

# OSHA WORK-RELATED INJURY AND ILLNESS DATA COLLECTION FORM, 2011



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

OMB No. 1218-0209  
Approval Expires 4/30/2013  
OSHA Form 196B  
(1/2012)



*Public Law 91-596 requires you to participate in the data initiative collection.*

OSHA estimates that it will take you, on average, 10 minutes to complete the forms in this data collection, including the time you'll spend reviewing the instructions, searching and gathering the data needed, and completing and reviewing the collection of information. Persons are required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments regarding these estimates or any other aspects of this data collection, send them to:

U.S. Department of Labor  
Occupational Safety and Health Administration  
Directorate of Evaluation and Analysis  
Office of Statistical Analysis  
Room N-3644  
200 Constitution Ave. N.W.  
Washington, D.C. 20210

DO NOT SEND THE COMPLETED FORM TO THIS ADDRESS. Send the completed form to the Return Address indicated on the mailing label.

*Place Label Here*

SAMPLE

**Please make any necessary corrections to your establishment site address, SIC, and NAICS.**



**To submit your data electronically, access our electronic survey at <http://www.osha.gov/form196/collection.htm>**

## Dear Employer:

The U.S. Department of Labor, Occupational Safety and Health Administration (OSHA) is working with State agencies to compile work-related injury and illness data from employers within specific industry and employment size specifications. The information will be used to focus OSHA activities (inspections, outreach, consultations, technical assistance, and leveraging programs) and to measure the performance of the Agency in meeting its goal of reducing workplace injuries and illnesses.

We are asking for the totals from your 2011 *Summary of Work-Related Injuries and Illnesses* (OSHA No. 300A), as well as information about hours worked and employment at your establishment. The Occupational Safety and Health Act, 29 U.S.C. §§ 657 & 673, and reporting regulations at 29 C.F.R. Part 1904 authorize OSHA to collect the requested information. Please note that establishments that fail to submit a completed 2011 survey may be subject to OSHA enforcement actions, including the issuance of a citation and assessment of penalties.

At this time the Bureau of Labor Statistics (BLS) and its State partners are conducting the 2011 Survey of Occupational Injuries and Illnesses, Part 1 of which solicits information very much like what OSHA is collecting. Be aware that employers who receive the BLS survey as well as the OSHA data collection form are required by law to respond to both of them, since these are separate data collection efforts. **However, if you have already received the BLS survey, OSHA affords you an option intended to streamline the effort involved in responding to both collections: That is, you may either (1) complete the OSHA form in its entirety, in addition to the BLS form, or (2) simply send OSHA a copy of your responses to the BLS survey (Parts 1A and 1B), which OSHA will accept as your response to the Agency's collection.**

We recognize that responding to our questions may be time consuming for some employers and have made every effort to reduce the completion time while still obtaining the necessary information. In this spirit, we now provide two means of submitting your establishment information: (1) by mail or fax, using this hard-copy form, or (2) via the Internet, using a secure electronic version of this form available on our Web site. Instructions for use of the electronic form are displayed at the Web site. You can access an electronic survey form by pointing your browser to <http://www.osha-slc.gov/Form1904/collection.htm> and then, when prompted, inputting your establishment-specific ID number and password (provided in the label on the cover of the form). If you choose this option, use your browser's print function to print a copy for your records. If you need help in completing the enclosed survey form or if you have questions, please call the phone number printed on the cover.

OSHA has initiated a comprehensive approach to monitoring and improving data quality. As part of this approach, OSHA will audit the injury and illness records of a random, unchosen sample of establishments included in this data collection. We will continue to evaluate this initiative and will build on the lessons learned to improve OSHA's ability to protect the health and safety of America's workers sensibly and appropriately. We invite your comments as we proceed with this effort. Thank you for helping us collect accurate information and for participating in the effort to make America's workplaces safer and healthier.

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

## Who must complete this form?

All establishments that receive this form should complete and return it or respond via the Internet **within 30 days**, even if they had no work-related injuries and illnesses recorded on their 2011 OSHA No. 300.

## What else do you need?

- ▶ Information from your 2011 *Summary of Work-Related Injuries and Illnesses* (OSHA No. 300A).

## What do you need to do?

- ▶ Check the address information printed on the cover. Make any corrections necessary on the hardcopy or Web site.
- ▶ Complete this form **only** for the establishment noted on the cover.
- ▶ Complete pages 3 and 4. You can either photocopy your OSHA Form 300A or you can transcribe the entries from your OSHA Form 300A to this survey form.
- ▶ On the last page, fill in the name of the person we should call with questions and sign the form.
- ▶ Return this form in the enclosed envelope, fax, or respond via Internet **within 30 days** of the date your establishment received it.

