

OSHA Logs

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OSHA LOGS




OH NO!

Who is required to complete an OSHA 300 Form?

- If your company had **10 or fewer employees at all times during the last calendar year**, you are **not** required to keep an OSHA 300 form.
 - Exception: The partial exemption for size is based on the number of employees **companywide**.
 - Exception: If you are informed in writing to do so by OSHA, the Bureau of Labor Statistics (BLS), or a state agency operating under the authority of OSHA or BLS.
- If you are in certain low-hazard industries, you do **not** have to complete the OSHA 300 form. The list of exempt industries by NAICS codes are found at the link below:
<https://www.osha.gov/recordkeeping/presentations/exempttable>
- You must keep a separate OSHA 300 Log **FOR EACH ESTABLISHMENT** that is in operation one year or longer.
 - You may keep records for all establishments at a central location.

Don't forget.....regardless of your employee headcount, you must still report a fatality, hospitalization, amputation, or loss of an eye.



Work Environment

- The work environment is defined as “the establishment and other locations where one or more employees are working or are present as a condition of their employment.”
- Includes not only physical locations, but also the equipment or materials used by employees during the course of their work.

Reference: 1904.5(b)(1)



Exceptions:

Present as a member of the general public rather than as an employee.

Symptoms that surface at work but are solely due to non-work-related event (ex. diabetic seizure).

Voluntary participation in wellness program, medical, fitness or recreational activity (ex. flu shot clinic, donating blood, exercise class)

Eating, drinking or preparing food or drink for personal consumption.

Personal tasks outside assigned working hours.

Personal grooming (brushing teeth, clipping nails), self-medication for a non-work-related condition, or self-inflicted harm.

Motor vehicle accident in parking lot while commuting to or from work.

Common cold or flu.

Mental illness, unless employee voluntarily provides medical opinion from PLHCP determines it is work-related.

Reference: 1904.5(b)(2)

Classifying Injuries and Illnesses

- **An injury** is any wound or damage to the body resulting from an event in the work environment. Examples: Cut, puncture, laceration, abrasion, fracture, bruise, contusion, chipped tooth, amputation, insect bite, electrocution, or a thermal, chemical, electrical, or radiation burn. Sprain and strain injuries to muscles, joints, and connective tissues are classified as injuries when they result from a slip, trip, fall or other similar accidents.
- **Skin diseases or disorders** are illnesses involving the worker's skin that are caused by work exposure to chemicals, plants, or other substances. Examples: Contact dermatitis, eczema, or rash caused by primary irritants and sensitizers or poisonous plants; oil acne; friction blisters; chrome ulcers; inflammation of the skin.
- **Respiratory conditions** are illnesses associated with breathing hazardous biological agents, chemicals, dust, gases, vapors, or fumes at work. Examples: Silicosis, asbestosis, pneumonitis, pharyngitis, rhinitis or acute congestion; farmer's lung, beryllium disease, tuberculosis, occupational asthma, reactive airways dysfunction syndrome (RADS), chronic obstructive pulmonary disease (COPD), hypersensitivity pneumonitis, toxic inhalation injury, such as metal fume fever, chronic obstructive bronchitis, and other pneumoconiosis **COVID is also recorded as a respiratory illness.**
- **Poisoning** includes disorders evidenced by abnormal concentrations of toxic substances in blood, other tissues, other bodily fluids, or the breath that are caused by the ingestion or absorption 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.
- **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 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.

What makes an injury recordable?

