Oklahoma Department of Labor
PEOSH/Statistical Research Division
3017 N Stiles, Suite 100
Oklahoma City, OK 73105

Year 2019

OFFICIAL STATE BUSINESS

Public Sector Guidelines of Occupational Injuries and Illnesses

Recordkeeping Year 2019

THIS REPORT IS MANDATORY

IMPORTANT NOTIFICATION BOOKLET

The Public Employee Occupational Safety & Health Unit (PEOSH) at the Oklahoma Department of Labor has issued revised forms. A copy of the new recordkeeping forms package is included for your convenience.

An Overview: Recording Work-Related Injuries and Illnesses

The Oklahoma Occupational Heath & Safety Standards Act (OOHSSA) requires all public sector employers with one or more employees to prepare and maintain records of all work-related injuries and illnesses. Use these definitions below when you classify cases on the OK 300 Log. Definitions are consistent with the OSHA Recordkeeping regulations, which have been adopted, in part, by the Oklahoma Department of Labor.

The *Log of Work-related Injuries and Illnesses* (OK300) is used to classify work-related injuries and illnesses and to note the extent and severity of each case. When an incident occurs, use the *Log* to record specific details about what happened and how it happened.

The *Summary* (OK 300A) - a separate form - shows the totals for the year in each category. At the end of the year, you must post the *Summary* in a visible location so that your employees are aware of the injuries and illnesses occurring in their workplace. Employers must keep a separate *Log* and *Summary* for each establishment or site expected to be in operation for one year or greater**.**

Note, your employees have the right to review your injury and illness records and they must be available for review by PEOSH Inspectors, and provided within **4 business hours** of the initial request. Cases listed on the *Log of Work-Related Injuries & Illnesses* are not necessarily eligible for workers compensation or other insurance benefits. Recording an injury or illness on the *Log* does not mean that the employer or the worker was at fault or that a PEOSH or OSHA standard was violated. PEOSH Regulations are available at www.ok.gov/odol.

When is an injury or illness considered work-related?

An injury or illness is considered to be work-related if an event or exposure in the work environment caused or contributed to the resulting condition or significantly aggravated a pre-existing condition.

Work-relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the workplace, unless an exception specifically applies. See 29 CFR 1904.5(b)(2) for the exceptions. The work environment includes the establishment and other locations where one or more employees are working or are present as a condition of their employment.. See 29 CFR 1904.5(b)(1).

Which work-related injuries and illnesses must be recorded?

Record those work-related injuries and illnesses that result in:

- death,
- loss of consciousness,
- days away from work,
- restricted work activity or job transfer, or
- medical treatment beyond first aid.

You must also record work-related injuries and illnesses that are significant (as defined below) or meet any additional criteria listed below. You must record any significant work-related injury or illness that is diagnosed by a physician or other licensed health care professional. You must record any work-related case involving: cancer, chronic irreversible disease, a fractured or cracked bone, or a punctured eardrum. See 29 CFR 1904.7.

What are the additional criteria?

You must record the following conditions when they are work-related:

- any needlestick or cut from a sharp object that is contaminated with another person's blood or other potentially infectious materials;
- any case requiring an employee to be medically removed under the requirements of a PEOSH or OSHA health standard;
- tuberculosis infection as evidenced by a positive skin test or diagnosed by a physician or other licensed health care professional after exposure to a known case of active tuberculosis;
- an employee's hearing test (audiogram) reveals 1) that the employee has experienced a Standard Threshold Shift (STS) in hearing in one or both ears (averaged at 2000, 3000 and 4000 Hz) and 2) the employee's total hearing level is 25 decibels (dB) or more above audiometric zero (also averaged at 2,000, 3,000, and 4,000 Hz) in the same ear(s) as the STS.

What is medical treatment?

