

OSHA ITA DATA FIELDS

Header	Explanation	Required?
establishment_name	<i>From 300A log. Each establishment must have a unique name.</i>	YES
company_name	<i>Name of company that owns establishment.</i>	NO
street_address	<i>From 300A. Use physical address, not PO box.</i>	YES
city	<i>From 300A</i>	YES
state	<i>From 300A</i>	YES
zip	<i>From 300A (may use 5 or 9 digit zip code)</i>	YES
naics_code	<i>6 digit North American Industry Classification System code</i>	YES
Industry_description	<i>May be provided in addition to NAICS</i>	NO
size	<i>1=<20), 2=(20-249), 3=>250) Max employees at any time that year.</i>	YES
establishment_type	<i>1=(non-gov organization), 2=(state gov), 3=(local gov)</i>	NO
year_filing_for	<i>Calendar year in which reported injuries occurred. May not be earlier than 2016.</i>	YES
annual_average_employees	<i>May not be zero.</i>	YES
total_hours_worked	<i>Match to 300A. Should not include PTO. Can be estimated.</i>	YES
no_injuries_illnesses	<i>Enter 2 if not a single injury or illnesses occurred, otherwise, enter 1</i>	YES
total_deaths	<i>From 300A Field G</i>	YES
total_dafw_cases	<i>From 300A Field H</i>	YES
total_djtr_cases	<i>From 300A Field I</i>	YES
total_other_cases	<i>From 300A Field J</i>	YES
total_dafw_days	<i>From 300A Field K</i>	YES
total_djtr_days	<i>From 300A Field L</i>	YES
total_injuries	<i>From 300A Field M(1)</i>	YES
total_skin_disorders	<i>From 300A Field M(2)</i>	YES
total_respiratory_conditions	<i>From 300A Field M(3)</i>	YES
total_poisonings	<i>From 300A Field M(4)</i>	YES
total_hearing_loss	<i>From 300A Field M(5)</i>	YES
total_other_illnesses	<i>From 300A Field M(6)</i>	YES
change_reason	<i>Reason why a change was made to summary, if applicable</i>	NO