



# Liability & Property Pool Workers' Compensation Fund

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## RISK CONTROL SOLUTIONS

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A Service of the Michigan Municipal League Liability and Property Pool and  
the Michigan Municipal League Workers' Compensation Fund

### **MIOSHA REPORTING REQUIREMENTS**

A simple fact of life is that even with the best risk control measures, employee injuries occur. Most will be minor, but unfortunately, serious injuries require hospitalization and lengthy recoveries. When an injury occurs, it can be stressful and chaotic. Decisions need to be made quickly. During a crisis is not the time to realize you need to have good practices in place to address the situation.

It is essential to have policies and procedures that guide employees on how to report an injury and where to seek treatment. Management should understand what paperwork needs to be completed, when it needs to be completed, where it should be disseminated, and who should be notified. Finally, all employees should be trained on the policy and procedures and be allowed to provide input and ask questions.

The Michigan Occupational Safety and Health Administration (MIOSHA) has standards for what types of injuries must be reported and when. This Risk Control Solution will explain the recording and reporting requirements for OSHA Form 300, *Log of Work-Related Injuries and Illnesses*, and OSHA Form 300A, *Summary of Work-Related Injuries and Illnesses*.

MIOSHA Administrative Standard Part 11, *Recording and Reporting of Occupational Injuries and Illness*, sets forth the rules for recordkeeping and reporting by public and private employers. The complete standard can be found by visiting the MIOSHA website.

While the standard provides a list of industries and occupations exempt or partially exempt from the reporting requirements, most activities and operations performed by cities, villages, and townships are NOT exempt.

There are basic requirements employers must follow when recording workplace injuries and illnesses on OSHA Form 300. The injury or illness must be recorded if it results in any of the following:

- a) Death.
- b) Days away from work.
- c) Restricted work or transfer to another job.
- d) Medical treatment beyond first aid.
- e) Loss of consciousness.

Minor injuries requiring first aid only do not need to be recorded.

Additionally, suppose a significant injury or illness is diagnosed by a physician or other licensed healthcare professional. In that case, even if the injury or illness does not result in death, days away

from work, restricted work or job transfer, medical treatment beyond first aid, or loss of consciousness, it must be recorded.

## RECORDING AND REPORTING TIMELINE REQUIREMENTS

Employers must follow minimum reporting timeline requirements when recording and reporting workplace injuries and illnesses that meet the basic standards. The requirements are as follows:

**Fatalities:** *Within eight hours* of the employer becoming aware of the death. Workplace fatalities can be called into MIOSHA at 800-858-0397.

**Amputations/Hospitalizations/Loss of Eye:** *Within 24 hours* after the inpatient hospitalization of one or more employees, an employee's amputation, or an employee's loss of an eye due to a work-related incident. These incidents may be reported using the following options:

- a) By telephone or in-person to the MIOSHA office nearest the incident's site.  
Contact information can be found at the following web address:  
<https://www.michigan.gov/leo/bureaus-agencies/miosha/about-miosha/contact>
- b) By telephone to the MIOSHA toll-free central telephone number: 1-844-464-6742.
- c) By electronic submission using the reporting application located on the MIOSHA website.

**All Other Recordable Work-Related Injuries:** Work-related injuries that do not result in death, amputation, hospitalization, or loss of an eye must be recorded on Form 300 *within seven days* of the time the employer was notified of the injury.

## OSHA SUMMARY FORM 300A ELECTRONIC SUBMISSION REQUIREMENTS

On an annual basis, by March 2<sup>nd</sup>, most employers must electronically submit their Summary Form 300A data for the previous calendar year to OSHA via OSHA's Injury Tracking Application (ITA). The OSHA secure website offers three options for data submission:

- 1) manually enter data into the web form;
- 2) upload an Excel file to process multiple establishments simultaneously; or
- 3) if using an automated recordkeeping system, transmit data electronically via an Application Programming Interface (API).

## **ADDITIONAL ELECTRONIC SUBMISSION REQUIREMENTS AND EXEMPTIONS**

### Two hundred fifty or more employees:

All employers who have had 250 or more employees during the previous calendar year must electronically submit their last year's Form 300A data to OSHA via the OSHA Injury Tracking Application website.

### Twenty or more employees but fewer than 250 employees:

These employers must submit their previous calendar year's Form 300A data only if they are classified as an industry.

### Employers with ten or fewer employees:

OSHA's Small Employer exemption states that public and private employers with fewer than ten employees throughout the previous calendar year do not need to complete, submit, or post Form 300A.

Cities, villages, and townships are NOT EXEMPT from the Form 300 and Form 300A recording and reporting requirements. Members are encouraged to consult their legal counsel if they believe they are exempt.

## **MAINTAINING AND POSTING RECORDS**

Form 300: Employers must maintain logs for five years.

Form 300A: Employers must post the previous calendar year's Form 300A Summary page from February 1 to April 30. This must be posted in a conspicuous location so that your employees are aware of the injuries and illnesses occurring in their workplace. A break or common employee meeting room would be a "conspicuous location."

OSHA Form 300 (Appendix A) and Form 300A (Appendix B) can be downloaded via the MIOSHA website.

## **JUST REPORTING IS NOT ENOUGH**

MIOSHA requires that you maintain a safe working environment for your employees and uses the reporting procedures described above to monitor your compliance.

However, for the purposes of preventing future injuries and claims, just recording and reporting incidents is not enough. Your organization should undertake a thorough investigation of all injuries in order to determine root causes, what lessons can be learned, and what preventive measures can be put in place to avert future injuries. Additionally, your organization should perform an annual review of all incidents to check for overall trends and take steps to address areas of consistent weakness.

