

## Did you have ANY occupational injuries or illnesses during 2024?

- Yes. Go to the next section, Summary of Work-Related Injuries and Illnesses, 2024.
- No. Go to Sign and Return This Form below.

## Summary of Work-related Injuries and Illnesses, 2024

Using your completed calendar year 2024 Summary of Work-Related Injuries and Illnesses (OSHA Form 300A):

1. Copy the location/department summary information into the spaces below.
2. If any total is zero on your OSHA Form 300A, write "0" in that total's space below.

## Number of Cases

Copy these totals from columns (G), (H), (I) and (J):	Total number of deaths (column G)	Total number of cases with days away from work (column H)	Total number of cases with job transfer or restriction (column I)	Total number of other recordable cases (column J)
	_____	_____	_____	_____

## Number of Days

Copy these totals from columns (K) and (L):	Total number of days away from work (column K)	Total number of days of job transfer or restriction (column L)
	_____	_____

## Injury and Illness Types

Total numbers from columns (M)	(1) Injuries	_____	(4) Poisonings	_____
	(2) Skin disorders	_____	(5) Hearing loss	_____
	(3) Respiratory conditions	_____	(6) All other illnesses	_____

## Sign and Return This Form

Fill in the name, title, phone number, fax number and email address of the person we may need to contact with questions about this form. Then sign and date the form.

Printed Name	Telephone Number	Fax Number	Email Address
_____	_____	_____	_____
Signature	Title	Today's Date	
_____	_____	_____	

If you choose to complete this hard copy form, please **mail or fax the entire completed form** to the N.C. Department of Labor at the address or fax number on the front cover. **Remember to keep a photocopy for your records.**

## N.C. DEPARTMENT OF LABOR PUBLIC SECTOR OCCUPATIONAL SAFETY AND HEALTH INJURY AND ILLNESS SURVEY, 2024



**THIS IS NOT THE BUREAU OF LABOR STATISTICS SURVEY YOU MAY HAVE PREVIOUSLY COMPLETED.**

**Please Make Any Necessary Corrections to This Address Label.**

Place Label Here

**Did you know you can submit your form electronically on the Web?**  
 Access our electronic survey on the following website: [www.labor.nc.gov](http://www.labor.nc.gov)  
 (Public Sector Injury and Illness Survey in the "Safety and Health" tab).  
 Enter your survey specific ID number and password provided on the above mailing label to access the secure electronic reporting site. If submitted electronically, you do not need to send a hard copy of the survey form.

IF NOT SUBMITTED ELECTRONICALLY,  
 SEND COMPLETED FORM TO:  
 N.C. DEPARTMENT OF LABOR  
 OSH DIVISION—PSIM BUREAU  
 1101 MAIL SERVICE CENTER  
 RALEIGH, NC 27699-1101  
**OR FAX TO: 919-707-7969**

## Dear Employer:

The N.C. Department of Labor (NCDOL), Occupational Safety and Health Division (OSH Division) is conducting a survey of public sector employers to compile work-related injury and illness data from those employers. The information will be used to measure the performance of the agency in meeting its goal of reducing workplace injuries and illnesses.

We are asking for the totals from your 2024 *Summary of Work-Related Injuries and Illnesses* (OSHA No. 300A), as well as information about hours worked and employment. This program is authorized under NCGS 95-148, "Safety and Health Programs of State Agencies and Local Governments," and the Occupational Safety and Health Act, 29 CFR Part 1904. The general statute is available for your review at the following website address: [www.ncga.state.nc.us/gascripts/statutes/statutelookup.pl?statute=95-148](http://www.ncga.state.nc.us/gascripts/statutes/statutelookup.pl?statute=95-148).

Please note that employers that fail to submit a completed 2024 survey may be subject to OSH Division enforcement actions, including a compliance inspection, the issuance of citations, and the assessment of penalties.

The OSH Division's Planning, Statistics and Information Management Bureau (PSIM) will analyze completed surveys for accuracy and computation of the days away, restricted or transferred (DART) rate. The computed DART rate for each survey response will be compared to the annual target rate for their specific employer category (reference the OSH Field Operations Manual, Chapter II and the OSH Operational Procedure Notices, 128). These policies and procedures can be found on the Department of Labor's website: [www.labor.nc.gov](http://www.labor.nc.gov), Safety and Health, Occupational Safety and Health, OSH Enforcement Procedures.

We recognize that responding to our questions may be time consuming for some employers, and we have made every effort to reduce the completion time while still obtaining the necessary information. In this spirit, we now provide two means of submitting your survey information: (1) via the Internet, using a secure electronic version of this form available on our website, or (2) by mail or fax, using a hard copy of the form. You can access the electronic survey form by pointing your browser to our website at [www.labor.nc.gov](http://www.labor.nc.gov) (Public Sector Injury and Illness Survey in the "Safety and Health" tab) or [www.labor.communications.its.state.nc.us/OSHPublic/psnc\\_survey\\_login.cfm](http://www.labor.communications.its.state.nc.us/OSHPublic/psnc_survey_login.cfm) and then when prompted, inputting your survey specific ID number and password (provided in the mailing label on the cover of this form). If you choose to mail or fax the form, please complete pages 3 and 4 of this form and mail or fax the entire form. For your records, please remember to print a copy of the completed form prior to exiting the website or to make a copy if you submit by mail or fax. If you need assistance in completing the survey or have questions, please call the PSIM Bureau Survey Coordinator Daisy Graziano at 919-707-7832.

