

The MyWave OSHA Home Page



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Becky Smith : ABC Company

April 19, 2005



OSHA Compliance and Analysis

OSHA Compliance Forms

Quickly complete the forms you need for OSHA 300 compliance. The links below will create forms for all divisions for the current year in one click. If you want to restrict your forms by year or division, then click "more options".

[2005 Log of Work Related Injuries & Illnesses](#)

[2005 Summary of Work Related Injuries & Illnesses](#)

[more options >](#)

OSHA Analysis Report

Reports divisional total by Lost/Restricted Time, Department, Injury Type, and Body Part. Includes all prior year experience. Click "more options" to restrict your report by year or category.

[Create 2005 OSHA Analysis Report](#)

[more options >](#)

OSHA log

[view all](#)

Injury Date	Name	Description	300/301			add
3/26/2004	John Drew	Climbing on machine to adjust spindle and fell	300 Log		edit	delete
5/10/2003	Lee Flowers	EE electrocuted himself on low voltage power cord while setting up system.	Both	view	edit	delete
4/4/2003	Jerome Bettis	He was hit by a bus	Both	view	edit	delete
3/13/2003	James Pike	EE picked up box of samples out of trunk and felt a strain in the groin area.	Both	view	edit	delete
7/7/2002	Elmer Fudd	Gunshot wound while hunting rabbits	300 Log		edit	delete
6/6/2002	Terry Bradshaw	He strained his voice talking too much.	Both	view	edit	delete
6/6/2002	Bill Cower	A vein in his head burst after yelling about the incompetence of the officiating.	Both	view	edit	delete



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Company Setup



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Company Setup: Add a Division

Once a division is set up, you must enter the total work hours for that division, for each year. Additionally, you will be able to break down each division into specific departments.

Required Field

Division Information:

Division name:

Address:

City:

State:

Zip:

SIC code: ...

NAICS (North American Industrial Classification):



Update OSHA Log



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Update OSHA Log

Below are OSHA incidents for your company. You can filter this list by year and division. Press the "add" button to create a new log entry. Press the "edit" button next to an existing entry to view incident details or to make corrections.

OSHA Log 300/301

[View OSHA 200 Log](#)

Find: in: **Injury Date**

Injury Date ▼	Division	Name	Description	300/301			add
3/26/2004	Lebanon Plant	John Drew	Climbing on machine to adjust spindle and fell	300 Log		<input type="button" value="edit"/>	<input type="button" value="delete"/>
5/10/2003	Pittsburgh Plant	Lee Flowers	EE electrocuted himself on low voltage power cord while setting up system.	Both	<input type="button" value="view"/>	<input type="button" value="edit"/>	<input type="button" value="delete"/>
4/4/2003	Lebanon Plant	Jerome Bettis	He was hit by a bus	Both	<input type="button" value="view"/>	<input type="button" value="edit"/>	<input type="button" value="delete"/>
3/13/2003	Pittsburgh Plant	James Pike	EE picked up box of samples out of trunk and felt a strain in the groin area.	Both	<input type="button" value="view"/>	<input type="button" value="edit"/>	<input type="button" value="delete"/>
7/7/2002	Lebanon Plant	Elmer Fudd	Gunshot wound while hunting rabbits	300 Log		<input type="button" value="edit"/>	<input type="button" value="delete"/>
6/6/2002	Pittsburgh Plant	Bill Cover	A vein in his head burst after yelling about the incompetence of the officiating.	Both	<input type="button" value="view"/>	<input type="button" value="edit"/>	<input type="button" value="delete"/>
6/6/2002	Lebanon Plant	Terry Bradshaw	He strained his voice talking too much.	Both	<input type="button" value="view"/>	<input type="button" value="edit"/>	<input type="button" value="delete"/>

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7 records found

OSHA Forms



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OSHA Forms

Create OSHA 200 and 300 forms.

Create OSHA 300 Forms for the year 2002 or later.	
OSHA 300 Forms:	<input type="checkbox"/> Log of Work-Related Injuries and Illnesses <input type="checkbox"/> Summary of Work-Related Injuries and Illnesses
Division:	<input type="text" value="All Divisions"/>
Year:	<input type="text" value="2005"/>
Create OSHA 200 Forms for years prior to 2002.	
OSHA 200 Forms:	<input type="checkbox"/> Injury/Illness Summary <input type="checkbox"/> Employee Listing
Division:	<input type="text" value="All Divisions"/>
Year:	<input type="text" value="2001"/>
<input type="button" value="Create Forms"/>	



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Documents on Command

OSHA's Form 300 (Rev. 01/2004) Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employee to the extent possible while the information is being used for occupational safety and health purposes.