A safety committee can accomplish this, ensuring your organization offers all the necessary safety equipment and procedures, and supporting a safe working environment.

## **RESOURCE INFORMATION**

MIOSHA Administrative Standard Part 11:

*Recording and Reporting of Occupational Injuries and Illnesses*

<https://www.michigan.gov/->

[/media/Project/Websites/leo/Documents/MIOSHA5/CIS\\_WSH\\_part11ad.pdf?rev=2739003a2f1f4c0b92d247127c0518f8](https://www.michigan.gov/-/media/Project/Websites/leo/Documents/MIOSHA5/CIS_WSH_part11ad.pdf?rev=2739003a2f1f4c0b92d247127c0518f8)

MIOSHA: Recordkeeping, and Reporting Guidelines:

[www.michigan.gov/recordkeeping](http://www.michigan.gov/recordkeeping)

United States Department of Labor; Occupational Safety and Health Administration;

*OSHA Injury Tracking Application (ITA):*

<https://www.osha.gov/injuryreporting/ita/>

OSHA Form 300 and Form 300A electronic download:

<https://www.michigan.gov/leo/bureaus-agencies/miosha/topics/recordkeeping-and-reporting>

**Contact MML Risk Management Services Staff  
or your Loss Control Consultant for more information.**



### **Important Phone Numbers**

MML Risk Management Services	734.662.3246 or 800.653.2483
Loss Control Services	800.482.0626
Michigan Department of Public Health	517.335.3250

**Note:**

***This document is not intended to be legal advice.***


***It only identifies some of the issues surrounding this topic.***

***Public agencies are encouraged to review their procedures with an expert***

***or a competent attorney who is knowledgeable about the subject.***


Risk Control Solutions – MIOSHA Reporting Requirements

APPENDIX A – FORM 300

					Year 20												
<b>LOG OF WORK-RELATED INJURIES AND ILLNESSES</b>					<b>Michigan Department of Labor and Economic Opportunity</b> <b>Michigan Occupational Safety and Health Administration (MIOSHA)</b>												
ATTENTION: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.					Form Approved OMB No. 1218-0176												
You must record information about every work-related injury or illness that involves loss of consciousness, restricted work 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 of the specific recording criteria listed in Public Law of 1970 (P.L. 91-596) and Michigan Occupational Safety and Health Act 154, P.A. 1974, Part 11, Michigan Administrative Rule for Recording and Reporting of Injuries and Illnesses. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (MIOSHA Form 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 MIOSEA office for help. You may be fined for failure to comply.					ESTABLISHMENT NAME  CITY STATE												
<b>IDENTIFY THE PERSON</b>		<b>DESCRIBE THE CASE</b>			<b>CLASSIFY THE CASE</b>												
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (month/day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	Using these four categories, check <b>ONLY</b> the one most serious result for each case:		Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:							
						Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M) Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
						(G)	(H)	(I) Job transfer or restriction	(J) Other recordable cases	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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						<b>Page totals</b>		0	0	0	0	0	0	0	0	0	0
Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, 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 current valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact:						Be sure to transfer these totals to the Summary page (Form 300A) before you post it.											
Michigan Department of Labor and Economic Opportunity, MIOSEA, TSD, 530 West Allegan Street, P.O. Box 30643, Lansing MI 48909-8143. (517) 284-7788 Do not send the completed forms to this office.						<b>Hearing Standard Threshold Shifts must be recorded under Column 5</b>											
MIOSHA-300 (rev. 03/20) Effective 01/01/2004												(1)	(2)	(3)	(4)	(5)	(6)

**Risk Control Solutions – MIOSHA Reporting Requirements**

**APPENDIX B – Form 300A**

	<p><b>SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES</b></p>	Year 20 <input style="width: 20px;" type="text"/>	
		<p><b>Michigan Department of Labor and Economic Opportunity</b>  <b>Michigan Occupational Safety and Health Administration (MIOSHA)</b></p>	
Form Approved OMB No. 1218-0176			
All establishments covered by Public Law of 1970 (P.O. 91-596) and Michigan Occupational Safety and Health Act 154, P.A. 1974, Part 11, Michigan Administrative Rule for Recording and Reporting of Injuries and Illnesses, must complete this Summary page, even if no 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. You may be fined for failure to comply.			
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 MIOSHA Form 300 in its entirety. They also have limited access to the MIOSHA Form 301 or its equivalent. See Part 11, R408 22135 Rule 1135, in MIOSHA's Recordkeeping rule, for further details on the access provisions for these forms.			
<p><b>Number of Cases</b></p>			
Total number of deaths  0 (G)	Total number of cases with days away from work  0 (H)	Total number of cases with job transfer or restriction  0 (I)	Total number of other recordable cases  0 (J)
<p><b>Number of Days</b></p>			
Total number of days away from work  0 (K)	Total number of days of job transfer or restriction  0 (L)		
<p><b>Injury and Illness Types</b></p>			
Total number of... (M)	(1) Injury 0	(4) Poisonings 0	(2) Skin Disorder 0
(3) Respiratory Conditions 0	(5) Hearing Loss 0	(6) All Other Illnesses 0	
<p><b>Post this Summary page from February 1 to April 30 of the year following the year covered by the form</b></p> Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instruction, 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 these estimates or any aspects of this data collection, contact: Michigan Department of Labor and Economic Opportunity, MIOSHA, TSD, 530 West Allegan Street, P.O. Box 30643, Lansing MI 48909-8143, (517) 284-7788. Do not send the completed forms to this office.			
MIOSHA-300A (Rev. 03/20) Effective 01/01/2004			

**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., SIC 3715)

OR North American Industrial Classification (NAICS), if known (e.g., 336212)

**Employment information**

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 Executive
Title

Phone
Date