One common misconception is that if an employee goes to the doctor, it is automatically a recordable injury. **It is only recordable if it's more than first aid.**

First aid means:

1. Using a **non-prescription** strength medication.
2. Administering a tetanus shot.
3. Cleaning, flushing or soaking wounds.
4. Using wound coverings such as bandages, Band-Aids or using steri-strips or butterfly enclosures. **Stitches, staples, and glue stitches (e.g., Dermabond) are considered medical treatment and are recordable.**
5. Using hot or cold therapy.
6. Using non-rigid means of support, such as elastic bandages, wraps. **Devices with rigid stays designed to immobilize body parts are considered medical treatment and are recordable.**
7. Using temporary immobilization devices for transport.
8. Drilling a fingernail or toenail to relieve pressure or draining fluid from a blister.
9. Using eye patches.
10. Removing foreign particles from the eye using **ONLY** irrigation or cotton swab.
11. Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means.
12. Using finger guards.
13. Using massages. **Physical therapy or chiropractic treatments are considered medical treatment and are recordable.**
14. Drinking fluids for relief from heat stress.
15. X-ray for diagnosis. If a fracture is found, **IT IS RECORDABLE.**

Common Misconceptions

When a doctor gives work restrictions, it is automatically an OSHA recordable? **True or False?**

FALSE

- 1904.7(b)(4)(i)(A) states that restricted work occurs when an employer keeps the employee from performing one or more of the routine functions of his or her job. **For recordkeeping purposes, an employee's routine functions are those work activities the employee regularly performs at least once per week.**
- **Example:** No climbing on ladders for 2 weeks. They do not ever climb a ladder, so their job is not restricted, therefore not an OSHA recordable.

Common Misconceptions —cont.

If an employee goes to the doctor and the doctor takes them off work for the day, it must be counted as a lost time accident. **True or False?**

FALSE

- You **do not** count the day the employee got hurt. You only count it as lost time if they are off work the next day and thereafter.
- You must count the number of **calendar** days the employee was unable to work as a result of the injury or illness, regardless of whether or not the employee was scheduled to work on those day(s). **Weekend days, holidays, vacation days or other days off are included in the total number of days recorded** if the employee would not have been able to work on those days because of a work-related injury or illness.

This is why it's a good idea to meet with your doctor to see if they can assist you with how they write orders.

Common Misconceptions —cont.

If an employee chooses not to work after seeing a doctor, it is a lost time accident?

True or False?

False

- The **doctor's orders** are what you go by to determine if the case is a lost time or restricted duty, not the employee.
- Keep in mind, if you can't provide restricted duty and you give the employee time off as a result, it now counts as a lost time accident.

Common Misconceptions —cont.

- Over-the-counter medication is not an OSHA recordable. **True or False**

It depends....

- If the doctor prescribes 800 mg Ibuprofen to be taken in a single dose, even if taking over-the-counter pills, it would be recordable, because the “normal” dosage listed is 200-400 mg per dose.
- **Any** prescription drug is automatically a recordable. This includes antibiotics, ointments, eye drops, etc., and whether the employee chooses to fill it and/or use it.
- A tetanus shot is **NOT** recordable.

Significant Aggravation

A pre-existing injury or illness is significantly aggravated when an event or exposure in the work environment results in any of the following (which otherwise would not have occurred):

- Death
- Loss of consciousness
- Days away, days restricted, or job transfer
- Medical treatment when none was needed before the workplace event occurred

Reference: 1904.5(b)(4)(i)

Travel Status



Injury or illness that occurs while employee is on travel status is work-related if it occurred while the employee was engaged in work activities in the interest of the employer.



Detour for personal reasons is not work-related.

Work from Home

Injuries and illnesses that occur while an employee is working at home are work-related if they:

- Occur while the employee is performing work for pay or compensation in the home,

AND

- Are directly related to the performance of work rather than the general home environment.

Common Findings on OSHA Logs

Incident description is not specific or thorough enough.

- Incident description is extremely important – WHY
- If you have information that it is understandable that explains how it happened and why it's recordable, you won't have to answer questions if OSHA comes in for a visit and looks at your logs. It's better if they don't have to ask questions.
- Instruction states: **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.)
- (e.g. Left-hand ring finger laceration from box cutter.)

Standard Threshold Shift – STS (Hearing)

Hearing Tests

Q. You receive a report back from the audiologist of an STS. What should you do?

- First, retest within 30 days. If it still shows an STS, record it on the OSHA log. Put *which* ear had the STS (left or right).
- Second, fill out a work-related questionnaire and have it assessed by a Licensed Health Care Professional (LHCP). This will show the noise level and personal outside hobbies that could be a factor in the hearing shift.

