

# **DOL OSHA ITA Case Data CSV Specifications**



**Department of Labor**  
**Occupational Safety and Health Administration**  
**(OSHA)**

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## Document Change Log

Version	Date	Details
DRAFT	6-23-2023	Initial draft of the specifications
DRAFT	6-28-2023	<ul style="list-style-type: none"><li>- Age is converted to date of birth</li><li>- Job category is removed</li><li>- Length of employment updated to date of hire</li><li>- EIN is removed from CSV spec</li><li>- Dates and times changed to mm-dd-yyyy and hh:mm from unix timestamps.</li></ul>
1.0	7-5-2023	Formal approval by OSHA business team
1.1	8-8-2023	Updated URL hosting sample CSV file
1.2	8-25-2023	<ul style="list-style-type: none"><li>- Added incident_description field</li><li>- Changed emp_gender to gender</li></ul>
1.3	10-31-2023	Changed gender field to be optional
1.4	11-28-2023	<ul style="list-style-type: none"><li>- Changed dafw_num_away to be required</li><li>- Changed djtr_num_tr to be required</li><li>- Changed time_started_work to be optional</li></ul>
1.5	1-29-2025	<ul style="list-style-type: none"><li>- Changed title of field from gender to sex</li></ul>

## Introduction

The Department of Labor (DOL) Occupational Safety and Health Administration (OSHA) Injury Tracking Application (ITA) provides a system to securely access and submit information related to workplace injuries. The application is being enhanced for reporting year 2024 (collection of CY 2023 data) to begin collecting details on individual injury and illness cases.

To facilitate this process, ITA provides a utility to bulk upload larger data sets using a CSV file format. CSV data submission will continue to accept form 300A data and will extend this capability to Forms 300 and 301 for the upcoming reporting period. Organizations that have been using CSV files to upload case summary data in the past will continue to follow the same process to upload form 300A data. Going forward, a second file specification will be provided to upload and validate Form 300 and 301 data. This document outlines the specifications for the new data collection.

The existing CSV format used to submit form 300A data will retain the same structure. The implementation of two separate CSVs minimizes the number of impacted end users adopting the new submission process for forms 300 and 301.

**REMINDER:** Please do not include any personally identifiable information (PII) pertaining to workers involved in the incident (e.g., no names, phone numbers, or SSNs) in the narrative fields.

## Case Data CSV File Format

The following structure will be used to upload case data to the application. The first row of the case data file must be a header row containing the column names (e.g., establishment\_name, etc.) specified in the table below. Each subsequent row must contain the corresponding case information for a single case. The case data CSV files can contain data for one or more establishments.

The case data submission assumes that the establishment already exists in the system and is associated with the user submitting the file. If the establishment name does not exist or is not associated with the user submitting the file, the submission will be rejected.

A sample CSV file can be downloaded from the following URL:

[https://www.osha.gov/sites/default/files/ita\\_sample\\_form\\_300-301\\_csv\\_data.csv](https://www.osha.gov/sites/default/files/ita_sample_form_300-301_csv_data.csv)

See the [ITA User Guide](#) to help check that your 300/301 CSV file is accurate and does not contain personally identifiable information (PII).

Data Element	Definition and Validations	Format	Length	Required
establishment_name	The name of the establishment reporting data. The system matches the data in your case data file to your existing establishments based on establishment name. This continues with the assumption being held in the Form 300A CSV file where the Establishment name column is used to uniquely identify an establishment. <b>THE ESTABLISHMENT NAMES MUST MATCH EXACTLY FOR THE DATA TO LOAD.</b>	Character	100	Yes
year_of_filing	The calendar year in which the injuries and illnesses being reported occurred at the establishment. Must be a four-digit number. Must be the reference year of the current collection	Integer	4	Yes

Data Element	Definition and Validations	Format	Length	Required
case_number	Case number from your Log. <b>CASE NUMBER MUST BE UNIQUE WITHIN THE ESTABLISHMENT.</b>	Character	100	Yes
job_title	Job title	Character	255	Yes
date_of_incident	Date employee was injured or became ill. Example: 11-23-2022.	mm-dd-yyyy or mm/dd/yyyy	10	Yes
incident_location	Where the event occurred	Character	255	Yes
incident_description	Briefly describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill.	Character	255	Yes
incident_outcome	Incident outcome 1 for Death 2 for Days away from work 3 for Job transfer or restricted work activity 4 for Other recordable cases	Integer	1	Yes
dafw_num_away	If 2 is set on incident_outcome, Number of days away from work	Integer	3	Yes
djtr_num_tr	If 2 or 3 is set on incident outcome, Number of days of job transfer or restriction	Integer	3	Yes
type_of_incident	Type of Incident 1 for Injury 2 for Skin disorder, 3 for Respiratory condition 4 for Poisoning 5 for Hearing loss 6 for Other illnesses	Integer	1	Yes
date_of_birth	Date of Birth. Example: 11-23-2022.	mm-dd-yyyy or mm/dd/yyyy	10	Yes
date_of_hire	Date employee was hired. Example: 11-23-2022.	mm-dd-yyyy or mm/dd/yyyy	10	Yes
sex*	M for male F for female	Character	1	No
treatment_facility_type	Was employee treated in emergency room? 1 for yes 0 for no	Integer	1	Yes

Data Element	Definition and Validations	Format	Length	Required
treatment_in_patient	Was employee hospitalized as an in-patient? 1 for yes 0 for no	Integer	1	Yes
time_started_work	Time employee began work in 24-hour time. Example: 17:30.	Time (hh:mm)	5	No
time_of_incident	Time of event in 24-hour time. Example: 17:30.	Time (hh:mm)	5	No
time_unknown	Time is unknown. Set to 1 if time is unknown, otherwise leave blank.	Integer	1	Yes, if time of incident is unknown
nar_before_incident	What was employee doing just before the incident occurred?	Text	N/A	Yes
nar_what_happened	What happened? Describe how the injury or illness occurred.	Text	N/A	Yes
nar_injury_illness	What was the injury or illness?	Text	N/A	Yes
nar_object_substance	What object or substance directly harmed the employee?	Text	N/A	Yes
date_of_death	If employee died, date of death. Example: 11-23-2022.	mm-dd-yyyy or mm/dd/yyyy	10	Yes, if death is recorded

\* Although OSHA expects employers to report sex data when available, the ITA does not reject submissions if an employer submits OSHA Form 301 data without completing Field 5 (Male/Female).

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