting days from the day <u>after</u> the incident occurs. If a single injury or illness involved both days away from work and days of restricted work activity, enter the total number of days for each. You may stop counting days of restricted work activity or days away from work once the total of either or the combination of both reaches 180 days.

Under what circumstances should you NOT enter the employee's name on the OSHA Form 300?

You must consider the following types of injuries or illnesses to be privacy concern cases:

▼ an injury or illness to an intimate body part or to the reproductive system,

▼ an injury or illness resulting from a sexual assault,

▼ a mental illness,

▼ a case of HIV infection, hepatitis, or tuberculosis,

▼ a needlestick injury or cut from a sharp object that is contaminated with blood or other potentially infectious material (see 29 CFR Part 1904.8 for definition), and

▼ other illnesses, if the employee independently and voluntarily requests that his or her name not be entered on the log.

You must not enter the employee's name on the OSHA 300 *Log* for these cases. Instead, enter "privacy case" in the space normally used for the employee's name. You must keep a separate, confidential list of the case numbers and employee names for the establishment's privacy concern cases so that you can update the cases and provide information to the government if asked to do so.

If you have a reasonable basis to believe that information describing the privacy concern case may be personally identifiable even though the employee's name has been omitted, you may use discretion in describing the injury or illness on both the OSHA 300 and 301 forms. You must enter enough information to identify the cause of the incident and the general severity of

the injury or illness, but yo include details of an intima

What if the outcome c record the case?

If the outcome or extent of changes after you have rec simply draw a line through if you wish, delete or white entry. Then write the new belongs. Remember, you n most serious outcome for e

Classifying injurie

An injury is any wound or resulting from an event in environment.

Examples: Cut, punctu abrasion, fracture, bruise, tooth, amputation, insect b a thermal, chemical, electr burn. Sprain and strain inj joints, and connective tissu injuries when they result fr other similar accidents.

assifying illnesses

n diseases or disorders

n diseases or disorders are illnesses involving
worker's skin that are caused by work
osure to chemicals, plants, or other
stances.

Examples: Contact dermatitis, eczema, or
n caused by primary irritants and sensitizers
poisonous plants; oil acne; friction blisters,
ome ulcers; inflammation of the skin.

spiratory conditions

spiratory conditions are illnesses associated
h breathing hazardous biological agents,
micals, dust, gases, vapors, or fumes at work.

Examples: Silicosis, asbestosis, pneumonitis,
aryngitis, rhinitis or acute congestion;
mer's lung, beryllium disease, tuberculosis,
upational asthma, reactive airways
function syndrome (RADS), chronic
tructive pulmonary disease (COPD),
persensitivity pneumonitis, toxic inhalation
ury, such as metal fume fever, chronic
tructive bronchitis, and other
eumoconioses.

soning

soning includes disorders evidenced by
normal concentrations of toxic substances in
od, other tissues, other bodily fluids, or the
ath that are caused by the ingestion or
orption of toxic substances into the body.

Examples: Poisoning by lead, mercury,

cadmium, arsenic, or other metals; poisoning by
carbon monoxide, hydrogen sulfide, or other
gases; poisoning by benzene, benzol, carbon
tetrachloride, or other organic solvents;
poisoning by insecticide sprays, such as
parathion or lead arsenate; poisoning by other
chemicals, such as formaldehyde.

Hearing Loss

Noise-induced hearing loss is defined for
recordkeeping purposes as a change in hearing
threshold relative to the baseline audiogram of
an average of 10 dB or more in either ear at
2000, 3000 and 4000 hertz, and the employee's
total hearing level is 25 decibels (dB) or more
above audiometric zero (also averaged at 2000,
3000, and 4000 hertz) in the same ear(s).

All other illnesses

All other occupational illnesses.