1904.10(b)(6) emphasizes the fact that an employer may consider an employee's hearing loss case to be non-work-related if a physician or other licensed health care professional determines the hearing loss is not work-related under section 1904.5.

Other Facts You Need to Know

The total number of days for a lost time and/or restricted duty case caps off at 180 days. Stop counting.



If an injury occurs in 2023 and you are still recording days away or restricted duty, do not put the injury on the 2024 log. Just keep updating the 2023 log.



If you are counting time away or restricted duty from 2023 log and you are doing the 300A to post, you should estimate the number of days and put that on the Summary.

Other Key Information

- Injuries and illnesses must be entered on 300 Log within 7 calendar days.
- You must provide 300 logs within 4 hours of OSHA's request.
- OSHA logs must be kept for 5 years following the end of the calendar year that the record covers. **(Medical and exposure records require different retention period. Refer to 1910.1020).**
- If you record an injury and later determine it is not recordable, you may red-line the entry and on a separate paper write a synopsis of why it is not recordable. Keep this with the OSHA log.

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.

Year



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

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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:							
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(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)	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 the "injury" column or choose one type of illness:					
						Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M) Injury					All other illnesses
								Job transfer or restriction	Other recordable cases			(1)	(2)	(3)	(4)	(5)	(6)
Page totals						0	0	0	0	0	0	0	0	0	0	0	0

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

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, 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 aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

			Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
Page	1 of 1		(1)	(2)	(3)	(4)	(5)	(6)

Scenario # 1

John Doe was walking in the warehouse and a 25-pound box fell on his left big toe. He went to the doctor and his toe was fractured. The doctor taped his toes together and told him to stay off his foot as much as possible.

What would you put on the OSHA log for this injury and why?

- **First, is it a work-related injury or illness? This is always the first question you should ask.** The answer is “Yes”.
- **Second, is it a new case?** If the employee has not previously experienced a recorded injury or illness of the same type that affects the same part of the body, then “yes” it’s a new case.
- **Third, is it recordable?** Yes. Fractures are always recordable
- **Fourth, is it a lost time or restricted duty case?** That depends on what his job requirements are and if he can’t do his job. Can you provide a restricted duty job for him? This will determine how you record it. Now, suppose he was an office worker and sat most of the day, but occasionally goes to the warehouse to check on a product for reordering. This would still be recordable, but probably not a lost time or restricted case because he could still perform his duties as long as walking to the warehouse was not a common duty.

§1904.7(b)(4)(i)(A) states that restricted work occurs when an employer keeps the employee from performing one or more of the routine functions of his or her job. For recordkeeping purposes, an employee's routine functions are those work activities the employee regularly performs at least once per week.

Put this on the OSHA log as an “other recordable.”

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City **Noplace** State **Someplace**

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						Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)						
								Job transfer or restriction	Other recordable cases			Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
1	John Doe	Office	1-01-24	Warehouse	Employee was walking in warehouse and 25 pound box fell on left big toe causing a fracture				X			X					
Page totals						0	0	0	1	0	0	1	0	0	0	0	0

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Page	1 of 1	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
		(1)	(2)	(3)	(4)	(5)	(6)



Scenario # 2

Jane Smith is working on the packaging line and twists her back. She sees the doctor and the doctor returns her to work with restrictions of no lifting over 10 pounds.

Is this a recordable?

YES

- And in her job, she is required to lift boxes over 10 pounds, so this would be a restriction. The total time she has the lifting restriction is 3 weeks when she is released by the doctor to full duty.
- You would put this as a restricted duty recordable case.

