Procedure Name: OSHA Recording and Reporting Occupational Injuries and Illnesses

Policy Applies to: All Corporate Locations

Prepared by	**Effective Date**
Risk Management	August, 24th 2026

Purpose

The Occupational Safety and Health Administration (OSHA) requires employers maintain properly recorded accounts of work-related injuries and illnesses. PODS establishes the following process as a means of completing each section of the required OSHA 300, 300A and 301 forms.

Compliance

According to OSHA Standard 29 CFR 1904, **all employers must record information about work related injuries and illnesses** in the 300 log and transfer the information to summary Form 300A for reporting purposes. We are also required to maintain these documents on site for a minimum of five years. Each location must print and post the log, for the prior year, in a publicly visible place from **February 1 to April 30** of the current year.

Reporting Requirements

We are required to promptly report the following to OSHA

- ***Work fatalities within eight (8) hours of first knowledge***
- ***Work-related in-patient hospitalizations within 24 hours of first knowledge***
- ***Work-related loss of an eye or full/partial amputation of any body part within 24 hours of first knowledge***
- All work-related injuries and illnesses resulting in days away from work, restricted duty, loss of consciousness or medical treatment beyond first aid
- Work-related significant injuries and illnesses diagnosed by a licensed health-care provider even if it does not result on lost time

Record Retention:

You must keep the 300, 300A, and 301 forms on file for five (5) years following the year to which they pertain. You must also update the Form 300 with any changes that may occur to the recorded cases during that period. Do not send completed copies of the forms to OSHA. You must make the forms available to employees, former employees, their representatives, and to OSHA officials upon request. (Note, however, that both the Log 300 and Form 301 incident reports will include information relating to employee health and thus can only be used in a manner that protects confidentiality to the extent possible while promoting occupational safety and health.)

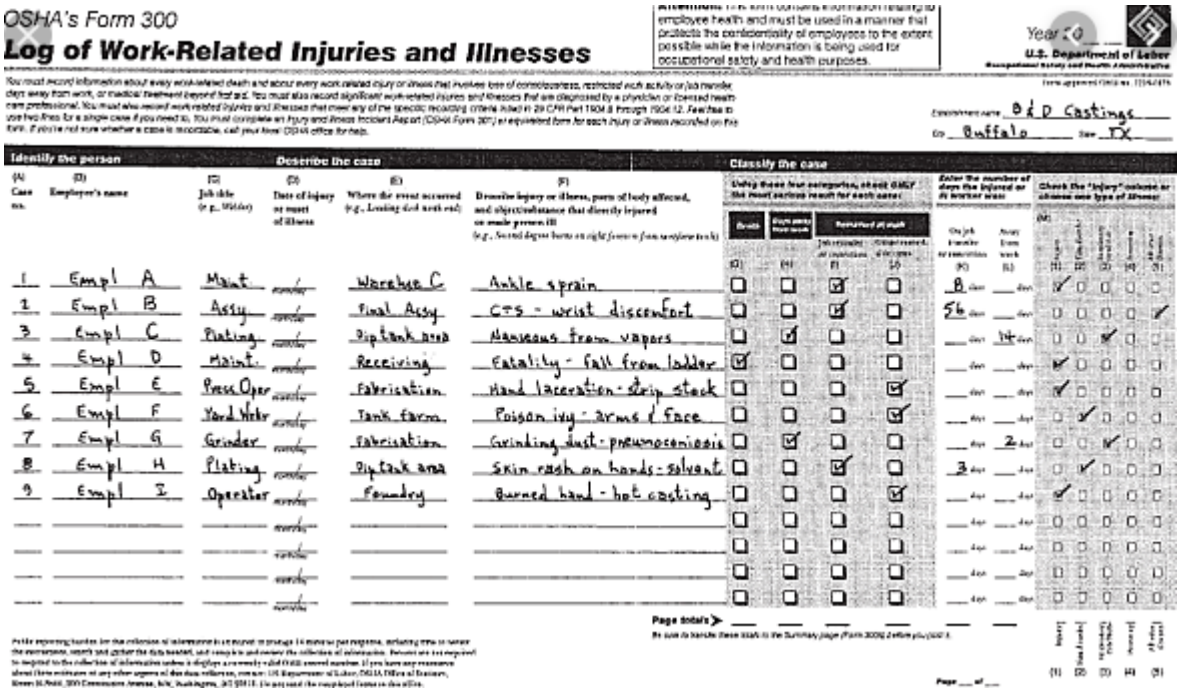
First-Aid Treatment

If the incident required only the following types of treatment, consider it first aid. Do NOT record the case if it involves the following:

- Using non-prescription medications at nonprescription strength
- Administering tetanus immunizations
- Cleaning, flushing, or soaking wounds on the skin surface
- Using wound coverings, such as bandages, Band-Aids™, gauze pads, etc., or using SteriStrips™ u
- Using temporary immobilization devices while transporting an accident victim (splints, slings, neck collars, or back boards)
- Using simple irrigation or a cotton swab to remove foreign bodies not embedded in or adhered to the eye
- Using irrigation, tweezers, cotton swab or other simple means to remove splinters or foreign material from areas other than the eye

Promptly report serious events to Risk Management/Safety by emailing riskmanagement@pods.com. See the Risk Management page on the intranet site for contact information.