Examples: Heatstroke, sunstroke, heat
exhaustion, heat stress and other effects of
environmental heat; freezing, frostbite, and
other effects of exposure to low temperatures;
decompression sickness; effects of ionizing
radiation (isotopes, x-rays, radium); effects of
nonionizing radiation (welding flash, ultra-violet
rays, lasers); anthrax; bloodborne pathogenic
diseases, such as AIDS, HIV, hepatitis B or
hepatitis C; brucellosis; malignant or benign
tumors; histoplasmosis; coccidioidomycosis.

When must you post the Summary?

You must post the *Summary* only — not the
Log — by February 1 of the year following the
year covered by the form and keep it posted
until April 30 of that year.

How long must you keep the Log and Summary on file?

You must keep the *Log* and *Summary* for
5 years following the year to which they
pertain.

Do you have to send these forms to OSHA at the end of the year?

No. You do not have to send the completed
forms to OSHA unless specifically asked to
do so.

How can we help yo

If you have a question abo
the *Log*,

❏ *visit us online at ww*

❏ *call your local OSHA*

Calculating Injury and Illness Incidence Rates

What is an incidence rate?

An incidence rate is the number of recordable injuries and illnesses occurring among a given number of full-time workers (usually 100 full-time workers) over a given period of time (usually one year). To evaluate your firm's injury and illness experience over time or to compare your firm's experience with that of your industry as a whole, you need to compute your incidence rate. Because a specific number of workers and a specific period of time are involved, these rates can help you identify problems in your workplace and/or progress you may have made in preventing work-related injuries and illnesses.

How do you calculate an incidence rate?

You can compute an occupational injury and illness incidence rate for all recordable cases or for cases that involved days away from work for your firm quickly and easily. The formula requires that you follow instructions in paragraph (a) below for the total recordable cases or those in paragraph (b) for cases that involved days away from work, *and* for both rates the instructions in paragraph (c).

(a) *To find out the total number of recordable injuries and illnesses that occurred during the year,* count the number of line entries on your OSHA Form 300, or refer to the OSHA Form 300A and sum the entries for columns (G), (H), (I), and (J).

(b) *To find out the number of injuries and illnesses that involved days away from work,* count the number of line entries on your OSHA Form 300 that received a check mark in column (H), or refer to the entry for column

(H) on the OSHA Form 300A.

(c) *The number of hours all employees actually worked during the year*. Refer to OSHA Form 300A and optional worksheet to calculate this number.

You can compute the incidence rate for all recordable cases of injuries and illnesses using the following formula:

Total number of injuries and illnesses x 200,000 ÷ Number of hours worked by all employees = Total recordable case rate

(The 200,000 figure in the formula represents the number of hours 100 employees working 40 hours per week, 50 weeks per year would work, and provides the standard base for calculating incidence rates.)

You can compute the incidence rate for recordable cases involving days away from work, days of restricted work activity or job transfer (DART) using the following formula:

(Number of entries in column H + Number of entries in column I) x 200,000 ÷ Number of hours worked by all employees = DART incidence rate

You can use the same formula to calculate incidence rates for other variables such as cases involving restricted work activity (column (I) on Form 300A), cases involving skin disorders (column (M-2) on Form 300A), etc. Just substitute the appropriate total for these cases, from Form 300A, into the formula in place of the total number of injuries and illnesses.

What can I compare my incidence rate to?

The Bureau of Labor Statistics (BLS) conducts a survey of occupational injuries and illnesses each year and publishes incidence rate data by

various classifications (e.g., by industry, by employer size, etc.). You can obtain these published data at www.bls.gov/iif or by calling a BLS Regional Office.

Worksheet

Total number of injuries and illnesses

$\boxed{}$ **X** 200,000 **÷**

Number of hours worked by all employees

$\boxed{}$ **=**

Total case r

Number of entries in Column H **+** Column I

$\boxed{}$ **X** 200,000 **÷**

Number of hours worked by all employees

$\boxed{}$ **=**

DA rate

How to Fill Out the Log

The *Log of Work-Related Injuries and Illnesses* is used to classify work-related injuries and illnesses and to note the extent and severity of each case. When an incident occurs, use the *Log* to record specific details about what happened and how it happened.

