

Equal Employment Opportunity is the **LAW**

What Does Equal Employment Opportunity Mean?

It guarantees the right of all persons to apply and be considered for job opportunities on the basis of the person's ability to do the job. While employed, you should not be treated unfairly because of any of the protected characteristics.

What Does the Law Cover?

Chapter 216 of the *Code of Iowa*, as amended, (The Iowa Civil Rights Act), prohibits discrimination in employment because of a person's:

Race	Age (18 and older)
Creed	National Origin
Color	Gender Identity
Sex	Sexual Orientation
Pregnancy	Disability
Religion	

To Whom Does the Law Apply?

- Persons who apply for employment with, or employees of, private employers, state and local governments, and public and private educational institutions with four or more employees.
- Employment agencies, labor unions, contractors, and sub-contractors, and apprenticeship programs.

What Other Resources Are Available to Help with a Discrimination Problem?

You may also contact the local human rights, civil rights or human relations agency in your area, or the U.S. Equal Employment Opportunity Commission (EEOC), a federal agency. The EEOC District Office is located at:

310 West Wisconsin Ave., Suite 800
Milwaukee, WI 53203-2292
414-297-1111

EEOC enforces Title VII of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color, religion, sex, or national origin; the Age Discrimination in Employment Act (ADEA), which protects persons age 40 or older; and the Americans with Disabilities Act (ADA).

What Action Will an Agency Take?

The Commission's staff can answer questions about your rights under the Act and help you take the necessary steps to file a complaint if you decide to pursue a claim. Once a complaint is filed, the Commission will take all appropriate actions to process the complaint. There is no charge to file a complaint and you do not need an attorney to file a complaint with the Commission.

What Should I Do If I Believe I've Been Discriminated Against?

You should immediately contact:

Iowa Civil Rights Commission
400 E. 14th Street, Grimes Building
Des Moines, Iowa 50319
515-281-4121, 1-800-457-4416
515-242-5840 (FAX)

<http://www.state.ia.us/government/crc>

You may contact the Commission by telephone or mail for information, or assistance in filing a complaint. The Commission's office hours are 8:00 a.m. to 4:30 p.m., Monday through Friday. You may leave a message at 515-281-4121 after hours for a return call. **Your complaint must be filed within 300 days of the discriminatory act.**

"Injustice anywhere is a threat to justice everywhere." – Martin Luther King, Jr.

Job Safety and Health

IT'S THE LAW!

IOWA[®]
WORKFORCE
DEVELOPMENT

EMPLOYEES:

- You have the right to notify your employer or Iowa OSHA about workplace hazards. You may ask Iowa OSHA to keep your name confidential.
- You have the right to request an Iowa OSHA inspection if you believe that there are unsafe and unhealthful conditions in your workplace. You or your representative may participate in that inspection.
- You can file a complaint with Iowa OSHA within 30 days if your employer is not exercising your rights
- You have a right to see Iowa OSHA citations issued to your employer. Your employer must post the citations at or near the place of the alleged violation for at least 3 working days.
- Your employer must correct workplace hazards by the date indicated on the citation and must certify that these hazards have been reduced or eliminated.
- You have the right to copies of your medical records and records of your exposure to hazardous substances or conditions.
- Your employer must post this notice in your workplace.
- You must comply with all occupational safety and health standards that apply to your job.

EMPLOYERS:

- You must furnish your employees a place of employment free from recognized hazards.
- You must comply with the occupational safety and health standards.
- Iowa OSHA Consultation can help you identify and correct hazards without citation or penalty.

To report a workplace fatality, hospitalization, amputation or the loss of an eye, visit www.iowaosha.gov or call 877-242-6742.

For assistance and information contact:

Iowa OSHA

1000 East Grand Avenue

Des Moines, Iowa 50319-0209

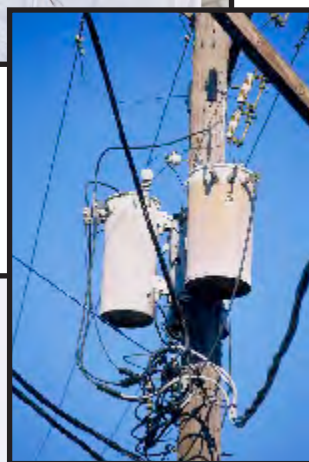
Phone: (515) 242-5870 or (800) JOB-IOWA

Email: iowaosha@iwd.iowa.gov

www.iowaosha.gov

Michael A. Mauro

Michael A. Mauro, Labor Commissioner



Complaints About the Iowa OSHA Program

You may file a complaint about Iowa OSHA by contacting:

