



ILA-USMX JOINT SAFETY COMMITTEE

OSH ALERT 2024-02 [26 January 2024]

Posting OSHA’s Injury/Illness Summary

This ILA~USMX OSH Alert is offered to advise our labor and management constituents that the OSHA Form 300A [Annual Summary of Occupational Injuries and Illnesses] for calendar year 2023 must be posted in the workplace during the period Feb 1, 2024-April 30, 2024.

Our advice:

1. Review CY 2023’s OSHA injury log [OSHA Form 300] for accuracy.
2. Complete the Summary [OSHA Form 300A]. **Note: Employers are required to post the summary, even if your company had zero work-related injuries or illnesses in the prior year.**
3. Certify the Summary by having it signed by a company executive (such as the CEO, owner, or president).
4. Post the summary in a common area from February 1 to April 30.

OSHA’s civil penalties for alleged recordkeeping violations of the OSH Act begin at \$15,625.00. Consequently, taking care of this “low hanging fruit” makes a great deal of sense.

OSHA's Form 300A (Rev. 04/2024)
Summary of Work-Related Injuries and Illnesses

Year 20

U.S. Department of Labor
Occupational Safety and Health Administration

All establishments covered by Part 19104 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 1910.36, or OSHA's recordkeeping rule, for further details on the access procedures 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
(0)	(0)	(0)	(0)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
(0)	(0)

Injury and Illness Types

Total number of (0)	(0) Poisonings	(0)
(0) Sprains	(0) Hearing loss	(0)
(0) Skin disorders	(0) All other illnesses	(0)
(0) Respiratory conditions		

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

Read the instructions for this form at <https://www.osha-slc.gov/OSHA-Forms>. For more information on OSHA's recordkeeping rule, see 29 CFR 1910.36. For more information on OSHA's recordkeeping rule, see 29 CFR 1910.36. For more information on OSHA's recordkeeping rule, see 29 CFR 1910.36.

Establishment information

Your establishment name

Street

City State Zip

Industry description (e.g., Manufacturer of motor road trailers)

North American Industrial Classification (NAICS), if known (e.g., 336312)

Employment information (If you don't have these figures, use the information on the next page to estimate.)

Actual average number of employees

Total hours worked by all employees last year

Sign here

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

Company executive Title

Phone Date

Reset

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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