How to fill out the OSHA 300 Form



OSHA's Form 300

Log of Work-Related Injuries and Illnesses

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.

Year: 20

U.S. Department of Labor

Establishment name: B & D Castings

City: Buffalo State: TX

Identify the person		Describe the case			Classify the case													
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(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 ONLY the 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 (G)	Days away from work (H)	Remained at work: Job transfer or restriction (I)	Remained at work: Other recordable cases (J)	On job transfer or restriction (K)	Away from work (L)	(M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
1	Empl A	Maint		Warehse C	Ankle sprain	☐	☐	☑	☐	8		✓	☐	☐	☐	☐	☐
2	Empl B	Assy		Final Assy	CTS - wrist discomfort	☐	☐	☑	☐	56		☐	☐	☐	☐	☐	✓
3	Empl C	Plating		Dip tank area	Nauseous from vapors	☐	☑	☐	☐		14	☐	☐	☐	✓	☐	☐
4	Empl D	Maint		Receiving	Fatality - fall from ladder	☑	☐	☐	☐			✓	☐	☐	☐	☐	☐
5	Empl E	Press Oper		Fabrication	Hand laceration - strip stock	☐	☐	☐	☑			✓	☐	☐	☐	☐	☐
6	Empl F	Yard Wrkr		Tank farm	Poison ivy - arms & face	☐	☐	☐	☑			☐	✓	☐	☐	☐	☐
7	Empl G	Grinder		Fabrication	Grinding dust - pneumoconiosis	☐	☑	☐	☐		2	☐	☐	✓	☐	☐	☐
8	Empl H	Plating		Dip tank area	Skin rash on hands - solvent	☐	☐	☑	☐	3		☐	✓	☐	☐	☐	☐
9	Empl I	Operator		Foundry	Burned hand - hot casting	☐	☐	☐	☑			✓	☐	☐	☐	☐	☐
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Page totals ➤

Page __ of __

Make sure current year, establishment name, city and state sections are filled in. The OSHA 300 Log is divided into three (3) sections: Identify the person, describe the case and classify the case. Start with column (A) to complete form.

(A) 01, then notate sequentially
(B) Employee's name
(C) Employee's job title
(D) Date of injury or onset of illness
(E) Where the event occurred (e.g. north end of warehouse, customer location, east parking lot)
(F) Describe injury or illness, part(s) of body affected and object/substance that directly injured or made person ill (e.g. twisted right ankle or bee sting on left upper arm)

For the following, only check one (1) box:
(G) Check here if death occurred
(H) Check if missed days away from work
(I) Check if case involved restricted work activity or job transfer
(J) Check if case involved medical treatment beyond first aid

For the following, enter the number of days the injured or ill worker was:
(K) Enter number of days away from work if applicable-When counting days, be sure to count the days the employee would not have been able to work regardless of whether he or she was scheduled to work. This would include weekends and holidays. Do not count the day of the injury. If the day count reaches 180 calendar days, you may stop counting subsequent days and enter 180 in column K.
(L) Enter number of days on restricted duty or on job transfer
(M) Check the "Injury" Column or choose one illness