OSHA Regional Office
2300 Main Street, Suite 1010
Kansas City, MO 64108-2447
Phone: (816) 283-8745

Your Rights Under The Iowa Minimum Wage Law

Hourly Minimum Wage

\$7.25

The minimum wage applies to most hourly wage earners employed in Iowa. Most small retail and service establishments grossing less than \$300,000 annually are not required to pay the minimum wage. The majority of supervisory and administrative employees paid a salary are not covered by the law. Employers may pay an initial employment rate of \$6.35 for the first 90 calendar days of employment.

TIP CREDIT— The employer's share for tipped employees who customarily and regularly receive more than \$30.00 a month in tips must be at least \$4.35 an hour.

Enforcement

The Iowa Division of Labor may bring action against employers who violate the state's minimum wage law. Courts may order payment of back wages. No employer can discriminate against or discharge an employee for filing a complaint or participating in a proceeding under this law.

Contact Information

Iowa Division of Labor
1000 East Grand Avenue
Des Moines, IA 50319-0209
515-281-3606 or 800-JOB-IOWA
www.iowaworkforce.org/labor

Federal Minimum Wage and Overtime Pay

Applications of the minimum wage rates under federal law differ from those under Iowa law. Iowa employers must comply with the more stringent applicable law. Overtime is covered by the federal Fair Labor Standards Act. Questions concerning federal law should be directed to:

U.S. Department of Labor
Wage & Hour Division
210 Walnut Street
Des Moines, IA 50309
515-284-4625
www.dol.gov

The law requires displaying this poster where it can easily be seen by all employees.

Iowa Workforce Development

Equal Opportunity Employer/Program
Auxiliary aids and services are available upon request to individuals with disabilities. For deaf and hard of hearing, use Relay 711.
70-8035 (01-09)

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:

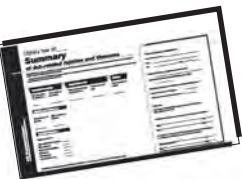
- On Form 300, we've switched the positions of the day count columns. The days "away from work" column now comes before the days "on job transfer or restriction."
- We've clarified the formulas for calculating incidence rates.
- We've added new recording criteria for occupational hearing loss to the "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 complete OSHA's *Log* and the *Summary of Work-Related Injuries and Illnesses* for the next several years. On the following pages, you'll find:

- ▼ **An Overview: Recording Work-Related Injuries and Illnesses** — General instructions for filling out the forms in this package and definitions of terms you should use when you classify your cases as injuries or illnesses.
- ▼ **How to Fill Out the Log** — An example to guide you in filling 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 worksheet for figuring the average number of employees who worked for your establishment and the total number of hours worked.
- ▼ **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 any questions, **visit us online at www.osha.gov OR call your local OSHA office.** We'll be happy to help you.

An Overview: Recording Work-Related Injuries and Illnesses

The Occupational Safety and Health (OSH) Act of 1970 requires certain employers to prepare and maintain records of work-related injuries and illnesses. Use these definitions when you classify cases on the Log. OSHA's recordkeeping regulation (see 29 CFR Part 1904) provides more information about the definitions below.

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. The *Summary* — a separate form (Form 300A) — shows the totals for the year in each category. At the end of the year, post the *Summary* in a visible location so that your employees are aware of the injuries and illnesses occurring in their workplace.

Employers must keep a *Log* for each establishment or site. If you have more than one establishment, you must keep a separate *Log* and *Summary* for each physical location that is expected to be in operation for one year or longer.

Note that your employees have the right to review your injury and illness records. For more information, see 29 Code of Federal Regulations Part 1904.35, *Employee Involvement*.

Cases listed on the *Log of Work-Related Injuries and Illnesses* are not necessarily eligible for workers' compensation or other insurance benefits. Listing a case on the *Log* does not mean that the employer or worker was at fault or that an OSHA standard was violated.

When is an injury or illness considered work-related?

An injury or illness is considered work-related if an event or exposure in the work environment caused or contributed to the condition or significantly aggravated a preexisting condition. Work-relatedness is

presumed for injuries and illnesses resulting from events or exposures occurring in the workplace, unless an exception specifically applies. See 29 CFR Part 1904.5(b)(2) for the exceptions. The work environment includes the establishment and other locations where one or more employees are working or are present as a condition of their employment. See 29 CFR Part 1904.5(b)(1).