Medical treatment means the management and care of a patient to combat a disease or disorder. The following are not considered medical treatments and are NOT recordable:

- visits to a doctor or health care provider solely for observation or counseling;
- diagnostic procedures, including administering prescription medications that are used solely for diagnostic procedures; and
- any procedure that can be labeled as first aid. (See below for more information about first aid.)

What is first aid?

If the incident required only the following types of treatment, consider it first aid. **Do NOT record the case if it involves only**:

- using non-prescription medications at non-prescription strength;
- administering tetanus immunizations;
- cleaning, flushing or soaking wounds on the surface of the skin;
- using wound coverings, such as bandages, Band-Aids™, gauze pads, etc., using Steri-Strips™, or butterfly bandages;
- using hot or cold therapy;

What do you need to do?

Within 7 calendar days after you receive information about a case, decide if the case is recordable under the recordkeeping requirements. To do that, you must:

1. Determine whether the incident is a new case or a recurrence of an existing one.
2. Establish whether the case was work-related.
3. Identify the nature of the injury or illness, the part of the body affected and the object or substance that caused harm to the employee.
4. Identify what medical treatment was provided, and determine if the case is recordable according to the treatment provided or the diagnosis of a significant injury or illness.

If the case is recordable, complete an OK301 form and enter the injury on the OK 300 Log.

When filling out the Forms, keep in mind...

You must fill the forms out *complete and in detail.*

You must enter a case number, however, you are allowed to codify your case numbers in any manner you find appropriate, so long as each case number is unique.

You must enter the employees' name, unless the case meets the requirements of a "Privacy Case", in which case, you must enter the words "*Privacy Case*" in lieu of the employee's name.

In column F, you must enter three things, 1) the exact nature of the injury, 2) the part of the body affected, 3) what object or substance was that harmed the employee.

***Note**: "knee pain" or "hurt back" are not acceptable descriptions of the injury*. These **are** symptoms**. Be specific.** "Torn ACL, Left Knee, Fell from Ladder" is an appropriate entry.

Be sure to classify each injury or illness per the instructions on the forms.

● using any totally non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc.;
● using eye patches;
● using simple irrigation or a cotton swab to remove foreign bodies not embedded in or adhered to the eye;
● using irrigation, tweezers or cotton swab or other simple means to remove splinters or foreign material from areas other than the eye;
● using finger guards;
● using massages;
● drinking fluids to relieve heat stress.

How do you decide if the case involved restricted work?
Restricted work activity occurs when, as the result of a work-related injury or illness, an employer or health care professional keeps or recommends keeping, an employee from doing the routine functions of his or her job or from working the full workday that the employee would have been scheduled to work before the injury or illness occurred.

How do you count the number of days of restricted work activity or number of days away from work?
Count the number of calendar days, including weekends and holidays (even if the employee was not scheduled to work), that the employee was on work restrictions or was away from work as a result of the injury or illness. Do not count the day on which the injury or illness occurred. Begin counting the days away from the day ***after*** the incident occurs. If a single injury or illness in this number.
If a single injury or illness involves both days away from work and days of restricted work activity, enter the total number of days for each. You may stop counting days of restricted work or days away from work once the total of either, or the combination of both, reaches 180 days.

Under what circumstances should you NOT enter the employee's name on the OK 300 Log?
You must consider the following of injuries or illnesses to be privacy concern cases:
● an injury or illness to an intimate body part or to the reproductive system;
● an injury or illness resulting from a sexual assault:
● a mental illness;
● a case of HIV infection, hepatitis or tuberculosis,
● a needlestick injury or cut from a sharp object that is contaminated with another persons' blood or other potentially infectious materials (see 29 CFR 1904.8 for definitions), and
● other illnesses, if the employee independently and voluntarily requests that his or her name not be entered on the log.

You must not enter the employee's name on the *OK 300 Log* for these cases. Instead, you must enter "Privacy Case" in the space normally used for the employee's name (Column B). You must keep a separate confidential list of the case numbers and employee names for the establishment's privacy concern cases so that you can update the cases and provide information to the government, if requested.