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Year **2024**



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City **Noplace** State **Someplace**

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								Job transfer or restriction	Other recordable cases			Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
1	John Doe	Office	1-01-24	Warehouse	Employee was walking in warehouse and 25 pound box fell on left big toe causing a fracture				X			X					
2	Jane Smith	Packager	2-01-24	Packaging	Employee was lifting a 30 pound box and twisted and strained lower back			X			21	X					
Page totals						0	0	1	1	0	21	2	0	0	0	0	0

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Page	1 of 1	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
		(1)	(2)	(3)	(4)	(5)	(6)

Scenario # 3

Jack Smith, Machinist, was walking to the building to go to work. There was an icy spot on the sidewalk and Jack fell and hit his head.

- Jack received a laceration to his head and was taken to the emergency room. They gave him a diagnosis of laceration and minor concussion and he received staples. The doctor writes that employee should be off work for 2 weeks and then return for follow-up appointment. At the 2nd appointment, the doctor removes the staples and releases the employee back to full duty.
- This would be a lost time accident. So, we would place it on the OSHA log as such.



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1	John Doe	Office	1-01-24	Warehouse	Employee was walking in warehouse and 25 pound box fell on left big toe causing a fracture				X				X						
2	Jane Smith	Packager	2-01-24	Packaging	Employee was lifting a 30 pound box and twisted and strained lower back			X			21		X						
3	Jack Smith	Machinist	3-01-24	Parking Lot	Employee was walking into work and fell on ice resulting in concussion and laceration with staples to the head		X			14		X							
Page totals						0	1	1	1	14	21	3	0	0	0	0	0	0	

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		(1)	(2)	(3)	(4)	(5)	(6)

Scenario #4

Jack (from Scenario 3) was taken off work for 2 weeks

- At his 2-week follow-up appointment, Jack was given a restriction of sit-down work for one week. This restriction would count as restricted work as Jack's job entails walking around the machine many times a day so he would not be able to do his job.
- You, as an employer, can give Jack a sit-down job in another area.
- How would you enter this onto the OSHA log?



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2	Jane Smith	Packager	2-01-24	Packaging	Employee was lifting a 30 pound box and twisted and strained lower back			X			21	X					
3	Jack Smith	Machinist	3-01-24	Parking Lot	Employee was walking into work and fell on ice resulting in concussion and laceration with staples to the head		X			14	7	X					
Page totals						0	1	1	1	14	28	3	0	0	0	0	0

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Page	1 of 1	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
		(1)	(2)	(3)	(4)	(5)	(6)

Summary of Work-Related Injuries and Illnesses (aka 300A)

OSHA Form 300A (Rev. 05/2008)

Summary of Work-Related Injuries and Illnesses

Year 2010
U.S. Department of Labor
Occupational Safety and Health Administration

Number of Cases

Total number of cases	0	Total number of cases with lost workdays or restricted work activities	0	Total number of other recordable cases	3
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Number of Days

Total number of days away from work	3	Total number of restricted work activities	0	Total number of other recordable cases	3
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Injury and Illness Types

Total number of cases	3	Total number of days away from work	3	Total number of restricted work activities	0
-----------------------	---	-------------------------------------	---	--	---

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

Establishment Information

Four establishment name: ABC, Inc.
Street: 123 4th Street
City: Nashua State: VI ZIP: 05404

Industry description (i.e., description of main work activity):
Printing and Manuf. Industries

Standard Industrial Classification (SIC), if known (e.g., 2012):

NAICS (North American Industrial Classification) (NAICS), if known (e.g., 26212):

OSHA Establishment ID:

Employment Information (If you don't have data figures on the Worksheet on the back of this page to estimate.)

General 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.

[Signature] Safety Manager



Summary of Work-Related Injuries and Illnesses

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

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are

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 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these

Number of Cases

Total number of deaths	Total number of cases with days away	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
14	28
(K)	(L)

Injury and Illness Types

Total number of... (M)	(1) Injury	(2) Skin Disorder	(3) Respiratory Condition	(4) Poisoning	(5) Hearing Loss	(6) All Other Illnesses
	3	0	0	0	0	0

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 instruction, 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 aspects of this data collection, contact: US Department of Labor, OSHA Office of

Establishment information

Your establishment name **ABC Company**

Street **123 Sesame Street**

City **Noplace** State **Someplace** Zip **71777**

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

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

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

3 3 2 7 1 0

Employment information

Annual average number of employees **77**

Total hours worked by all employees last year **154,000**

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 _____

Who can sign the 300A form?

