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## OSHA INCIDENT RATES

The time is now upon most employers to prepare and post the OSHA Form 300A Summary of Work-Related Injuries and Illnesses. This is also a good time to review the related statistics that are often requested during pre-bid qualifications. As these statistics do not change once the logs are completed for the year, it is helpful to perform the calculations once and then distribute the information to project managers and estimators within your company. This ensures consistency and redundancy when the pressure is on to complete a bid submission. Below is some information consolidated from the OSHA Recordkeeping requirements that may help you complete your calculations.

### What information do I need to start?

- OSHA 300 – Log of Work-Related Injuries and Illnesses and
  - Total number of hours worked by all employees for the given year
- or
- OSHA 300A – Summary of Work-Related Injuries and Illnesses

### What are the typical formulas and rates calculated?

#### √ **Incident Rate**

$$\frac{\text{Total \# of boxes checked in Columns G, H, I and J}}{\text{Total hours worked}} \times 200,000 = \text{OSHA Incident Rate}$$

#### √ **Lost Time Incident Rate**

$$\frac{\text{Total \# of boxes checked in Column H}}{\text{Total hours worked}} \times 200,000 = \text{OSHA Lost Time Incident Rate}$$

#### √ **DART Rate (Days Away Restricted Time)**

$$\frac{\text{Total \# of boxes checked in Columns H and I}}{\text{Total hours worked}} \times 200,000 = \text{OSHA DART Rate}$$

### Where can I find more help or information?

OSHA has a very good website that includes frequently asked questions, forms, and regulatory language to assist with all aspects of the required recordkeeping.

<http://www.osha.gov/recordkeeping/index.html>

# Locating Information on the 300A Form

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) _____

Totals of Columns H & I

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

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 30 minutes per response, including time for reviewing the instructions, searching existing data sources, gathering the data needed, and completing and reviewing 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 collection of information, please write to the Office of Management and Budget, Paperwork Project Director (0304-0188), Washington, DC 20503. Do not send the completed forms to this office.



Year 20 \_\_\_\_\_

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

Form approved OMB no. 3218-0176

### 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., *3711*) \_\_\_\_\_

OR \_\_\_\_\_

North American Industrial Classification (NAICS), if known (e.g., *336212*) \_\_\_\_\_

### Employment information (If you don't have these figures, see the instructions 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 signature \_\_\_\_\_ Title \_\_\_\_\_  
Phone \_\_\_\_\_ Date \_\_\_\_\_

# Locating Information on the 300 Form

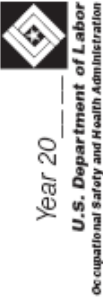
Note: hours worked is not located on this form

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.

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.



Form approved OMB no. 1218-0076  
 Establishment name \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_

Columns H & I

Identify the person			Describe the case			Classify the case <b>CHECK ONLY ONE box for each case based on the most serious outcome for that case:</b>		Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:								
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Worker)	(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 objective substance that directly injured or made person ill (e.g., Second degree burns on right forearm from arclow torch)	(G) Death	(H) Days away from work	(I) Job transfer or restriction	(J) Other recordable cases	(K) Away from work	(L) On job transfer or restriction	(M) Injury	(1) Skin disorder	(2) Respiratory condition	(3) Poisoning	(4) Hearing loss	(5) All other illnesses	
<b>Page totals</b> →																		

Be sure to transfer these totals to the Summary page (Form 300) 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 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 these estimates or any other aspect 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.