



OSHA Form 300A Annual Posting Requirement February 1, 2019 to April 30, 2019

This is an annual reminder for employers to certify & post their 2018 OSHA 300 Form A (not the form with the employee names) at each establishment in a conspicuous place or places where notices to employees are customarily posted. **It must be posted from February 1 to April 30.**

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

Summary of Work-Related Injuries and Illnesses

Year 20____
U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OSHA no. 1218-020

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
(c)	(b)	(a)	(d)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
(k)	(j)

Injury and Illness Types

Total number of ...	(m)	(l)	(n)
(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 existing data sources, 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 this estimate or any other aspect of this data collection, contact US Department of Labor, OSHA Office of Statistical Analysis, Room N-364A, 200 Constitution Avenue, NW, Washington, DC 20036. Do not send the completed form to this office.

Establishment information

Your establishment name _____
 Street _____
 City _____ State _____ ZIP _____
 Industry description (e.g., *Manufacture of metal 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 Work Area 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.

Category number _____ Title _____
 Date _____

Also, affected contractors are now required to submit the OSHA Form 300A data electronically to OSHA via the injury tracking application (ITA). For more information on the Form 300A log posting requirements and electronic submissions refer to this link and/or your ORCIG Safety Specialist: <https://www.osha.gov/recordkeeping/>

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

SafeALERT

ORCIG 2019 SafeAlert Series

This material is intended to be a broad overview of the subject matter and is provided for informational purposes only. Old Republic Contractors Insurance Group, Inc. does not endorse or recommend any products or services nor does it make any representation or warranty regarding the accuracy or completeness of the information. Old Republic Contractors Insurance Group, Inc. shall have no liability or responsibility to any person or entity with respect to any loss, action or inaction alleged to be caused directly or indirectly as a result of the information contained herein.