Year 2004

U.S. Department of Labor

Occupational Safety and Health Administration

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Form approved OMB no. 1218-0176

Company name **Wilmact Inc.**
 Establishment name **Atlanta Division**
 City **Atlanta** State **GA**

Identify the person			Describe the case			Classify the Case				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness					
(A) Case no.	(B) Employee's name	(C) Job Title	(D) Date of injury or onset of illness	(E) Where the event occurred	(F) Describe the injury or illness, parts of body affected, and objects/substance that directly injured or made the person ill	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Away from Work	On Job transfer or restriction	(M) Check the "injury" column or choose one type of illness					
						Remained at Work				(K)	(L)	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
						Death	Days away from work	Job transfer or restriction	Other recordable cases			(1)	(2)	(3)	(4)	(5)	(6)
21937	John Wilson	Electrician	01/14	Overhead Crane	Came in contact with live electrical line during repairs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21938	Harry Jones	Machine operator	03/05	CNC unit #2	Lifting part out of machine, injured back	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21939	Mary Carr	Shipping manager	06/15	Shipping department	Cut finger opening package	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21940	Jean Johnson	Secretary	12/22	Cafeteria	Running through cafeteria, slipped and fell on coffee on the floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21941	Jim Ham	Machine operator	06/16	CNC machine station #7	Allergic reaction to cutting fluids	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	15	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OSHA Forms

OSHA's Form 300A (Rev. 01/2004) Summary of Work-Related Injuries and Illnesses



Form approved OMB no. 1218-0175

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 the summary.

Using the Log, count the individual entries you made in each category. Then write the total below, making sure you've added the entries from every page of the Log. If you no cases write "0".

Employees, former employees and their representatives have the right to review the OSHA 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

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
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

Total number of ...			
(M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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 is estimated at 50 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 number. If you have any comments about these estimates or any other aspects of this data collection, contact: US department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Establishment name ABC Company		
Location Pittsburgh Plant		
Street 555 North 1st Street		
City Pittsburgh	State PA	Zip 55555
Industry Description Motor vehicles, parts, and supplies		
Standard Industry Classification (SIC) 501		
North American Industrial Classification (NAICS), if known N/A		

Employment Information

Annual average number of employees	<u>N/A</u>
year	<u>N/A</u>

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 Executive	Title
() -	/ /
Phone	Date

OSHA Reports



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Becky Smith : ABC Company

April 19, 2005

Create OSHA Report

Create a complete OSHA report. Select one or more report categories to include plus the time period and company division to include in the report.

Required Field

Report type:

- Total OSHA Recordable Incidents**
 - By Division
 - By Division By Department (2005 to 2002)
 - By Division By Injury (2005 to 2002)
 - By Body Part (2005 to 2002)
- OSHA Lost Time**
 - Total OSHA Lost Time Cases
 - Total OSHA Lost Time/Restricted Only/Transfer Cases (DART)

Division:

Time period: to



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OSHA Reports

OSHA's Form 301 Injury and Illness Incident Report

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employee to the extent possible while the information is being used for occupational safety and health purposes.



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

Form approved OMB no. 1218-0176

This Injury and Illness Incident Report is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the Log of Work-Related Injuries and Illnesses and the accompanying Summary, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work related injury or illness has occurred, you must fill out this form or an equivalent. Some states workers compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's record keeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies this form, you may photocopy and use as many as you need.

Completed by

Bill Stiliz

Title

CFO

Phone

724-443-0069

Date

03/25/2005

Information about the employee

1) Full Name Jean Johnson

2) Street 345 Grant Ave

City Atlanta

State GA Zip 33333

3) Date of Birth 04/03/1985

4) Date of Hire 03/01/2005

5) Male
 Female

Information about the physician or other health care professional

6) Name of physician or other health professional Dr. Nick

7) If treatment was given away from worksite, where was it given?

Facility Peachtree Hospital

Street Peachtree Blvd

City Atlanta

State GA Zip 22222

8) Was employee treated in an emergency room?

Yes
 No

Information about the case

10) Case Number from Log 21940 (Transfer the case number from log after you record the case.)

