



# Meltzer, Lippe, Goldstein & Breitstone, LLP

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## LABOR & EMPLOYMENT PRACTICE GROUP

*Meltzer Lippe is home to a large, experienced Labor and Employment Law Practice Group.*

*We are an integral component to the human resource chain and the first stop before taking action that impacts the employee – employer relationship.*

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## Posting of OSHA Form 300 Due by February 1, 2023

### I. OVERVIEW

The vast majority of employers with more than 10 total employees must complete the Occupational Safety and Health Act (“OSHA”) injury and illness recordkeeping forms (Form 300, 300A, and 301) on an ongoing basis. Further, and more urgently, employers required to keep these forms must also post the OSHA injury summary form (Form 300A) in a conspicuous location such as an employee breakroom by or before **February 1, 2023**.

To the extent your company has not maintained these required OSHA forms (300, 300A, 301), this is an excellent impetus to begin doing so, as annual maintenance of this log is required by OSHA, and must be made available to OSHA upon request. OSHA 300, 300A and 301 forms promulgated by OSHA are attached herewith for your reference.

Finally, please find below a summary of the information that must be produced on the OSHA 300 form, along with guidance on the supplemental 300A and 301 forms. While we understand this is primarily an administrative task, and thank you in advance for ensuring it is appropriately completed, we also note this may be difficult, and thus are available at your convenience should you have any questions or wish to discuss further.

### II. OSHA 300 FORM

The Log of Work-Related Injuries and Illnesses (Form 300) 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. Employers who have more than one location must keep a separate Log for each physical location that is expected to be in operation for one year or longer.

To properly fill out the form, employers must, per location, log each and every “work-related injury or illness” that required “more than first aid” to rectify. Please note all “work-related injuries or illnesses” must be recorded on the log, unless exempted as noted below. Indeed, injuries/illnesses listed on the Log do not have to be eligible for workers’ compensation or other insurance benefits. Further, listing a case on the Log does not mean an employer or the injured worker were at fault or that an OSHA standard was violated.

For purposes of the Log, a “work-related injury or illness” occurs whenever an employee was injured while at work/working, or was otherwise exposed to something which caused an illness or exacerbated a pre-existing condition **while at work/working**. However, **not all work related injuries/illnesses need to be recorded on the log**. Instead, employers only need to record a work-related injury/illness if it resulted in:

1. Death;
2. Loss of Consciousness;
3. Days missed away from work;
4. Job duty restrictions (such as light duty);
5. Medical treatment “beyond first aid” (detailed below);
6. Any needlestick or cut from a sharp contaminated with blood or other potentially infectious material;
7. Removal from the worksite for medical reasons;
8. Tuberculosis infection; and/or
9. Substantive hearing loss.

“**Illnesses**” include things such as heatstroke, frostbite, contact dermatitis, blood poisoning from exposure to toxic chemicals, respiratory infections, etc. “**First aid**” (i.e. medical treatment which will not require an injury/illness be logged) includes: (i) use of non-prescription medication such as Tylenol or Advil; (ii) tetanus shots; (iii) cleaning/disinfecting minor cuts; (iv) use of band-aids or other minor wound covers; (v) other minor medical “procedures” such as cleaning with gauze, immobilizing with a stint, use of eye-patches, etc.

In order to fill out Form 300, an employer should:

1. Number the incidents in chronological order (A);
2. Identify the employee injured (B);
3. Provide the employee’s job title (C);
4. Provide the date of injury/illness onset (D);
5. Provide the location of the injury (warehouse, assembly line, carving block, etc.) (E);
6. Provide the exact injury/illness suffered, including the location (F);
7. Provide the reason the injury needed to be recorded on the log:
  - a. Death (G)
  - b. Days away from work (H);
  - c. Job transfer or duty restriction (I); or
  - d. Other recordable reason (see above) (J);
8. Enter the number of days the employee:
  - a. Missed work (K); **or**
  - b. Required a job transfer/duty restriction (L); and
9. Classify the recordable event as an:
  - a. Injury (all injuries) (M1);
  - b. Skin condition (dermatitis, rash, etc.) (M2);
  - c. Respirator condition (bronchitis, COPD, etc.) (M3);
  - d. Poisoning (blood poisoning, etc.) (M4);
  - e. Hearing loss (M5); **or**
  - f. Other (M6).

The OSHA log must be kept for at least 5 years – we recommend 7.

### III. **OSHA FORM 300A**

This is a **Summary form** for OSHA form 300. In order to complete, employers should simply aggregate the entirety of the incidents/events recorded on OSHA form 300 for the prior year, and input the results where noted (i.e. number of deaths, number of cases which caused days away from work, total days missed/on duty restriction, total number of individualized injuries, etc.). As with the Log, a separate Summary should be prepared for each physical location.

This form (**and only this form**) must be posted in a conspicuous place (i.e. an employee break room) by **February 1**, and must remain posted until **April 30**, of every year. This form must also be kept for at least 5 years (we recommend 7).

### IV. **OSHA FORM 301**

Finally, OSHA Form 301 is the companion form to the OSHA form 300. It is a detailed form which explains the incident/injury, the reasons underlying the incident/injury (i.e. what the employee was doing that led to injury); and other details relevant to same. This form should be kept with OSHA Form 300, for at least 5 (7 recommended) years.

Meltzer, Lippe, Goldstein & Breitstone, LLP will continue to keep employers abreast of further developments. Employers with questions or concerns are encouraged to contact Christopher P. Hampton at [champton@meltzerlippe.com](mailto:champton@meltzerlippe.com).



# Summary of Work-Related Injuries and Illnesses



All establishments covered 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 to verify that the entries are complete and accurate before completing this summary.

Using the Log, count 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 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 OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

## Number of Cases

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
_____	_____	_____	_____
(G)	(H)	(I)	(J)

## Number of Days

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

## Injury and Illness Types

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

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 58 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.

### 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 my knowledge the entries are true, accurate, and complete.

Company executive \_\_\_\_\_ Title \_\_\_\_\_

( ) - / /  
Phone Date

# OSHA's Form 301

## Injury 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. Department of Labor**  
Occupational Safety and Health Administration

Form approved OMB 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 and use as many as you need.

Completed by \_\_\_\_\_

Title \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### 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 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 \_\_\_\_/\_\_\_\_/\_\_\_\_