If you have a reasonable basis to believe that information describing the privacy concern case may be personally identifiable, even though the employees name has been omitted, you may use discretion in describing the injury or illness or both on the OK 300 and OK 301 forms. You must enter enough information to identify the cause of the incident and the general severity of the injury or illness, but you need not include the details of an intimate or private nature.

What if the outcome of the case changes?
If the outcome or extent of an injury or illness changes after you have recorded the case, simply delete or draw a line through the original entry. Then write the new entry where it belongs. Remember, you need to record the most serious outcome for each case.

Classifying injuries

An injury is any wound or damage to the body resulting from an event in the work environment.
Examples: Cut, puncture, laceration, abrasion, fracture, bruise, contusion, chipped or broken tooth, amputation, insect bite, electrocution or thermal, chemical, electrical or radiation burn. Sprain and strain injuries to muscles, joints and connective tissues are classified as injuries when they result from a slip, trip, fall or other similar accidents.

Classifying Illnesses

Skin diseases or disorders

Skin diseases or disorders are illnesses involving the worker's skin that are caused by work exposure to chemicals, plants or other substances.
Examples: Contact dermatitis, eczema or rash caused by primary irritants and sensitizers or poisonous plants; oil acne; friction blisters, chrome ulcers; inflammation of the skin.

Respiratory conditions

Respiratory conditions are illnesses associated with breathing hazardous biological agents, chemicals, dust, gases, vapors or fumes at work.
Example: Silicosis, asbestosis, pneumonitis, pharyngitis, rhinitis or acute congestion; farmer's lung, beryllium disease, tuberculosis, occupational asthma, reactive airways dysfunctional syndrome (RADS), chronic obstructive pulmonary disease (COPD), hypersensitivity pneumonitis, toxic inhalation injury, such as metal fume fever, chronic obstructive bronchitis, and other pneumoconioses.

Poisoning

Poisoning includes disorders evidenced by abnormal concentrations of toxic substances in blood, other tissues, other bodily fluids or the breath that are caused by the ingestion or absorption of toxic substances into the body.
Examples: Poisoning by lead, mercury, cadmium, arsenic or other metals; poisoning by carbon monoxide, hydrogen sulfide, or other gases; poisoning by benzene, benzol, carbon, tetrachloride, or other organic solvents; poisoning by insecticide sprays, such as parathion or lead arsenate; poisoning by other chemicals such as formaldehyde.

Hearing loss

Noise-induced hearing loss is defined for recordkeeping purposes as a change in hearing threshold relative *to the baseline audiogram of an average of 10 (decibels) dB or more in either ear at 2000, 3000 or 4000 hertz, and the employee's total hearing is 25 dB or more* above audiometric zero (also averaged at 2000, 3000, and 4000 hertz)(in the same ear(s).

All other illnesses

Examples: Heatstroke, sunstroke, heat exhaustion, heat stress and other effects of environmental heat; freezing, frostbite and other effects of exposure to lower temperatures; decompression sickness; effects of ionizing radiation (isotopes, x-rays, radium); effects of non-ionizing radiation (welding flash, ultra-violet rays, lasers); anthrax; bloodborne pathogenic diseases, such as AIDS, HIV, hepatitis B or hepatitis C; brucellosis; malignant or benign tumors; histoplasmosis; coccidioidomycosis.

When must you post the Summary?

You must post the *Summary* only -- not the *Log* -- by February 1st of the year followi the year covered by the form and keep it posted until April 30th of that year.

How long must you keep the Log a Summary on file?

You must keep the *Log* and *Summary* for 5 years following the year to which they pertain. These records must be available for review at all times.

Do you have to send in these forms at the end of the year?

All Public Employers must provide records as part of the A*nnual Public Sector Survey*, by submitting the information online, at www.ok.gov/odol/public-sector-survey.
Participation in the A*nnual Public Sector Survey* is **mandatory**. Failure to respond **will** result in a PEOSH inspection.