Which work-related injuries and illnesses should you record?

Record those work-related injuries and illnesses that result in:

- ▼ death,
- ▼ loss of consciousness,
- ▼ days away from work,
- ▼ restricted work activity or job transfer, or
- ▼ medical treatment beyond first aid.

You must also record work-related injuries and illnesses that are significant (as defined below) or meet any of the additional criteria listed below.

You must record any significant work-related injury or illness that is diagnosed by a physician or other licensed health care professional. You must record any work-related case involving cancer, chronic irreversible disease, a fractured or cracked bone, or a punctured eardrum. See 29 CFR 1904.7.

What are the additional criteria?

You must record the following conditions when they are work-related:

- ▼ any needlestick injury or cut from a sharp object that is contaminated with another person's blood or other potentially infectious material;
- ▼ any case requiring an employee to be medically removed under the requirements of an OSHA health standard;
- ▼ tuberculosis infection as evidenced by a positive skin test or diagnosis by a physician or other licensed health care professional after exposure to a known case of active tuberculosis.
- ▼ an employee's hearing test (audiogram) reveals 1) that the employee has experienced a Standard Threshold Shift (STS) in hearing in one or both ears (averaged at 2000, 3000, and 4000 Hz) and 2) the employee's total hearing level is 25 decibels (dB) or more above audiometric zero (also averaged at 2000, 3000, and 4000 Hz) in the same ear(s) as the STS.

What is medical treatment?

Medical treatment includes managing and caring for a patient for the purpose of combating disease or disorder. The following are not considered medical treatments and are NOT recordable:

- ▼ visits to a doctor or health care professional solely for observation or counseling;

What do you need to do?

1. Within 7 calendar days after you receive information about a case, decide if the case is recordable under the OSHA recordkeeping requirements.
2. Determine whether the incident is a new case or a recurrence of an existing one.
3. Establish whether the case was work-related.
4. If the case is recordable, decide which form you will fill out as the injury and illness incident report.

You may use OSHA's 301: *Injury and Illness Incident Report* or an equivalent form. Some state workers compensation, insurance, or other reports may be acceptable substitutes, as long as they provide the same information as the OSHA 301.

How to work with the Log

1. Identify the employee involved unless it is a privacy concern case as described below.
2. Identify when and where the case occurred.
3. Describe the case, as specifically as you can.
4. Classify the seriousness of the case by recording the **most serious outcome** associated with the case, with column G (Death) being the most serious and column J (Other recordable cases) being the least serious.
5. Identify whether the case is an injury or illness. If the case is an injury, check the injury category. If the case is an illness, check the appropriate illness category.

- ▼ 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.)

What is first aid?

If the incident required only the following types of treatment, consider it first aid. Do NOT record 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 after 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 you do not need to include details of an intimate or private nature.

What if the outcome changes after you record the case?

If the outcome or extent of an injury or illness changes after you have recorded the case, simply draw a line through the original entry or, if you wish, delete or white-out the original entry. Then write the new entry where it belongs. Remember, you need to record the most serious outcome for each case.

Classifying injuries

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.

Classifying illnesses

Skin diseases or disorders

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

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 pneumoconioses.

Poisoning

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.

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 you?

If you have a question about how to fill out the *Log*,

- ☐ **visit us online at www.osha.gov** or
- ☐ **call your local OSHA office.**

Optional

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:

$$\frac{\text{Total number of injuries and illnesses} \times 200,000}{\text{Number of hours worked by all employees}} = \text{Total recordable case rate}$$

(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:

$$\frac{(\text{Number of entries in column H} + \text{Number of entries in column I}) \times 200,000}{\text{Number of hours worked by all employees}} = \text{DART incidence rate}$$

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 X 200,000 ÷ Number of hours worked by all employees = Total recordable case rate

Number of entries in Column H + Column I X 200,000 ÷ Number of hours worked by all employees = DART incidence 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.

