



Your Painless Path to OSHA ITA

Recordkeeping submission process

THE DOWN AND DIRTY

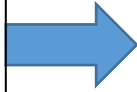
- **Who:**
 - Establishments with 250 or more employees
 - Establishments with 20-249 employees
 - YES state plans must submit now!
- **What:**
 - *Data from 2017 300A*
- **When:** In
 - By July 1, 2018 for 2017 300a info
 - By March 2 for 2018, and every year after, 300a info
- **How:**
 - <https://www.osha.gov/injuryreporting/ita/>
 - upload a CSV file to process single or multiple establishments at the same time
 - transmit data electronically via an application programming interface (not ready)




Launch ITA



ITA LOGIN

To create a new account



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[OSHA](#) / Injury Tracking Application Login

Injury Tracking Application Login

Log in or [create an account](#).

Username or Email Address

Password

[Forgot Password?](#)

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OMB Control Number: 1281-0176	Expiration Date: June 30, 2021
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CREATING ACCOUNTS

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[Injury Tracking Application Login](#)

Create Account

Step 1 of 3: Account Details

* Required Fields

First Name*

Last Name*

Company Name*

Please enter the name of the company that you work for.

Job Title

Please enter your job title.

Email Address*

Confirm Email Address*

Phone Number*

Username*

I'm not a robot

reCAPTCHA
Privacy - Terms

[Cancel](#) [Continue](#)

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608-867-5309
Format



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Injury Tracking Application Home

For Manual Data Entry

- Create Establishment** Add a new establishment to your account
- View Establishment List** View the establishments which have been added to your account

For Batch Data Transmission

- Upload a Batch File** Upload a CSV file containing your establishment and 300 A summary data
- View Your API Token** Access your authentication token for use in electronically transmitting data via API

Overview of Data Submission Process

- Step 1** Create an Establishment
- Step 2** Add 300A Summary Data
- Step 3** Submit Data to OSHA
- Step 4** Review Confirmation Email

2017 Data Submission Status

300A Summary Status	Establishments
Not Added	0
Not Submitted	1
Submitted	0
Total	1

[FAQ](#) | If you have questions, please complete the [Help Request Form](#)

New users

Returning users


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CREATING ESTABLISHMENTS (NEW USERS)

- Establishment is by address
- Only create establishments with greater than 19 employees

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Create Establishment

*** Required Fields**

Establishment Name *

Each establishment name must be different from all other establishment names provided.

Company Name

Please enter the name of the company that owns the establishment.

Address *

Please include your physical address, not a PO Box.

City * **State *** **ZIP (5 or 9 digits) ***

NAICS Industry Code or Description (start typing, then select) *

Begin typing either your 2012 NAICS code or the industry description, then select the correct value from the list. If you don't know your code and can't find it in the list, you can look it up [at census.gov](#).

What was the maximum number of employees at this establishment for this year? *

Under 20 20-249 Over 250+

Please select the maximum number of employees (salaried, hourly, part-time, and seasonal workers) that this establishment had at ANY point during the filing year. This field can not be empty.

Is this establishment part of a public sector (government) entity? *

No Yes - State Government Yes - Local Government

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ENTER DATA

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✔ You have successfully created an Establishment ×

Establishment Details: 1986

ID: 319659 ⓘ
Company: 1986
Address: 103 Farwell Drive,
Cottage Grove, WI, 53527

NAICS: 236115
Size: 20-249 employees
Government:
300A Status: Not Added

[Edit Details](#)

[Remove](#)

300A Submission Progress

- 1. Create an Establishment
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- 4. Review Confirmation Email

Summary for Filing Year 2017 2017 ▾

Employee Information

Annual average number of employees:
Total hours worked by all employees last year:

Add 300A Summary

Submit 300A Data

There's currently no 300A Summary data for this establishment.


After you finish entering your 300A Summary data, you must submit the data to OSHA.

- You may submit data for a single establishment from this page.
- To submit multiple establishments at the same time go to the [Establishment List Page](#).
- It is possible to edit and resubmit data in the event of changes or errors.

Illness & Injury Rates

Total Case Incidence Rate (TCR): ⓘ

Days Away Restrictions and Transfers (DART): ⓘ



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MANUALLY ADD 300A INFO

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View Establishment / Edit 300A Summary

Edit 300A Summary

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Navigation Menu

Summary of Work-related Injuries and Illnesses

* All Fields are Required

Establishment Name: **Wisconsin Office**

Employment Information

Annual average number of employees *
Note: This is not necessarily the same as the maximum number of employees you selected when creating the establishment.

Total hours worked by all employees last year *
• Include hours worked by selected, 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, please estimate the hours that the employees actually worked.