How can we help you?

If you have questions about how to fill out the Forms, or how to complete your Public Sector Survey, call us at (405) 521-6568 or toll free at 1-888-269-5353.

How to Fill Out The Log

The *Log of Work-Related Injuries and Illnesses* (OK300) is used to classify work-related injuries and illnesses and to note the extent and severity of each case. When an incident occurs, use the *Log* to record specific details about what happened and how it happened.

If your agency or entity has more than one establishment or site, **you must keep separate records for each physical location that is expected to remain in operation for one year or longer.**

The *Summary* -- a separate form -- shows the work-related injury and illness totals for the year in each category. At the end of the year, count up the number of incidents in each category and transfer the totals from the *Log* to the *Summary*. The highest ranking official or other official must review and certify the *Summary*. From February 1 to April 30th the following year, post the *Summary* in a visible location so that your employees are aware of the injuries and illnesses occurring in their workplace.

You do not post the Log. You only post the Summary at the end of the year.

Reporting Fatalities and Catastrophes

You **must** report all on-the-job fatalities and catastrophes, which are defined as the hospitalization of five or more workers, **within 48 hours**. The report must be made in writing. Forms are available at: www.ok.gov/odol/Services/Public_Safety_and_Health_(PEOSH)/index.html

You must record information 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 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 (2) single lines for a single case if you need to. You must complete an Injury & Illness Incident Report (OK 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 the Oklahoma Department of Labor for help at 1-888-269-5353, Ext. 251.

Establishment

Location

Physical City

Fill in your establishment name, establishment location or name, and city. See 1904.29(b)(1)

Identify the person			Describe the case			Classify the case											
(A) Case no.	(B) Employee's	(C) Job Title (e.g.,	(D) Date of Injury or onset of illness	(E) Event Location (e.g., Loading	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill	Using these four categories, "X" ONLY the most serious result for each case:				Enter number of days injured or ill worker was:		"X" injury column or choose one illness type:					
						Death	Days away	Remained at work: On job transfer or restriction	Remained at work: Other recordable cases	Away from work	On job transfer or restriction	(M) Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
1	John Smith	Welder	5 / 25 month / day	basement	fracture, left arm and left leg, tell from ladder		x			12 days	15 days	x					
2	Shana Alexande	Foundry mar	7 / 2 month / day	pouring deck	poisoning from lead fumes			x		days	30 days				x		
3	Sam Jones	Electrician	8 / 6 month / day	storeroom	broken left foot, fell over box		x			7 days	30 days	x					
4	Jim Bob	Laborer	9 / 17 month / day	packing room	back strain, lifting boxes		x		x	3 days	days	x					
5	Jon Jones	Machine opr	10 / 23 month / day	prod. floor	metal shaving embedded in eye				x	days	days	x					
6	Privacy Case	Laborer	11 / 18 month / day	prod. floor	cut right index finger picking up glass contaminated with				x	days	days	x					
			/ month / day		another person's blood					days	days						
			/							days	days						
										days	days						
										days	days						
										days	days						
					Page totals >	0	3	1	3	22	75	5	0	0	1	0	0
												Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses
												(1)	(2)	(3)	(4)	(5)	(6)

Page 1

(A) Case No. List case or file number, enter a non-duplicating number that will facilitate comparisons with supplementary records for determination of new cases. **See 1904.6**

(B) Employee's name. First and last name required unless you have a "privacy concern case". Then you may instead enter "privacy case" in this space. **See 1904.29(6)-(9)**

(C) Job Title. Fill in your employee's title at time of incident

(D) Date of injury or onset of illness. For occupational injuries, enter the date of the work accident that resulted in injury. For occupational illnesses, enter the date of initial diagnosis of illness, or, if absence from work occurred before diagnosis, enter the first day of the absence attributed to the illness that was diagnosed or recognized.