11) Date of injury or illness 12/22/2004

12) Time employee began work 08:00 AM

13) Time of 08:45 AM Check if time cannot be determined

14) What was the employee doing just before the incident occurred?
Running to get to her job

15) What happened?
Running through cafeteria and slipped on coffee spilled on the floor

16) What was the injury or illness?
bruised knee

17) What object or substance directly harmed the employee?
Coffee on the floor

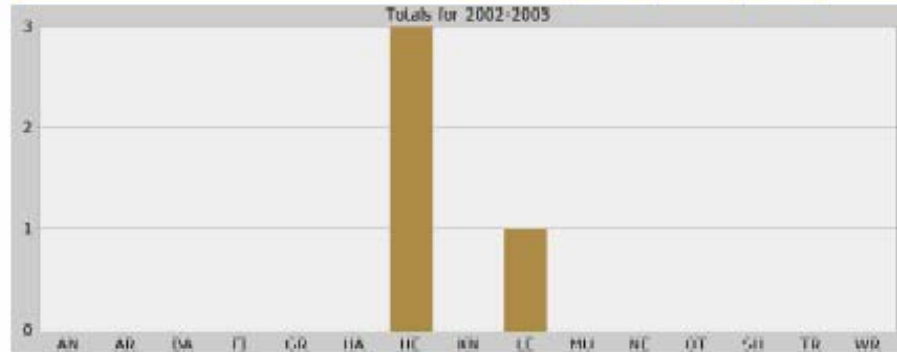
OSHA Reports



Bouchard Insurance

Total OSHA Recordable Incident Analysis by Division by Body Part

Department	2002	2003	2004	2005	Total
Ankle/Foot (AN)	0	0	0	0	0
Arm (AR)	0	0	0	0	0
Back (BA)	0	0	0	0	0
Finger (FI)	0	0	0	0	0
Groin (GR)	0	0	0	0	0
Hand (HA)	0	0	0	0	0
Head/Eye (HE)	0	0	3	0	3
Knee (KN)	0	0	0	0	0
Leg (LE)	0	0	1	0	1
Multiple (MU)	0	0	0	0	0
Neck (NE)	0	0	0	0	0
Other (OT)	0	0	0	0	0
Shoulder (SH)	0	0	0	0	0
Trunk (TR)	0	0	0	0	0
Wrist (WR)	0	0	0	0	0
Total	0	0	4	0	4



OSHA Frequently Asked Questions



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Answers to Frequently Asked Questions about OSHA

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OSHA 300 FAQ

FREQUENTLY ASKED QUESTIONS

The following Questions and Answers have been prepared to address enforcement issues concerning the new Recordkeeping Rule.

Question 1. Why is OSHA changing the 1904 regulation?

OSHA is revising the rule to collect better information about the incidence of occupational injuries and illnesses, improve employee awareness and involvement in the recording and reporting of job-related injuries and illnesses, simplify the injury and illness recordkeeping system for employers, and permit increased use of computers and telecommunications technology.

Question 2. What recordkeeping actions will take place on January 1, 2002?

A number of actions will take place on January 1, 2002, including:

The revised 29 CFR Part 1904, entitled Recording and Reporting Occupational Injuries and Illnesses, will be in effect.

Three new recordkeeping forms will come into use:

- OSHA Form 300, Log of Work-Related Injuries and Illnesses

- OSHA Form 300A, Summary of Work-Related Injuries and Illnesses

(The 300 and 300A forms will replace the former OSHA Form 200, Log and Summary of Occupational Injuries and Illnesses)

- OSHA Form 301, Injury and Illness Incident Report

(The 301 form will replace the former OSHA Form 101, Supplementary Record of Occupational Injuries and Illnesses)

The Bureau of Labor Statistics (BLS)/OSHA publications: **Recordkeeping Guidelines for Occupational Injuries and Illnesses, 1986** and **A Brief Guide to Recordkeeping Requirements for Occupational Injuries and Illnesses, 1986** will be withdrawn.

All letters of interpretation regarding the former rule's injury and illness recordkeeping requirements will be withdrawn and removed from the OSHA CD-ROM and put into the OSHA Archive Set.

Question 3. How can I get copies of the new forms?

Copies of the forms can be obtained on OSHA's web site at <http://www.osha.gov> or from the OSHA publications office at (202) 693-1888.