The OSH Division will continue to evaluate this program initiative and will build on the lessons learned to improve the division's ability to protect the health and safety of North Carolina's workers sensibly and appropriately. We invite your comments as we proceed with this effort. Thank you for helping us collect accurate information and for participating in the effort to make North Carolina's workplaces safer and healthier.

## Who must complete this form?

All employers that receive this form should submit their response **within 30 calendar days**, even if they had no work-related injuries and illnesses recorded on their 2024 OSHA No. 300.

## What else do you need?

- Employment average and total hours worked for all employees for the location/department noted on the mailing label on the cover.
- Information from your 2024 *Summary of Work-Related Injuries and Illnesses* (OSHA No. 300A).

## What do you need to do?

- Check the address information printed on the mailing label. Make any corrections necessary on the website if electronically submitted or on the hard copy if mailed or faxed.
- Submit responses only for the location(s) or department(s) noted under location/department on the mailing label.
- Submit the entries from your OSHA Form 300A to the electronic or hard copy survey form. Please verify that the number of cases (columns G, H, I and J) equal the number of injury and illness types (columns M1-M6). Entries in columns H or I require corresponding entries in columns K or L.
- Submit the phone number, email address and name of the person we should contact if we have any questions. Please sign the form if submitting in hard copy format.
- If responding by mail, return the entire completed form to the N.C. Department of Labor, OSH Division—PSIM Bureau, 1101 Mail Service Center, Raleigh, NC 27699-1101 or fax to 919-707-7969 **within 30 calendar days** of receipt of this notice.

## Location/Department Information

Using your completed calendar year 2024 *Summary of Work-Related Injuries and Illnesses* (OSHA Form 300A), copy the location/department information into the boxes below. If these numbers are not available on your OSHA Form 300A, or if your location/department does not keep records needed to answer (1) and (2) below, you can estimate using the steps and examples that follow.

1. For the reporting location/department identified on the cover, enter the annual employment for 2024. (You can copy this from your OSHA Form 300A.)

**Average annual number  
of all employees for 2024**

**IF ACTUAL NUMBER OF EMPLOYEES CANNOT BE CALCULATED, FOLLOW STEPS AND EXAMPLES BELOW TO ESTIMATE THE ANNUAL AVERAGE NUMBER OF EMPLOYEES:**

**STEP 1: Add** the number of employees your location/department paid in every pay period during 2024. **Include all employees:** full-time, part-time, temporary, seasonal, salaried and hourly.

Acme Construction pays its employees 26 times each year. During 2024:

In this pay period	Acme paid this many employees
1 .....	10
2 .....	0
3 .....	15
↓	↓
25 .....	15
26 .....	10
	830 (sum)

**STEP 2: Divide** the sum by the number of pay periods your location/department had in 2024. **Include** any pay periods when you had **no** employees.

Because Acme has 26 pay periods, it would divide its sum by 26. 830 divided by 26 = 31.92

**STEP 3: Round** the answer to the next highest whole number. Write the rounded number in the box marked **Average annual number of all employees**.

Acme would round 31.92 to 32 and write that number in the box marked *Average annual number of all employees*.

2. For the reporting location/department identified on the cover, enter the total hours worked by all employees in 2024. (You can copy this from your OSHA Form 300A.)

**Total hours worked  
by all employees in 2024**

**Note:** *Total hours worked* should exclude vacation, sick leave, holidays and other non-work time.

**IF ACTUAL TOTAL NUMBER OF HOURS WORKED CANNOT BE CALCULATED, FOLLOW STEPS AND EXAMPLES BELOW TO ESTIMATE TOTAL HOURS WORKED:**

**STEP 1: Find** the number of full-time employees in your location/department for 2024.

ABC Company had 15 full-time employees during 2024:

**STEP 2: Multiply** this number by the number of hours worked for a full-time employee in a year. This is equal to the total number of full-time hours worked.

ABC Company's 15 full-time employees worked an average of about 1,760 hours each per year after excluding vacation, sick leave, holidays and other non-work time. (*The hours worked for a full-time employee in a year may be different for your reporting location/department.*)

15 (full-time employees) times 1,760 (hours worked by a full-time employee in a year) equals 26,400 total full-time hours.

**STEP 3: Add** the number of any overtime hours and the number of hours worked by other employees (part-time, temporary, seasonal) to the amount in Step 2.

ABC Company's full-time employees worked a total of 1,500 hours of overtime. In addition, three part-time employees worked a total of 2,715 hours during 2024.

Add these hours to those from Step 2.

Full-time hours from Step 2	26,400
Overtime hours	+ 1,500
Part-time hours	+ 2,715

Total hours worked by all employees in 2024 = 30,615

3. Check any conditions that might have affected your annual number of employees or total hours worked during 2024:

- |   |   |
|---|---|
| <input type="checkbox"/> Nothing unusual happened | <input type="checkbox"/> Natural disaster or adverse weather conditions         |
| <input type="checkbox"/> Strike or lockout        | <input type="checkbox"/> Shorter work schedules or fewer pay periods than usual |
| <input type="checkbox"/> Shutdown or layoff       | <input type="checkbox"/> Longer work schedules or more pay periods than usual   |
| <input type="checkbox"/> Seasonal work            | <input type="checkbox"/> Other reason: _____                                    |