If your company has more than one establishment or site, you must keep separate records for each physical location that is expected to remain in operation for one year or longer.

We have given you several copies of the *Log* in this package. If you need more than we provided, you may photocopy and use as many as you need.

The *Summary* — a separate form — shows the work-related injury and illness totals for the year in each category. At the end of the year, count the number of incidents in each category and transfer the totals from the *Log* to the *Summary.* Then post the *Summary* in a visible location so that your employees are aware of injuries and illnesses occurring in their workplace.

You don't post the Log. You post only the Summary at the end of the year.

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

Log of Work-Related Injuries and Illnesses

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.

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.

Establishment name __XYZ C__
City __Anywhere__

Identify the person			Describe the case			Classify the case				Enter the number of days the injured or ill worker was:	
(A) Case no.	(B) Employee's name	(C) Job title (e.g. Welder)	(D) Date of injury or onset of illness	(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)	Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other record-able cases (J)	Away from work (K)	On job transfer or restriction (L)
1	Mark Bagin	Welder	5 / 25 month/day	basement	fracture, left arm and left leg, fell from ladder	☐	☑	☐	☐	12 days	15 days
2	Shana Alexander	Foundry man	7 /2 month/day	pouring deck	poisoning from lead fumes	☐	☐	☑	☐	___ days	30 days
3	Sam Sander	Electrician	8 / 5 month/day	2nd floor storeroom	broken left foot, fell over box	☐	☑	☐	☐	7 days	30 days
4	Ralph Boccella	Laborer	9 /17 month/day	packaging dept	Back strain lifting boxes	☐	☑	☐	☑	3 days	___ days
5	Jarrod Daniels	Machine opr.	10/ 23 month/day	production floor	dust in eye	☐	☐	☐	☑	___ days	___ days
			/ month/day			☐	☐	☐	☐	___ days	___ days
			/ month/day			☐	☐	☐	☐	___ days	___ days
			/			☐	☐	☐	☐	___ days	___ days
			/							___ days	___ days

Remained at Work

CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Be as specific as possible. You can use two lines if you need more room.

Revise the log if the injury or illness progresses and the outcome is more serious than you originally recorded for the case. Cross out, erase, or white-out the original entry.

Choose ONLY ONE of these categories. Classify the case by recording the most serious outcome of the case, with column G (Death) being the most serious and column J (Other recordable cases) being the least serious.

Work-Related Injuries and Illnesses

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 2

U.S. Dep
Occupational Safety

Form a

Establishment name _____

City _____

n about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer,
medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health
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ether a case is recordable, call your local OSHA office for help.

on		(C) Job title (*e.g., Welder*)	(D) Date of injury or onset of illness	(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*)	**Classify the case** CHECK ONLY ONE box for each case based on the most serious outcome for that case:				**Enter the number of days the injured or ill worker was:**		*Check choos*
								Remained at Work				(M) Injury
me						**Death** (G)	**Days away from work** (H)	**Job transfer or restriction** (I)	**Other recordable cases** (J)	**Away from work** (K)	**On job transfer or restriction** (L)	(1)
_____	_____	_____	__/__ month/day	_____	_____	❑	❑	❑	❑	____ days	____ days	❑
_____	_____	_____	__/__ month/day	_____	_____	❑	❑	❑	❑	____ days	____ days	❑
_____	_____	_____	__/__ month/day	_____	_____	❑	❑	❑	❑	____ days	____ days	❑
_____	_____	_____	__/__ month/day	_____	_____	❑	❑	❑	❑	____ days	____ days	❑
_____	_____	_____	__/__ month/day	_____	_____	❑	❑	❑	❑	____ days	____ days	❑
_____	_____	_____	__/__ month/day	_____	_____	❑	❑	❑	❑	____ days	____ days	❑
_____	_____	_____	__/__ month/day	_____	_____	❑	❑	❑	❑	____ days	____ days	❑
_____	_____	_____	__/__ month/day	_____	_____	❑	❑	❑	❑	____ days	____ days	❑
_____	_____	_____	__/__ month/day	_____	_____	❑	❑	❑	❑	____ days	____ days	❑
_____	_____	_____	__/__ month/day	_____	_____	❑	❑	❑	❑	____ days	____ days	❑
_____	_____	_____	__/__ month/day	_____	_____	❑	❑	❑	❑	____ days	____ days	❑
_____	_____	_____	__/__ month/day	_____	_____	❑	❑	❑	❑	____ days	____ days	❑
_____	_____	_____	__/__ month/day	_____	_____	❑	❑	❑	❑	____ days	____ days	❑