Did any recordable work-related Injuries or Illnesses occur at this establishment in this year? * Yes No
Select Yes if the establishment had recordable work-related Injuries this year. Select No if it did not.

Number Of Cases

Enter 0 if there are no cases to report.

TOTAL NUMBER OF:

Deaths (G) * <input type="text" value="0"/>	Cases with days away from work (H) * <input type="text" value="0"/>	Cases with job transfer or restriction (I) * <input type="text" value="1"/>	Other recordable cases (J) * <input type="text" value="0"/>
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Number Of Days

Enter 0 if there are no days to report.

TOTAL NUMBER OF:

Days away from work (K) * <input type="text" value="0"/>	Days of job transfer or restriction (L) * <input type="text" value="1"/>
--	--

- Check yes or no
- If no is selected you are done with this establishment. Click save at the bottom

SUBMIT DATA

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Establishment List / View Establishment

View Establishment

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300A summary data has been saved but not submitted

Establishment Details: Wisconsin Office

ID: 41954
Company: HNI Risk Service
Address: 16805 W Cleveland Ave, New Berlin, WI, 53151

NAICS: 524210
Size: 250+ employees
Government:
300A Status: Not Submitted

Edit Details
Remove

300A Submission Progress

- 1. Create an Establishment
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Summary for Filing Year 2017

Employee Information

Annual average number of employees: 85
Total hours worked by all employees last year: 154158

Edit Summary
Submit 300A Data

Number Of Cases

TOTAL NUMBER OF:

Deaths (G)	Cases with days away from work (H)	Cases with job transfer or restriction (I)	Other recordable cases (J)
0	0	1	0

Number Of Days

TOTAL NUMBER OF:

Days away from work (K)	Days of job transfer or restriction (L)
0	1

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RETURNING USERS



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Establishment List

i **Instructions for Submitting Your Data to OSHA**

- Select one or more establishments from the list below, then click Submit button
- If you have more than one page of establishments, you may select establishments from multiple pages before clicking the submit button.
- To edit 300A data for an establishment, click its name in the list below.

[+ Create an Establishment](#) [Submit 300A Data for Selected](#)

Filter

To filter your list of establishments, input your criteria in one or more fields below, and then click the "Filter" button to update the list.

Status ▾ Establishment Name / Street / City State ▾ Zipcode [Clear](#)

Include Inactive Establishments [Filter](#)

<input type="checkbox"/>	300A Status	Name	Street	City	State	Zip
<input type="checkbox"/>	Not Submitted	Wisconsin Office	16805 W Cleveland Ave	New Berlin	WI	53151

Results 1 of 1 ◀ ▶ Page 1 of 1 ◀ ▶ [Show 20 per page](#) ▾

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MANUALLY ADD 300A INFO

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Edit 300A Summary

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Summary of Work-related Injuries and Illnesses

* All Fields are Required

Establishment Name: **Wisconsin Office**

Employment Information

Annual average number of employees *
Note: This is not necessarily the same as the maximum number of employees you selected when creating the establishment.

Total hours worked by all employees last year *
• Include hours worked by selected, 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).
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Did any recordable work-related Injuries or Illnesses occur at this establishment in this year? * Yes No
Select Yes if the establishment had recordable work-related Injuries this year. Select No if it did not.

Number Of Cases

Enter 0 if there are no cases to report.

TOTAL NUMBER OF:

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---	---	---	---

Number Of Days

Enter 0 if there are no days to report.

TOTAL NUMBER OF:

Days away from work (K) * <input type="text" value="0"/>	Days of job transfer or restriction (L) * <input type="text" value="1"/>
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- Check yes or no
- If no is selected you are done with this establishment. Click save at the bottom

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BATCH UPLOAD

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Upload a Batch File

This feature allows you to batch upload information about establishments and 300A Summary data.

You can perform the following actions using the file:

- Create establishments
- Edit establishment information
- Submit and re-submit 300A data

To use this feature, follow the steps listed below:

Step 1: Read the Instructions

In order for your file to be processed correctly, it needs to contain the establishment and 300A Summary data in a specific format.

The instructions for creating a file can be found here: [File Instructions](#)

A template file can be downloaded here: [CSV Template](#)

A sample CSV file can be downloaded here: [CSV Sample](#)

Step 2: Locate and Select Your File

No file chosen

Step 3: Agree to the terms and conditions below

PUNISHMENT FOR UNLAWFUL STATEMENTS

It is unlawful to make any false statement, representation, or certification to an agency of the United States. Violations can be punished by a fine or by imprisonment of not more than five years, or by both. See 18 U.S.C. 1001(a); 29 U.S.C. 666(g).

By checking this box, I certify that the information I have entered is true and correct to the best of my knowledge and belief.

Step 4: Upload Your File

Select "Upload" button to upload your file.

If using
Excel



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