



ILA-USMX JOINT SAFETY COMMITTEE

OSH ALERT 2017-09 [01 November 2017]

OSHA Electronic Reporting Of Employer's Injury-Illness Records Deadline Draws Near

The ILA-USMX Joint Safety Committee provides this alert to marine cargo handling employers, to apprise them that **01 December 2017** is the deadline for submitting the data recorded on CY 2016's OSHA Form 300A ("The Injury & Illness Summary") to the agency via its dedicated Injury Tracking Application (ITA).

We provide a link to the ITA access page here:

<https://www.osha.gov/injuryreporting/index.html>

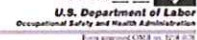


Detailed instructions are available at the ITA access page, providing step-by-step guidance in completing your filing. You'll also find an informative Q&A section there.

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

Summary of Work-Related Injuries and Illnesses

Year 20



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 representative 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, or OSHA's record-keeping 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
(a)	(b)	(c)	(d)

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
(e)	(f)

Injury and Illness Types			
Total number of ...			
(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.

Please report further to the collection of all entries is required to average 28 entries per person, including how 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 OSHA control number. If you have any comments about these instructions or any other aspect of this data collection, contact: US Department of Labor, OSHA Office of Record Keeping, Room N-3104, 200 Constitution Avenue, NW, Washington, DC 20510. Do not send the completed forms to the office.

Establishment Information

Your establishment name _____

Street _____

City _____ State _____ ZIP _____

Industry description (e.g., Manufacturer of metal work tools) _____

Standard Industrial Classification (SIC), if known (e.g., #715) _____

OR

North American Industrial Classification (NAICS), if known (e.g., #32212) _____

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 Signature _____ Title _____

Date _____ / ____ / ____

Got a question about this particular subject? Write to the JSC at: blueoceana@optonline.net

Working Together For The Benefit Of All

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