Page totals ➤ ____ ____ ____ ____ ____ ____ ____

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

is collection of information is estimated to average 14 minutes per response, including time to review
ther the data needed, and complete and review the collection of information. Persons are not required
information unless it displays a currently valid OMB control number. If you have any comments
ther aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical
nstitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Injury

Page ___ of ___

(1)

Form 300A (Rev. 01/2004)

mary of Work-Related Injuries and Illnesses

vered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log
s are complete and accurate before completing this summary.

nt the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you
)."

employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or
CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Cases

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

Days

days away	Total number of days of job transfer or restriction
	_____
	(L)

llness Types

. . .

_____	(4) Poisonings	_____
	(5) Hearing loss	_____
_____	(6) All other illnesses	_____
tions _____		

Establishment information

Your establishment name _____

Street _____

City _____ State _____ ZIP _____

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

Standard Industrial Classification (SIC), if known (*e.g., 3715*)
____ ____ ____ ____

OR

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

Employment information *(If you don't have these figures, see the Worksheet on the back of this 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
knowledge the entries are true, accurate, and complete.

_____
Company executive   Title

(_____) _____ - _____   / /
Phone   Date

ry page from February 1 to April 30 of the year following the year covered by the form.

Worksheet to Help You Fill Out the Summary

the end of the year, OSHA requires you to enter the average number of employees and the total hours worked by your employees on the summary. If you don't have these figures, you can use the formation on this page to estimate the numbers you will need to enter on the Summary page at the end of the year.

ow to figure the average number of employees ho worked for your establishment during the ear:

Add the total number of employees your establishment paid in all pay periods during the year. Include all employees: full-time, part-time, temporary, seasonal, salaried, and hourly.

The number of employees paid in all pay periods = ❶ _____

Count the number of pay periods your establishment had during the year. Be sure to include any pay periods when you had no employees.

The number of pay periods during the year = ❷ _____

Divide the number of employees by the number of pay periods.

$$\frac{❶ \,\underline{\hspace{2cm}}}{❷} = ❸ \,\underline{\hspace{2cm}}$$

Round the answer to the next highest whole number. Write the rounded number in the blank marked *Annual average number of employees.*

The number rounded = ❹ _____

For example, Acme Construction figured its average employment this way:

For pay period...	Acme paid this number of employees...
1	10
2	0
3	15
4	30
5	40
▼	▼
24	20
25	15
26	+10
	830

Number of employees paid = 830   ❶

Number of pay periods = 26   ❷

$\frac{830}{26} = 31.92$ ❸

31.92 rounds to 32   ❹

32 is the annual average number of employees

How to figure the total hours worked by all employees:

Include hours worked by salaried, hourly, part-time and seasonal workers, as well as hours worked by other workers subject to day to day supervision by your establishment (e.g., temporary help services workers).

Do not include vacation, sick leave, holidays, or any other non-work time, even if employees were paid for it. If your establishment keeps records of only the hours paid or if you have employees who are not paid by the hour, please estimate the hours that the employees actually worked.

If this number isn't available, you can use this optional worksheet to estimate it.

Optional Worksheet

_____   **Find** the number of full-time employees in your establishment for the year.

X _____   **Multiply** by the number of work hours for a full-time employee in a year.

