



Kentucky Labor Cabinet

Department of Workplace Standards
Occupational Safety and Health - Education and Training
Statistical Services Branch



Fax: (502) 564-0091

Kentucky Workers Injury Census

Establishment Name

NAICS#

DUNS#

Site Address (Street, City, State, Zip)

Preferred Mailing Address

Employment Information (from the OSHA Form 300A Summary or estimated based on instructions provided below)

Enter the annual **average number of employees** for 2013.

Enter the **total hours worked** by all employees for 2013.

INSTRUCTIONS:

How to calculate the annual average number of all employees:

1. Add the number of paychecks processed for the year for all employees for all pay periods to get a total sum of all employees paid for the year.

Example: Total number of paychecks processed (not W-2's) for a company that pays weekly might equal 5000 total paychecks processed for the year.

2. Divide the sum of all paychecks, for all employees, by the number of pay periods (e.g. 52 for weekly, 26 for bi-weekly, 12 for monthly). **Examples:**

<i>Weekly Pay Period Divide</i>	<i>Bi-weekly Pay Period – Divide</i>
<i>5000 paychecks by 52</i>	<i>5000 paychecks by 26</i>

3. This is the annual average number of employees. **Examples:**

<i>Weekly Pay Period –</i>	<i>Bi-weekly Pay Period –</i>
<i>5000 ÷ 52 = 94.15</i>	<i>5000 ÷ 26 = 192.31</i>

Round to the nearest whole number

<i>Annual Average = 94</i>	<i>Annual Average = 192</i>
----------------------------	-----------------------------

How to estimate the total hours worked by all employees:

1. If both full-time and part-time mixed: Subtract the known number of full-time employees from the average number of employees. **If only part-time or full-time employment skip to Step 2*.**

Example: average number of employees = 40. 5 are full-time. 35 are part-time.

2. Multiply the number of full-time and part-time employees by the number of hours considered part-time and full-time. This will be the estimated total hours worked for all full-time employees for one week.

Example: *Full-time employees work 37.5 hours per week.
 $37.5 \times 5 = 187.5$ total full-time hours for one week.

*Part-time employees work 20 hours per week.
 $35 \times 20 = 700$ total part-time hours for one week.

3. Add the estimated total hours worked for full-time employees to the total hours worked for part-time employees. **If only part-time or full-time employment, skip to Step 4*.**

Example: $187.5 + 700 = 887.5$

4. **Multiply the sum of part-time and full-time hours by 52 weeks*.** This is the total estimated hours worked by all employees for the year.

Example: $887.5 \times 52 = 46,150$.

The total estimated hours worked by all employees for the year is 46,150.

Did you have ANY occupational injuries or illnesses during 2013?

Yes Go to *Summary of Work-Related Injuries and Illnesses*

No Go to *Contact Information* section

Summary of Work-Related Injuries and Illnesses, 2013 (See bottom of page for tips on completing this section.)* You may use your completed calendar year 2013 *Summary of Work-Related Injuries and Illnesses, OSHA Form 300A*, to enter the following. If your establishment is usually exempt from OSHA recordkeeping, the information can be gathered from any work-place injuries and illness record sources; such as the worker compensation's incident and accident report (IAR) form(s):

Number of Cases

From columns (G), (H), (I), and (J) of the OSHA 300A summary:	Number of deaths (column G)	Number of cases with days away from work (column H)	Number of cases with job transfer or restriction (column I)	Number of other recordable cases (column J)	TOTAL NUMBER OF CASES: (H+I+J)
---	-----------------------------	---	---	---	--------------------------------

Number of Days

From columns (K) and (L) of the OSHA 300A Summary:	Total number of days away from work (column K)	Total number of days of job transfer or restriction (column L)
--	--	--

Injury and Illness Types

From columns (M1-M6) of the OSHA 300A Summary:	(1) Injuries (2) Skin Disorders (3) Respiratory conditions	(4) Poisonings (5) Hearing Loss (6) All other illnesses
--	--	---

Contact Information

Fill in the name, title, phone number and fax number of the person we should call with questions about this form. Then sign and date the form.

Contact name	Telephone number	Fax number	E-mail address (optional)
--------------	------------------	------------	---------------------------

Check this box to electronically sign this document

Title

Today's date

Please visit our website at www.laborcabinettrain.ky.gov for training opportunities, or <http://www.labor.ky.gov> for OSHA recordkeeping requirements. If you have questions or need assistance completing the report, please feel free to contact the Statistical Services Branch at (502) 564-4122 or pam.brock@ky.gov.

Check here if you wish to subscribe to training email notifications.

* Tips for completing the Injury and Illness report:

- Do not include first aid cases. Go to www.osha.gov/recordkeeping for a complete list detailed in 29 CFR, 1904.7 Part 5 (ii) of the OSHA Regulations
- Do not count a case twice:
 - o A case that had **days away from work AND job transfer or restriction** is counted **1 time** in **column H**, as a days away case only.
 - o A case that had **job transfer or restriction with no days missed** is counted **1 time**, in **column I**, as a job restriction case only.
- Make sure to include **all days** away from work and days of job transfer or restriction in **Columns K and L**, regardless of recording status in columns H and I.
- The **total number** of injury and illness in **column M (1-6)** should match the **total number** of cases in **columns H, I and J**.