1904.32(b)(3) How do I certify the annual summary?

A **company executive** must certify that he or she has examined the OSHA 300 Log and that he or she reasonably believes, based on his or her knowledge of the process by which the information was recorded, that the annual summary is correct and complete.

Who is considered a company executive?

The company executive who certifies the log must be one of the following persons:

- An **owner** of the company (only if the company is a sole proprietorship or partnership)
- An **officer** of the corporation
- The **highest-ranking** company official working at the establishment
- The **immediate supervisor of the highest-ranking** company official working at the establishment.

Posting the Summary (aka 300A)



You must post the 300A Summary page from **February 1 to April 30** of the year following the year covered by the form in a visible location so that your employees are aware of injuries and illnesses occurring in their workplace.

Electronic Reporting Requirements

YOU MUST Submit 300A data if your establishment meets one of the following criteria:

1. You have 250 or more employees and are **not** in an industry listed in the Exempt Industries list in [Appendix A to Subpart B of OSHA's recordkeeping regulation of 29 CFR Part 1904](#) or
2. You have 20-249 employees and **are** an industry listed in [Appendix A to Subpart E of 29 CFR Part 1904](#).

Must submit by March 2nd

For assistance go to:

<https://www.osha.gov/injuryreporting>

Electronic
Reporting
Cont.

301 Forms
(First Report
of Injury)

Effective January 1, 2024

New electronic reporting rule for companies with 100 or more employees within designated industries, must also submit 301 forms electronically by March 2nd.

- Link below to see if you are required to submit 301 form information.
- <https://www.osha.gov/laws-regs/regulations/standardnumber/1904/1904SubpartEAppB>

OSHA's Form 301

Injuries and Illnesses 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.

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

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

*Please do not include any personally identifiable information (PII) pertaining to worker(s) involved in the incident (e.g., no names, phone numbers, or SSNs) in the following fields.

*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. Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

300 Log Q & A

<https://www.mcieast.marines.mil/portals/33/documents/safety/mishaps/oshafaq.pdf>

- 102-page document to help find answers.
- You can use Ctrl + F and search the document for answers to unusual incidents.



Consultation Services

- Free for small businesses (under 500 corporate-wide & 250 at site)
- Review programs
- Review OSHA 300 forms
- Walk-through for hazard detection
- No citations or fines
- Responsible to correct hazards
- Confidential
- Since 1975

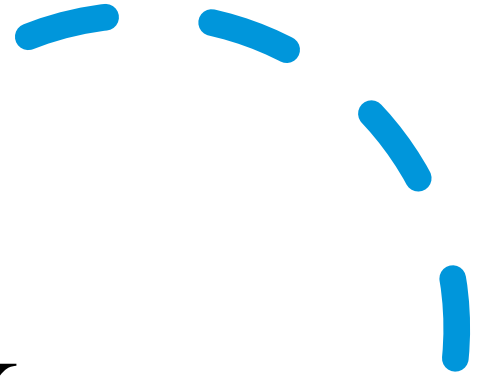


How to Request Consultation Services

- <https://www.dol.ks.gov/>
- Industrial Safety and Health
- Services for Private Sector
- Free Safety Consultations
- Free Health Consultations (sampling)



ANY
QUESTIONS



Connect With Us

- ▶ **Website:** dol.ks.gov
- ▶ **Twitter:** [@KansasDOL](https://twitter.com/KansasDOL)
- ▶ **Facebook:** facebook.com/KansasDOL
- ▶ **LinkedIn:** linkedin.com/company/KDOL
- ▶ **Instagram:** [ks_dol](https://instagram.com/ks_dol)



🌟 Feedback Survey 🌟



Your feedback is important to me!