_____   This is the number of full-time hours worked.

+ _____   **Add** the number of any overtime hours as well as the hours worked by other employees (part-time, temporary, seasonal)

_____   **Round** the answer to the next highest whole number. Write the rounded number in the blank marked *Total hours worked by all employees last year.*

Form 301

and Illness Incident Report

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. Depa
Occupational Safety

Form a

ss Incident Report is one of the
t fill out when a recordable work-
ness has occurred. Together with
ted Injuries and Illnesses and the
nary, these forms help the
A develop a picture of the extent
k-related incidents.

dar days after you receive
recordable work-related injury or
, you must fill out this form or an
te workers' compensation,
reports may be acceptable
onsidered an equivalent form,
contain all the information
rm.

ublic Law 91-596 and 29 CFR
rdkeeping rule, you must keep
5 years following the year to

ditional copies of this form, you
use as many as you need.

Information about the employee

1) Full name _____

2) Street _____

   City _____ **State** _____ **ZIP** _____

3) Date of birth _____ / _____ / _____

4) Date hired _____ / _____ / _____

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 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*

11) Date of injury or illness   _____ / _____ / _____

12) Time employee began work _____ **AM / PM**

13) Time of event _____ **AM / PM** ☐ **Check if time cannot be**

14) *What was the employee doing just before the incident occurred?* Describe the tools, equipment, or material the employee was using. Be specific. *Examples:* "cl carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily con

15) *What happened?* Tell us how the injury occurred. *Examples:* "When ladder slipp fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during repla developed soreness in wrist over time."

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

17) *What object or substance directly harmed the employee?* *Examples:* "concrete "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 _____ / _____ / _____

_____

_____

--_____   **Date**   ____ / ____ / ____

If You Need Help...

If you need help deciding whether a case is recordable, or if you have questions about the information in this package, feel free to contact us. We'll gladly answer any questions you have.

Visit us online at www.osha.gov

Call your OSHA Regional office and ask for the recordkeeping coordinator

or

Call your State Plan office

Federal Jurisdiction

Region 1 - 617 / 565-9860
Connecticut; Massachusetts; Maine; New Hampshire; Rhode Island

Region 2 - 212 / 337-2378
New York; New Jersey

Region 3 - 215 / 861-4900
DC; Delaware; Pennsylvania; West Virginia

Region 4 - 404 / 562-2300
Alabama; Florida; Georgia; Mississippi

Region 5 - 312 / 353-2220
Illinois; Ohio; Wisconsin

Region 6 - 214 / 767-4731
Arkansas; Louisiana; Oklahoma; Texas

Region 7 - 816 / 426-5861
Kansas; Missouri; Nebraska

Region 8 - 303 / 844-1600
Colorado; Montana; North Dakota; South Dakota

Region 9 - 415 / 975-4310

Region 10 - 206 / 553-5930
Idaho

State Plan States

Alaska - 907 / 269-4957

Arizona - 602 / 542-5795

California - 415 / 703-5100

*Connecticut - 860 / 566-4380

Hawaii - 808 / 586-9100

Indiana - 317 / 232-2688

Iowa - 515 / 281-3661

Kentucky - 502 / 564-3070

Maryland - 410 / 767-2371

Michigan - 517 / 322-1848

Minnesota - 651 / 284-5050

Nevada - 702 / 486-9020

*New Jersey - 609 / 984-1389

New Mexico - 505 / 827-4230

*New York - 518 / 457-2574

North Carolina - 919 / 807-2875

Oregon - 503 / 378-3272

Puerto Rico - 787 / 754-2?

South Carolina - 803 / 73

Tennessee - 615 / 741-279

Utah - 801 / 530-6901

Vermont - 802 / 828-2765

Virginia - 804 / 786-6613

Virgin Islands - 340 / 772

Washington - 360 / 902-5

Wyoming - 307 / 777-7786

*Public Sector only

Have questions?

If you need help in filling out the *Log* or *Summary,* have questions about whether a case is recordable us. We'll be happy to help you. You can:

▼ Visit us online at: **www.osha.gov**

▼ Call your regional or state plan office. You'll fi phone number listed inside this cover.