(E) Event Location. Where the event occurred. Indicate exact location where event occurred.

(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made the person ill. Be as specific as possible. You can use two lines if necessary.

(G), (H), (I), (J) Choose only ONE (G. H, I, or J). Classify the case by recording the most serious outcome of the case, with column J (Other recordable cases) being the least serious and column G (Death) being the most serious.

Revise the log if the injury or illness progresses and the outcome is more serious than you originally recorded for the case. Cross out, erase, or white out the original entry. **See section F.**

(K) & (L) Enter the calendar days recommend by physician or licensed health-care professional. Begin counting on the day after the onset of injury or illness. **See section C.**

(M) Choose only one to identify whether the case involves an injury (M)(1), or an illness (M)(2) - (M)(6). See section G.

Transfer these totals to the Summary Page (Form 300A) before you post it.

Fill in page totals

Page 1 of 1

Public reporting burden for this collection of information is estimated to average 14 minutes, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. If you have any comments about these estimates or any other aspects of this data collection, contact: Oklahoma Department of Labor, 3017 N Stiles, Suite 100, Oklahoma City, OK 73105; 1-888-269-5353.

Recording Criteria

(a) *Basic Requirement.* You must consider an injury or illness to meet the general recording criteria, and therefore to be recordable, if it results in any of the following: death, **D**ays **A**way from work, **R**estricted work or **T**ransfer to another job, medical treatment beyond first aid, or loss of consciousness. You must also consider a case to meet the general recording criteria if it involves a significant injury or illness diagnosed by a physician or other licensed health care professional, even if it does not result in death, days away from work, restricted work or job transfer, medical treatment beyond first aid, or loss of consciousness.

(b) *Implementation.* **How do I decide if a case meets one or more of the general recording criteria?**

A work-related injury or illness must be recorded if it results in one or more of the following:

1) Death,
2) Days away from work,
3) Restricted work or transfer to another job,
4) Medical treatment beyond first aid,
5) Loss of consciousness,
6) A significant injury or illness diagnosed by a physician or other licensed health care professional.

Recordkeeping Criteria Decision Tree

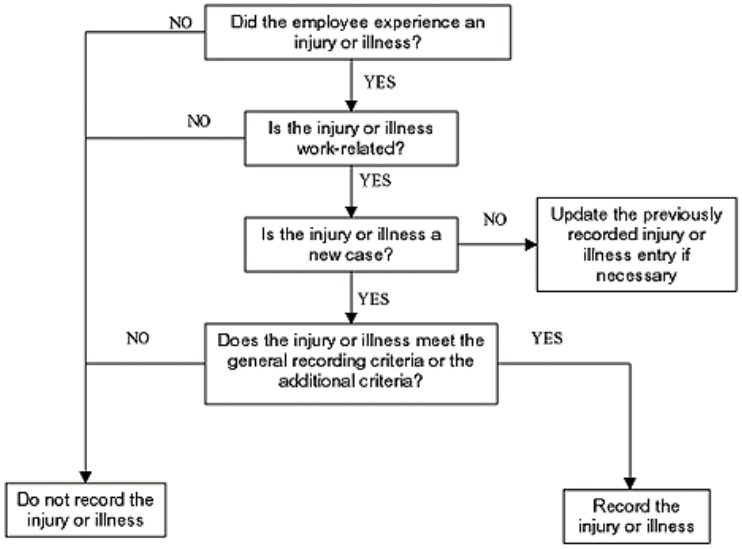

Chart 1 - Ask yourself each of these questions to determine if a case is recordable.

