



OSHA Form 300A Posting February 1 to April 30, 2020

This is an annual reminder for contractors to certify and post their 2019 OSHA 300 Form A (not the form with the employee names) at each establishment in a conspicuous place or places where notices to employees are customarily posted. **It must be posted from February 1 to April 30.**

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

Summary of Work-Related Injuries and Illnesses

Year 20 
U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OMB no. 1218-005

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) _____

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) Injuries _____	(N) Poisonings _____	(O) Hearing loss _____	(P) All other illnesses _____
(Q) Skin disorders _____	(R) 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 58 minutes per response, including time 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 OMB control number. If you have any comments about this estimate 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 20355. Do not send the completed forms to this office.

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., 3715) _____

OR

North American Industrial Classification (NAICS), if known (e.g., 33612) _____

Employment information (If you don't have these figures, see the WorkLog 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 name _____ Title _____
I _____ Title _____

Source: www.OSHA.gov

Also, affected contractors are now required to submit the OSHA Form 300A data electronically to OSHA via the injury tracking application (ITA). For more information on the Form 300A log posting requirements and electronic submissions refer to this link and/or your ORCIG Safety Specialist: <https://www.osha.gov/recordkeeping/>

Note: the information referenced above is specific to Federal OSHA requirements. Be sure to consult your specific State OSHA requirements if applicable.



SafeALERT



ORCIG 2020 SafeAlert Series

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