INSTRUCTION FOR REPORT PREPARATION - FORM OSHA 102F

Insert a check-mark (3) in the appropriate square box to identify data contained in the report as either civilian or military. Please do not combine civilian and military data - submit separate reports for each group.

Reporting Period. Enter the last month and day of the current reporting quarter, along with the year, in the appropriate boxes. For example, 03 - 31 - 76 means the period January 1 - March 31, 1976.

INSTRUCTIONS for completing this form. All entries must be summarized from the log (OSHA No.100F) or its equivalent. Before preparing this summary, review the log to be sure that entries are correct and each case is included in only one of the following classes, deaths (date in column 8), lost workday cases (check in column 9) or nonfatal cases without lost workdays (check in column 10), If an employee's loss of workdays is continuing at the time the annual summary is being made, estimate the number of future workdays he will lose and add that estimate to the workdays he has already lost and include this total in the annual summary. No further entries are to be made with respect to such cases in the next year's annual summary.

Occupational injuries and the seven categories of occupational illness are to be summarized separately. Identify each case by the code in column 7 of the log of occupational injuries and illnesses.

The summary Form OSHA No. 102F should be completed as follows:

A. (Code 10) Occupational Injuries (identified by Code 7 of the OSHA No. 100F Log). Record the following on the line designated by Code 10 on the OSHA No 102F:

Column 1.   Total injury cases. Count the number of times Code 10 appears in Column 7 of the OSHA No. 100F log. Enter the total of this count under Column 1 of the OSHA No. 102F.

Column 2.   Total deaths. For all Code 10 entries, count the number of times a data appears in Column 8 of the OSHA No. 100F Log. Enter the total of this count under Column 2 of the OSHA No 102F.

Column 3.   Total Lost Workday Cases. For all code 10 entries, count the number of times a check-mark (3) appears in Column 9 of the OSHA No. 1001 Log . Enter the total of this count under Column 3 of the OSHA No. 102F.

Column 4.   Total Cases Involving Days Away From Work. For all code 10 entries, count the number of times an entry (don't total the numbers) appears in Column 9A of the OSHA No. 102F Log. Enter the total of this count under Column 4 of the OSHA No. 102F.

Column 5.   Total Days Away Form Work. For all code 10 entries, add all the entries (total the numbers which appear in Column 9A of the OSHA No. 100F Log. Enter the total of this addition under Column 5 of the OSHA No. 102F.

Column 6.   Total Days of Restricted Work Activity. For all code 10 entries, add all the entries (total the number which appear in Column 9B of the OSHA No. 100F Log. Enter the total of this count under Column 6 of the OSHA No. 102F.

Column 7.   Total Nonfatal Injury Cases without Lost Workdays. For all code 10 entries, count the number of times a check-mark ( ) appears in Column 10 of the OSHA No. 100F Log. Enter the total of this count under Column 7 of the OSHA No. 102F.

Column 8.   Total Injury Cases which Result in Termination of Employment or Permanent Job Transfers. For all code 10 entries count the number of times a check-mark ( ) appears in Column 11 of the OSHA No 100F Log. Enter the total of this count under Column 8 of the OSHA No. 102F.

CHECK: From the total entered according to the instructions above, an easy check for accuracy can be made. Add the entries under Columns 2, 3 and 7, and this total must equal the entry Column 1. (Column 2+3+7 = Column 1).

B. (Codes 21 through 29) Occupational Illnesses Codes. Follow the procedure for A above for each illness code, entering the totals on the appropriate line of this form.

C. (Code 30) Total - Occupational Illness and Injuries. Add the entries for codes 21 through 29 in each column and enter totals on the line for code 30.

D. (Code 31) Total- Occupational Illness and Injuries. Add the entries for codes 10 and 30 in each column and enter totals on the line code 31.

CHECK: If the summary has been made correctly, the entry in column 1 of the total line (code 31) of this form will equal the total number of cases on the log.

E. (Code 40) Man-hours worked. Insert the total hours worked by all employees on official duty at the reporting workplace during the reporting period, excluding vacations holidays, sick leave, and other nonwork time. Count only the actual hours of overtime worked. If any employee worked irregular hours or if any part-time workers were employed, care should be taken to include their actual hours worked. Do not combine civilian and military man-hours worked. Please do NOT report man-days, all man-days should be converted to man-hours by the reporting agency.

F. (Code 50) Average number of employees. Insert the average number of full and part-time employees during the reporting period. Include all cases of employees (i.e., administrative, supervisory, clerical, professional, non-professional, technical, other related workers etc.) Do not combine civilian and military average number of employees.

G. (Code 51) If the average work week for the employees in your agency varies more or less than 25% of the normal work week i.e., 40 hours, check the box for code 51, otherwise leave if blank. Example (a) employees worked so much overtime that the average work week went from 40 hours per week to over 50 hours per week, (b) there are so many part-time employees in your agency that the average work week dropped from 40 hours per week to less than 30 hour per week.

SUMMARY REPORT OF FEDERAL OCCUPATIONAL INJURIES AND ILLNESSES

A. This is the separate summary report for:

[   ]

A.1 Civilian Personnel - [   ]

A.2 Military (Non-combat) Personnel - [   ]

B. Report Period Ending Date [   ] [   ]-[   ] [   ]-[   ]

Month   Day   Year

INJURY AND ILLNESS CATEGORY			TOTAL CASES	DEATHS	LOST WORKDAY CASES				• NONFATAL CASES WITHOUT LOST WORKDAYS	TERMINA-TIONS OR PERMA-NENT TRANS-FERS
CATEGORY		C O D E	Number of entries in Col. 7 of the log. (1)	Number of entries in Col. 8 of the log. (2)	Number of checks in Col. 9 of the log. (3)	Number of entries in Col. 9A of the log. (4)	Sum of entries in Col. 9A of the log. (5)	Sum of entries in Col. 9B of the log. (6)	Number of checks in Col. 10 of the log. (7)	Number of checks in Col. 11 of the log. (8)
OCCUPATIONAL INJURIES		1 0								
O C C U P A T I O N A L I L L N E S S E S	Occupational Skin Diseases or Disorders	2 1								
	Dust Diseases of the Lungs	2 2								
	Respiratory Conditions Due to Toxic Agents.	2 3								
	Poisoning (Systemic Effects of Toxic Materials)	2 4								
	Disorders Due to Physical Agents	2 5								
	Disorders Associated with Repeated Trauma	2 6								
	All Other Occupational Illnesses	2 9								
	TOTAL-OCCUPATIONAL ILLNESSES (Sum of codes 21 through code 29)	3 0								

TOTAL-OCCUPATIONAL INJURIES AND ILLNESSES (Sum of code 10 and code 30)	3 1								

Total Man hours worked by all employees	4 0								**(This Reporting Period)**
Average number of employees	5 0								**(This Reporting Period)**
Average work week for all employees	5 1	[ ] **Check this box only when average work week for all employees is (a) less than 30 hours or (b) more than 50 hours per week.**							

- Nonfatal Cases Without Lost Workdays - Cases resulting in Medical treatment beyond first aid, diagnosis of occupational illness, loss of consciousness, or transfer to another job (without lost workdays)