Cases are not recordable:

- Visits to a physician or other licensed health care professional (LHCP) solely for observation or counseling.
- Diagnostic procedures, such as x-rays and blood tests, including the administration of prescription medications solely for diagnostic purposes (e.g., eye drops to dilate pupils).
- ***First Aid only (see the complete list on pages 2-3)***

Changes in Extent of or Outcome of Injury or Illness

If, during the five-year period the log must be retained, there is a change in an extent and outcome of an injury or illness which affects entries in columns (G) (H) (I) or (J), the first entry should be lined out and a new entry made. For example, if an injured employee at first required only medical treatment with no lost work days but later lost days away from work, the check in column (J) should be lined out, and a check entered in column (H) and the number of days away from work entered in column (K).

In another example, if an employee with an occupational illness with days away from work, returned to work, and then died of the illness, any entries in column (H) should be lined out and the death entered in column (G).

The entire entry for an injury or illness should be lined out if later found to be non-recordable. This would include for example: an injury which is later determined not to be work-related or which was initially thought to involve medical treatment but later was determined to have involved only first aid.

Diagnosis of Significant Injury or Illness

Any serious or significant work-related disorder that is diagnosed by a **P**hysician or other **L**icensed **H**ealth **C**are **P**rovider or identified by a positive medical test. These include work-related cases involving cancer, chronic irreversible disease, a fractured or a cracked bone or a punctured eardrum.

Calculating the Incident Rate

You can compute your entities incident rate (IR) by utilizing the following formula.

Total number of injuries and illnesses			# of hours worked by all employees		Incident rate
	X 200,000	÷		=	

What can I compare my incident rates to?
Each year the Department of Labor analyzes the data received from the Annual Public Sector Survey and identifies the State Average. In 2015, the state average was an IR of 3.8. For additional information, you may call (405) 521-6568 or 1-888-269-5353 or visit our web site at www.ok.gov/odol.

OK Form 300 -- Log of Work-Related Injuries & Illnesses

Oklahoma Department of Labor
405-521-6568; 888-269-5353; www.ok.gov/odol

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.

Year 2019

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 that are diagnosed by a physician or licensed health care professional (PHLCP). 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 (2) single lines for a single case if you need to. You must complete an Injury & Illness Incident Report (OK Form 301) for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call the Oklahoma Department of Labor for help at 1-888-269-5353.

Establishment

Location

Physical City

Identify the person		***Describe the case***				***Classify the case***											
						Using these four categories, "X" ONLY the most serious result for each case:				***Enter number of days injured or ill worker was:***		***"X" injury column or choose one illness type:***					
								Remained At Work				(M)					
(A) **Case no.**	(B) **Employee's full name**	(C) **Job title** *(e. g., Welder)*	(D) **Date of injury or onset of illness**	(E) **Event location** *(e.g., Loading dock, north end)*	(F) **Describe 1) injury or illness, 2) parts of body affected, and 3) the objects/substances that directly injured or made person ill** *(e.g., Second degree burns on right forearm from acetylene torch, fractured left ankle, fall from ladder)*	Death (G)	Days away from work (H)	On job transfer or restriction (I)	Other recordable cases (J)	Away from work (K)	On job transfer or restriction (L)	Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
										days	days						
										days	days						
										days	days						
										days	days						
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										days	days						
										days	days						
					Page totals												
												Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)

Add up the totals from all pages. Transfer these totals to the Summary page (Form 300A) before you post it.

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Establishment _____

Location _____

Physical City _____

Identify the person		***Describe the case***				***Classify the case***											
						Using these four categories, "X" ONLY the most serious result for each case:				***Enter number of days injured or ill worker was:***		***"X" injury column or choose one illness type:***					
								Remained At Work				(M)					
(A) **Case no.**	(B) **Employee's full name**	(C) **Job title** *(e. g., Welder)*	(D) **Date of injury or onset of illness**	(E) **Event location** *(e.g., Loading dock, north end)*	(F) **Describe 1) injury or illness, 2) parts of body affected, and 3) the objects/substances that directly injured or made person ill** *(e.g., Second degree burns on right forearm from acetylene torch, fractured left ankle, fall from ladder)*	Death (G)	Days away from work (H)	On job transfer or restriction (I)	Other recordable cases (J)	Away from work (K)	On job transfer or restriction (L)	Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
										days	days						
										days	days						
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										days	days						
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										days	days						
										days	days						
					Page totals												
												Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)

