



# ILA-USMX JOINT SAFETY COMMITTEE

## OSH ALERT 2017-05 [27 June 2017]

### OSHA To Delay Electronic Reporting Of Employer's Injury-Illness Records Final Rule

In tomorrow's **FEDERAL REGISTER**, the Occupational Safety & Health Administration is expected to publish its intention to extend the initial date of compliance with the "Electronic Reporting" Final Rule from 01 July 2017 (this Saturday) until 01 December 2017.

We provide a link to the advance copy of that notice: [OSHA FR Notice of 28 June 2017](#)

Within tomorrow's notice, the agency takes the time to indicate that in addition to extending by five months the effective "drop dead" date for initial electronic submission of OSHA Forms 300A, that "...OSHA also intends to issue a separate proposal to reconsider, revise, or remove other provisions of the prior final rule. OSHA will seek comment on those provisions in that separate proposal."

While not expressly saying so, OSHA will likely revisit and reverse the agency's former position with regard to employer retaliation against employee accident reporting, which provided, amongst other things, that blanket post accident drug/alcohol testing could, in some cases, be considered retaliatory for the circumspect employee reporting of accidents. We'll await publication of that proposal and, through other means, monitor that notice's development.

OSHA's Form 300A (rev. 01/2004) Year 20\_\_

**Summary of Work-Related Injuries and Illnesses** U.S. Department of Labor  
Bureau of Safety and Health Administration

An establishment covered by the OSHA rules must complete this Summary page each year for each establishment to which the OSHA rules apply. This form is to be completed for each establishment for which the OSHA rules apply. This form is to be completed for each establishment for which the OSHA rules apply. This form is to be completed for each establishment for which the OSHA rules apply.

Number of Cases			
Total number of cases	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
01	02	03	04

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
05	06

Injury and Illness Types			
Total number of ...	(a)	(b)	(c)
(1) Injuries	07	08	09
(2) Skin disorders	10	11	12
(3) Respiratory conditions	13	14	15

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

**Establishment Information**

Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Industry (e.g., Manufacturer of metal auto parts)

Hazard (e.g., Chemicals) (e.g., 29 CFR 1910.101)

OSHA Area Office (e.g., 29 CFR 1910.101)

North American Industry Classification (NAICS) (e.g., 33272)

**Employment Information** (If you do not have this information, check the box for "Not Applicable")

Average number of employees: \_\_\_\_\_

Total number of employees last year: \_\_\_\_\_

**Sign Here**

\_\_\_\_\_  
Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that the data are true, accurate, and complete.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Got a question about this particular subject? Write to the JSC at: [blueocean@optonline.net](mailto:blueocean@optonline.net)

## Working Together For The Benefit Of All

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