

A DECISION GUIDE

OSHA Recordability Quick-Check

Four questions that decide whether a case belongs on the OSHA 300 Log.

For safety managers, HR, and owners who keep or review the OSHA 300 Log.

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General information only, not legal advice. Reading or using this guide does not create an attorney-client relationship. Facts and deadlines in a specific matter can change the right answer.

01 The four questions

A case goes on the OSHA 300 Log only if it passes all four questions, in order. A “no” at any step ends the analysis. Document why.

1. **Is it an injury or illness?** Any abnormal condition or disorder (29 C.F.R. § 1904.4). Document the facts as reported.
2. **Is it work-related?** Yes if an event or exposure in the work environment caused or contributed to it, or significantly aggravated a pre-existing condition. Work-relatedness is presumed for events in the work environment unless an exception applies (§ 1904.5).
3. **Is it a new case?** Not a recurrence of a previously recorded injury or illness that had not resolved (§ 1904.6).
4. **Does it meet a general recording criterion?** Death; days away from work; restricted work or job transfer; medical treatment beyond first aid; loss of consciousness; or a significant injury or illness diagnosed by a physician or other licensed health care professional (§ 1904.7).

Some cases are recordable under specific rules regardless of the general criteria, including certain needlestick and sharps injuries, hearing-loss shifts, and tuberculosis (§§ 1904.8–1904.11).

Employers with 10 or fewer employees at all times in the prior calendar year, and establishments in certain partially exempt industries, generally do not need to keep the log (§§ 1904.1–1904.2). They must still report severe events.

02 Medical treatment vs. first aid

If every treatment given is on this list, the case is not recordable on the medical-treatment criterion. The list is complete: anything not on it is medical treatment (§ 1904.7(b)(5)(ii)). Who gives the treatment does not matter.

1. Nonprescription medication at nonprescription strength
2. Tetanus immunizations
3. Cleaning, flushing, or soaking surface wounds
4. Wound coverings: bandages, gauze pads, butterfly bandages, Steri-Strips
5. Hot or cold therapy
6. Non-rigid support: elastic bandages, wraps, non-rigid back belts
7. Temporary immobilization while transporting an injured person
8. Draining a blister, or drilling a nail to relieve pressure
9. Eye patches

10. Removing foreign bodies from the eye by irrigation or cotton swab only
11. Removing splinters or foreign material elsewhere by simple means
12. Finger guards
13. Massages
14. Drinking fluids to relieve heat stress

NOT FIRST AID

Sutures, surgical glue, rigid splints, prescription medication, or a licensed health care professional's recommendation to take nonprescription medication at prescription strength. Diagnostic tests such as X-rays, and a visit made only for observation or counseling, are not medical treatment by themselves.

03 Common traps

- **Symptoms after the shift.** Ask whether any event or exposure at work caused or contributed. Timing helps but does not decide it.
- **Symptoms that surface at work from a non-work cause** are not work-related if they result solely from an event or exposure outside the work environment (§ 1904.5(b)(2)(ii)).
- **Commuting.** A motor vehicle accident in a company parking lot or access road while commuting is not work-related (§ 1904.5(b)(2)(vii)).
- **Travel status.** Work-related while doing work in the employer's interest; not during a personal detour. Once the employee checks into a hotel, it is treated like home (§ 1904.5(b)(6)).
- **Prescription-strength doses** of over-the-counter medication, recommended by a licensed health care professional, are medical treatment.
- **The employee ignores the doctor.** If a health care professional recommends days away or restricted work, record it even if the employee chooses to work.
- **Counting days.** Count calendar days, starting the day after the injury, including weekends and days off. You may stop at 180.
- **Workers' compensation is a separate question.** Claim acceptance does not decide recordability, and recordability does not decide the claim.

04 Deadlines

The shortest deadline is the severe-event report: 8 hours federally for a fatality, and 8 hours in Utah for any serious injury.

Obligation	Deadline	Rule
Report a work-related fatality	8 hours after learning of it (death within 30 days of the incident)	29 C.F.R. § 1904.39
Report an in-patient hospitalization, amputation, or loss of an eye	24 hours after learning of it	29 C.F.R. § 1904.39
Utah: notify UOSH of a fatality or disabling, serious, or significant injury or occupational disease incident	8 hours after occurrence	Utah Admin. Code R614-1-5(B)(1)
Enter a recordable case on the 300 Log and 301	7 calendar days after learning of it	§ 1904.29(b)(3)
Produce records to an inspector	4 business hours after the request	§ 1904.40
Give an employee a copy of the 300 Log	By the end of the next business day	§ 1904.35(b)(2)(iv)
Certify the 300A and post it	Posted February 1 through April 30	§ 1904.32
Submit electronically, if covered	March 2 of the following year	§ 1904.41
Keep the 300, 300A, and 301	5 years after the end of the year covered	§ 1904.33

Electronic submission applies to establishments with 250 or more employees, establishments with 20 to 249 employees in listed industries, and, for Forms 300 and 301, establishments with 100 or more employees in a narrower list. Check your NAICS code against Appendices A and B to Subpart E.

TRY IT ONLINE

Use the interactive Quick-Check

The ACG website has an interactive version of this guide. Answer yes/no questions and get a likely result, the rule behind each step, and a summary for your incident file. Nothing you enter is stored.

Sources

29 C.F.R. Part 1904, including §§ 1904.1–1904.11, 1904.29, 1904.32, 1904.33, 1904.35, 1904.39, 1904.40, 1904.41 · Utah Admin. Code R614-1-5. Current as of October 2026. Close calls depend on facts; document the reasoning behind every recordability decision.

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