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Worksheet to Help You Fill Out the OK Form 300A - Summary of Work-Related Injuries & Illnesses

Oklahoma Department of Labor
405-521-6568 or 888-269-5353; www.ok.gov/odol

Year 2019

Optional

At the end of the year, you are required to enter the average number of employees and the total hours worked by your employees on the OK Form 300A. If you don't have these figures, you can use the information on this page to estimate the numbers you will need to enter on the OK Form 300A at the end of the year.

How to figure the average number of employees who worked for your establishment:

Step ❶: ***Add*** the total number of employees your establishment paid in all pay periods during the year. Include all employees; full-time, part-time, temporary, seasonal, salaried and hourly.

The number of employees paid in all pay periods = ❶ _____

Step ❷: ***Count*** the number of pay periods your establishment had during the year. Be sure to include any pay periods when you had no employees.

The number of pay periods during the year = ❷ _____

Step ❸: ***Divide*** the number of employees by the number of pay periods.

❶ / ❷ _____ = ❸ _____

Step ❹: ***Round the answer*** to the next highest whole number. Write the rounded number in the blank marked Annual average number of employees.

The number rounded = ❹ _____

For example, *a public entity figured its average employment this way:*

For pay period....	The entity paid this number of employees...
1	10
2	0
3	15
4	30
5	40
-	-
24	20
25	15
26	+ 20
	830

Number of employees paid = 830 ❶

Number of pay periods = 26 ❷

830 / 26 = 31.92 ❸

31.92 rounds to 32 ❹

32 is the annual average number of employees

How to figure the total hours worked by all employees:

Include the hours worked by salaried, hourly, part-time and seasonal workers, as well as hours worked by other workers subject to day-to-day supervision by your establishment (e.g., temporary help services workers).

Do not include vacation, sick leave, holidays or any other non-work time, even if employees were paid for it. If your establishment keeps records of only the hours paid or if you have employees who are not paid by the hour, estimate the hours that the employees actually worked.

If this number is not available, you can use this optional worksheet to estimate the number.

Optional Worksheet

_____ ***Find*** the number of full-time employees in your establishment for the year.

X _____ ***Multiply*** by the number of work hours for a full-time employee per year.

_____ This is the ***number*** of full-time hours worked.

+ _____ ***Add*** the number of any overtime hours as well as the hours worked by other employees (part-time, temporary, seasonal).

_____ **Round** the answer to the next highest whole number. Write the rounded number in the blank marked Total hours worked by all employees last year.

OK Form 300A -- Summary of Work-Related Injuries & Illnesses

Oklahoma Department of Labor
405-521-6568; 888-269-5353; www.ok.gov/odol

Mandatory

Year 2019

Section 1: Establishment Information

Establishment _____ ID _____

Location _____ Physical Address _____

Mailing Address _____ Physical City _____

Mailing City _____ Mailing State _____ Mailing Zip _____ Telephone _____

Instructions: All establishments covered by Part 1904 must complete the questions below, 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 total 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 OK Form 300 in its entirety. They also have limited access to the OK Form 301 or its equivalents. See 29 CFR Part 1904.35, in OSHA's recordkeeping rules, for further details on the access provisions of these forms.

1. Annual average number of employees: _____ ☐

2. Total hours worked by all employees last year: _____ ☐

3. Check any conditions that might have affected your answers to questions 1 and 2 above during 2019

☐ Strike or lockout ☐ Natural disaster or adverse weather conditions ☐ Other reason: _____

☐ Shutdown or layoff ☐ Shorter work schedules or fewer pay periods than usual ☐ Nothing unusual happened to affect our employment or hours figures.

