

# Take Control! with The Total Program

# Injury Manager

A Central Location to log both Employee and Student Incidents!

Instant reporting, filtering and analysis of injuries makes your facilities safer!

Automatically Generate OSHA 300 and OSHA 300A Forms!

Improve accuracy and eliminate nearly all time needed for reporting.

Our form guides you through the process.

Once an incident is entered, the system filters out what is not reportable, and your OSHA Forms are complete with the click of a button!

**Injury Incident List**

< Injury Manager Menu

+ Add Employee Incident + Add Student Incident Search

CaseNumber	Injured Type	Injured Name	Injury Date	Edit	Incident Report
1121	Employee	Duff Dorschner	1/4/2010		
1122	Employee	Brandon James	1/6/2010		
1123	Employee	Claire Gallagher	1/12/2010		
1124	Employee	Fred Johnson	1/21/2010		
1125	Employee	Dana McLean	1/29/2010		



OSHA's Form 300A  
**Summary of Work-Related Injuries and Illnesses**

Year 2009 U.S. Department of Labor Occupational Safety and Health Administration

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary. Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

**Establishment information**  
Corporate Head Quarters  
One Corporate Place  
Minneapolis, MN 55425  
Industry description

**Number of Cases**

Total number of deaths	Total number of cases with date	Total number of cases with job	Total number of other reportable

OSHA's Form 300  
**Log of Work-Related Injuries and Illnesses**

Year 2009 U.S. Department of Labor Occupational Safety and Health Administration

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond basic first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12.

Case no.	Employee Name	Employee Title	Injury Date	Injury Location	Description	Classify the case			Work Days	Transfer Days	All Other Illnesses						
						Death	Days away	Job transfer			Injury	Skin	Respiratory	Poisoning	Hearing Loss		
1121	Duff Dorschner	Principal	1/4	Loading Dock Sidewalk	Slipped and fell. Hurt back.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1122	Brandon James	Custodian	1/6	Restroom	Skin irritation from cleaning solution	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5	0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1123	Claire Gallagher	Cook	1/12	Kitchen	Cut hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1124	Fred Johnson	Maintenance	1/21	Boiler Room	Difficulty breathing after servicing Air Handling Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1125	Dana McLean	Teacher	1/29	Classroom	Fell off chair trying to pin up a poster	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Year Totals &gt;</b>						<b>0</b>	<b>3</b>	<b>2</b>	<b>0</b>	<b>13</b>	<b>14</b>	<b>5</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>