



Oklahoma Department of Labor
Statistical Research Unit
3017 N Stiles, Suite 100
Oklahoma City, OK 73105

Year 2012

OFFICIAL STATE BUSINESS

**Public Sector Guidelines of Occupational
Injuries and Illnesses**

Recordkeeping Year 2012

FORMS ONLY

THIS REPORT IS MANDATORY



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 2012:

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 2012?

Yes. Go to Section 2: OK Form 300A -- Summary of Work-Related Injuries and Illnesses, 2012. No. Go to Section 3: Contact Information and Certification.

Section 2: OK Form 300A -- Summary of Work-Related Injuries and Illnesses, 2012

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)

For each case in Column G or H complete the OK Form 301 -- Injury & Illness Report -- Case Information

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 _____	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).
(2) Skin disorders _____	(5) Hearing loss _____	
(3) Respiratory conditions _____	(6) All other illnesses _____	

Section 3: Contact Information and Certification (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.

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.



Case Information

ID

Go to your completed OK Form 300. Copy the case information from that form into the spaces below. 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).

Table with 6 columns: 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:
Healthcare
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." 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

Table with 6 columns: N, P, S, E, SS, OCC