☐ Seasonal work ☐ Longer work schedules or more pay periods than usual

4. Did you have ANY occupational injuries or illnesses during 2019?

☐ Yes. Go to Section 2: OK Form 300A -- Summary of Work-Related Injuries and Illnesses, 2019 ☐ No. Go to Section 3: Contact Information and Certification.

Section 2: OK Form 300A -- Summary of Work-Related Injuries and Illnesses, 2019

For each recordable case, complete the OK Form 301 -- Injury & Illness Report -- First Notice of Injury Form

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)

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)

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

The total **Number of Cases** recorded in G + H + I + J must equal total **Injury & Illnesses Types** recorded in M (1 + 2 + 3 + 4 + 5 + 6).

Section 3: Contact Information and Certification

(Knowingly falsifying this document may result in a citation.)

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate and complete.

Name of Agency Executive / Representative _____ Telephone _____ Ext. _____ Fax Number _____

Title _____ E-Mail _____ Today's Date (MM/DD/YYYY) _____

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. If you have any comments about these estimates or any other aspects of this data collection, contact: Oklahoma Department of Labor, 3017 N Stiles, Suite 100, Oklahoma City, OK 73105; 1-888-269-5353.

Post this Summary page from February 1st to April 30th, 2020.

OK Form 301 -- Injury & Illness Report -- First Notice of Injury Form

Year 2019

Oklahoma Department of Labor
405-521-6568; 888-269-5353; www.ok.gov/odol

Case Information

_____
ID

Go to your completed OK Form 300. Copy the case information from that form into the spaces below. **YOU MUST COMPLETE AN *OK 301 FOR EACH RECORDABLE CASE.*** ***When submitting for the Public Sector Survey, only include the OK Form 301 - Case Information page for incidents resulting in Cases with Days Away From Work (column H) or Death (column G).***

Case number from Log (column A)	Employee's name (column B)	Job title (column C)	Date of Injury or onset of Illness (column D)	Number of days away from work (column K)	Number of days of job transfer or restriction (column L)

Tell us about the Employee

1. **Check the category which best describes the employee's regular type of job or work:** (optional)

- ☐ Office, professional, business, or management staff
- ☐ Sales
- ☐ Product assembly, product manufacture
- ☐ Repair, installation or service of machines, equipment
- ☐ Construction
- ☐ Other: _____
- ☐ Health care
- ☐ Delivery or driving
- ☐ Food service
- ☐ Cleaning, Maintenance of building, grounds
- ☐ Material handling (e.g. stocking, loading/unloading, moving, etc.)
- ☐ Farming

2. **Employee's race or ethnic background:** (optional-check one or more)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Not available

3. **Employee's age:** _____ ***OR*** **date of birth:** _____
MM-DD-YYYY

4. **Employee's date hired:** _____
MM-DD-YYYY

OR **check length of service at establishment when incident occurred:**

- ○ Less than 3 months
- ○ From 3 to 11 months
- ○ From 1 to 5 years
- ○ More than 5 years

5. **Employee's sex:**

- ○ Male
- ○ Female

Tell us about the Incident

6. **Time employee began work:** _____ ☐ *am* ☐ *pm*

7. **Time of event:** _____ ☐ *am* ☐ *pm* *OR* ☐ *Check if time cannot be determined*

Event occurred: ☐ *before* ☐ *during* ☐ *after* work shift

8. **What was the employee doing just before the incident occurred?** Describe the activity as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

9. **What happened?** Tell us how the injury or illness occurred.
Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

10. **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." (These are symptoms, *not injuries.) Examples:* "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

11. **What object or substance directly harmed the employee?**
Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.

12. **Was the employee treated in an emergency room?** ☐ *yes* ☐ *no*

13. **Was employee hospitalized overnight as an in-patient?** ☐ *yes* ☐ *no*

14. **If the employee died, record date of death:** _____
MM-DD-YYYY

N	P	S	E	SS	OCC