Year 20

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

Form approved OMB no. 1218-0176

Establishment name XYZ Company

City Anywhere State MA

Identify the person

(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)
1	Mark Bagin	Welder	5 / 25 month/day	basement	fracture, left arm and left leg, fell from ladder
2	Shana Alexander	Foundry man	7 / 2 month/day	pouring deck	poisoning from lead fumes
3	Sam Sander	Electrician	8 / 5 month/day	2nd floor storeroom	broken left foot, fell over box
4	Ralph Boccella	Laborer	9 / 17 month/day	packaging dept	Back strain lifting boxes
5	Jarrold Daniels	Machine opr.	10 / 23 month/day	production floor	dust in eye
			/		
			/		
			/		

Classify the case

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

Remained at Work			
Death	Days away from work	Job transfer or restriction	Other recordable cases
(G)	(H)	(I)	(J)
☐	☒	☐	☐
☐	☐	☒	☐
☐	☒	☐	☐
☐	☒	☐	☒
☐	☐	☐	☐
☐	☐	☐	☐

Enter the number of days the injured or ill worker was:

Away from work	On job transfer or restriction
(K)	(L)
12 days	15 days
days	30 days
7 days	30 days
3 days	days
days	days
days	days
days	days

Check the "Injury" column or choose one type of illness:

(M)					
Injury	Skin disorders	Respiratory conditions	Poisoning	Hearing loss	All other illnesses
(1)	(2)	(3)	(4)	(5)	(6)
☒	☐	☐	☐	☐	☐
☐	☐	☐	☒	☐	☐
☒	☐	☐	☐	☐	☐
☒	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐

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.

Note whether the case involves an injury or an illness.

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.

Form approved OMB no. 1218-0176

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 _____

City _____ State _____

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

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

OSHA’s Form 300A (Rev. 01/2004)

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	_____
(2) Skin disorders	_____
(3) Respiratory conditions	_____
(4) Poisonings	_____
(5) Hearing loss	_____
(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

Optional

Worksheet to Help You Fill Out the Summary

At 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 information on this page to estimate the numbers you will need to enter on the Summary page at the end of the year.

How to figure the average number of employees who worked for your establishment during the year:

- 1

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 = 1
- 2

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 = 2
- 3

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

1

2

=

3
- 4

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 = 4

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

For pay period...	Acme paid this number of employees...		
1	10	Number of employees paid = 830	1
2	0		
3	15	Number of pay periods = 26	2
4	30		
5	40	830 = 31.92	3
▼	▼	26	
24	20	31.92 rounds to 32	4
25	15		
26	+10	32 is the annual average number of employees	
	830		

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*.

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 ____/____/____

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 / 527-4465

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 / 754-2172

South Carolina - 803 / 734-9669

Tennessee - 615 / 741-2793

Utah - 801 / 530-6901

Vermont - 802 / 828-2765

Virginia - 804 / 786-6613

Virgin Islands - 340 / 772-1315

Washington - 360 / 902-5554

Wyoming - 307 / 777-7786

*Public Sector only



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

COMPLIANCE ASSISTANCE

Have questions?

If you need help in filling out the *Log* or *Summary*, or if you have questions about whether a case is recordable, contact 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 find the phone number listed inside this cover.

UNEMPLOYMENT INSURANCE

If you become unemployed, you may be eligible for unemployment insurance benefits. If you are still employed but working fewer hours than your regular full-time work week and are earning less than your regular full-time wages, you may be entitled to partial benefits. Unemployment insurance benefits are made possible by taxes paid by this employer. No deductions are made from your paycheck for unemployment insurance.

**The same week you become unemployed,
you may file a new unemployment insurance claim online or in-person.**



ONLINE

Go to

www.iowaworkforcedevelopment.gov

and click on the

Apply for Unemployment link.

You should file an initial claim the same week you are unemployed or working reduced hours.

Your unemployment insurance claim DOES NOT begin on the date your job ended or your hours were reduced.

Your claim is effective the Sunday of the week you apply.



IN-PERSON

If you do not have access to a computer, visit the nearest **IowaWORKS Center.**

Delay in filing an unemployment insurance claim can result in the loss of all or part of the benefits you may be entitled to receive.



INFORMATION

For complete information about your unemployment insurance rights and responsibilities, review the Unemployment Handbook at

www.iowaworkforcedevelopment.gov.

To register for work and learn more about available work in your area, go to

www.iowaworks.gov

or visit your nearest **IowaWORKS Center.**



IowaWORKS Centers are located in 17 cities.

IOWAWORKS CENTER LOCATIONS

- Burlington
- Carroll
- Cedar Rapids
- Council Bluffs
- Creston
- Davenport
- Decorah
- Des Moines
- Dubuque
- Fort Dodge
- Iowa City
- Marshalltown
- Mason City
- Ottumwa
- Sioux City
- Spencer
- Waterloo

For the location of the IowaWORKS Center nearest you, call: 866-239-0843 or visit **www.iowaworkforcedevelopment.gov**.

IowaWORKS