1. Injury
2. Skin Disorder
3. Respiratory Condition
4. Poisoning
5. Hearing loss
6.

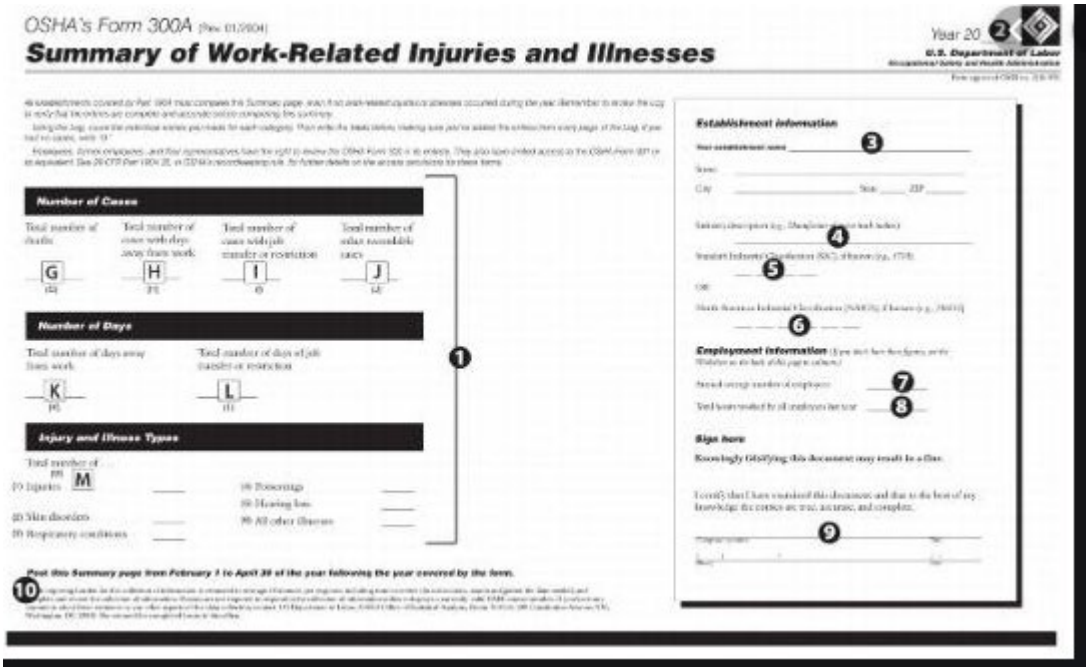
You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You

must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. Employers must record the following conditions when work-related:

- Any needle-stick injury or cut from a sharp object that is contaminated with another person's blood or other potentially infectious material.
- Any case requiring an employee to be medically removed under the requirements of an OSHA health standard.
- Tuberculosis (TB) infection as evidenced by a positive skin test or diagnosis by a licensed health care professional after exposure to a known case of active TB.
- An employee's hearing test result that the employee has experienced a standard threshold shift in hearing in one or both ears.

Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301 - below) form for each injury or illness recorded. If you're not sure whether a case is recordable, contact Risk Management/Safety for guidance.

How to complete the OSHA 300A Form: Summary of Work-Related Injuries and Illnesses


OSHA's Form 300A

Summary of Work-Related Injuries and Illnesses

Year 20

U.S. Department of Labor

Establishment information

Number of Cases

G H I J

Number of Days

K L

Injury and Illness Types

M

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

The 300A summary page must be posted in your establishment in a conspicuous place where notices to employees are customarily posted. You must post no later than February 1 of the year following the year covered by the records and keep posted until April 30.

All establishments must complete the Summary of Work-Related Injuries and Illnesses, 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. Using the Form 300, count the individual entries you made for each category. Then, write the totals on the left side of the Form 300A, making sure you've added the entries from every page of the Log. If you had no cases, write in a zero.

In Number of Cases section:

(G) List total number fatalities
(H) List total number of cases with days away from work
(I) List total number of cases with job transfer or job restriction
(J) List total number of other recordable cases

In Number of Days section:

(K) List number of days away from work (remember, it caps at 180 days)

(L) List total number of days of job transfer or restriction

In Injury and Illness Types section: (M)

1. Injury
2. Skin Disorder
3. Respiratory Condition
4. Poisoning
5. Hearing Loss
6. All Other illnesses

On the right side of the Form 300A, fill in the establishment information. The Safety / Risk Management department will provide SIC or NAICS numbers along with total hours worked by all employees from the previous year. Also in this section of the form, a company official (Market Manager/ Territory Manager, etc.) must certify that the entries on the summary are true, accurate, and complete. Make sure you forward a completed copy of your OSHA Log to RiskManagement@pods.com. If OSHA requests a copy of the Summary, please contact Risk Management/Safety and we will fulfill the request.

Remember, the 300A summary page must be posted in your establishment in a conspicuous place where notices to employees are customarily posted. You must post no later than February 1 of the year following the year covered by the records and keep posted until April 30.

How to fill out OSHA 301 Form: Injury and Illness Report


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 employees 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

Information about the employee

Information about the physician or other health care professional

Information about the case

Completed by: A. L. Frick
Title: Safety Coordinator / Manager
Phone: 555 555 2866
Date: 04 30 12

Justice never DIES!

You must fill out an Injury and Illness Incident Report for every recordable work-related injury or illness. This form should be completed after a work-related injury or illness occurs and created within seven (7) calendar days after you receive information that a recordable work-related injury or illness has occurred.

- Lines 1-13 Complete each section completely and accurately
- Line 14 Specifically describe the activity as well as any tools or objects used
- Line 15 What happened? - Tell how the injury occurred. Be as specific as possible
- Line 16 Document part of the body affected and how it was affected
- Line 17 What object or substance directly harmed employee? Be specific or leave blank
- Line 18 List date of death if fatality occurred, otherwise, leave blank

Make sure to fill in the "Completed by" section in bottom left for each case.