# Establishment Information

Using your completed calendar year 2011 *Summary of Work-Related Injuries and Illnesses (OSHA Form 300A)*, copy the establishment information into the boxes below. If these numbers are not available on your OSHA Form 300A, or if your establishment does not keep records needed to answer (1) and (2) below, you can estimate using the steps that follow.

**1. For the reporting site identified on the cover: Enter the annual average employment for 2011.** (You can copy this from your OSHA Form 300A.)

*Annual average number of employees for 2011*

**If needed: Steps to estimate employment**

**STEP 1: Add** the number of employees your establishment paid in every pay period during 2011. **Include all employees:** full-time, part-time, temporary, seasonal, salaried, and hourly.

Acme Construction pays its employees 26 times each year. During 2011,

In this pay period	Acme paid this many employees
1 .....	30
2 .....	0
3 .....	35
↓ .....	↓
25 .....	36
26 .....	32
	830 (sum)

**STEP 2: Divide** the sum by the number of pay periods your establishment had in 2011. **Include** any pay periods when you had **no** employees.

Because Acme has 26 pay periods, would divide its sum by 26.  
830 divided by 26 = 31.92

**STEP 3: Round** the answer to the next highest whole number. Write the rounded number in the box marked *Annual average number of employees*.

Acme would round 31.92 to 32 and write that number in the box marked *Annual average number of employees*.

**2. For the reporting site identified on the cover: Enter the total hours worked for 2011.** (You can copy this from your OSHA Form 300A.)

*Total hours worked by all employees in 2011*

**Note:** *Total Hours Worked* should exclude vacation, sick leave, holidays, and other non-work time.

**If needed: Steps to estimate total hours worked**

**STEP 1: Find** the number of full-time employees in your establishment for 2011.

ABC Company had 15 full-time employees during 2011.

**STEP 2: Multiply** this number by the number of hours worked for a full-time employee in a year. This is equal to the number of full-time hours worked:

ABC Company's 15 full-time employees worked an average of about 1,760 hours each year after excluding vacation, sick leave, holidays, and other non-work time. (*The hours worked for a full-time employee in a year may be different at your reporting site*)

15 (full-time employees) times 1,760 (hours worked by a full-time employee in a year) equals 26,400 full-time hours.

**STEP 3: Add** the number of any overtime hours and the number of hours worked by other employees (part-time, temporary, seasonal) to the amount in Step 2:

ABC Company's full time employees worked a total of 1,500 hours of overtime. In addition, 3 part time employees worked a total of 2,715 hours during 2011. Adding these hours to those from Step 2:

Full-time hours from Step 2		26,400
Overtime hours	+	1,500
Part-time hours	+	2,715
Total hours worked by all employees in 2011 =		30,615

**3. Check any conditions that might have affected your annual average number of employees or total hours worked during 2011:**

- Strike or lockout
- Shutdown or layoff
- Seasonal work
- Natural disaster or adverse weather conditions

- Shorter work schedules or fewer pay periods than usual
- Longer work schedules or more pay periods than usual
- Other reason: \_\_\_\_\_
- Nothing unusual happened to affect our employment or hours figures

## Did you have ANY occupational injuries or illnesses during 2011?

- Yes. Go to the next section, *Summary of Work-Related Injuries and Illnesses, 2011*.
- No. Go to *Sign and return this form* below.

## Summary of Work-Related Injuries and Illnesses, 2011

Using your completed calendar year 2011 *Summary of Work-Related Injuries and Illnesses (OSHA Form 300A)*:

1. Copy the establishment summary information into the spaces below.
2. If you prefer, you may enclose a photocopy of your *Summary of Work-Related Injuries and Illnesses (OSHA Form 300A)*.
3. If any total is zero on your OSHA Form 300A, write "0" in that total's space below.

---

### Number of Cases

Copy these totals  
from columns  
(G), (H), (I), and (J):

Total number of deaths (column G)	Total number of cases with days away from work (column H)	Total number of cases with job transfer or restriction (column I)	Total number of other recordable cases (column J)
_____	_____	_____	_____

---

### Number of Days

Copy these totals  
from columns (K)  
and (L):

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

---

### Injury and Illness Types

Total number of . . .  
from column (M)

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

---

### Sign and return this form

Fill in the name, title, phone number and fax number of the person we should call with questions about this form. Then sign and date the form.

\_\_\_\_\_  
Printed name

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Telephone number Ext. Fax number

\_\_\_\_\_  
E-mail address (optional)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Today's date

Use the envelope included with this packet to mail the original form to us. If the return envelope is missing, send the package to the Return Address on the front cover. Remember to keep a photocopy for your records.