Injury Tracking Application Data Dictionary

Note: Rows that appear to be missing from the publicly available data are associated with test records that were entered into and deleted from the system at various times. For example, ITA developers periodically take down the system to perform maintenance. After it is relaunched, they submit multiple test records using test accounts to ensure that the various input methods that employers can use to submit data to the system are working correctly. These records are flagged and removed from the system.

Data Element	Definition
ID	Unique number for each record
establishment_name	The name of the establishment reporting data.
ein	Employer Identification Number (EIN) is also known as Federal Tax Identification Number
company_name	The name of the company that owns the establishment.
street_address	The street address of the establishment.
city	The city where the establishment is located.
state	The state where the establishment is located.
zip_code	The full zip code for the establishment.
naics_code	The North American Industry Classification System (NAICS) code which classifies an establishment's business.
industry_description	Industry Description
size	The size of the establishment based on the maximum number of employees that worked there **at any point** in the year you are submitting data for. • Enter 1 if the establishment has < 20 employees • Enter 2 if the establishment has 20-249 employees • Enter 3 if the establishment has 250+ employees
establishment_type	Identify if the establishment is part of a state or local government. • Enter 1 if the establishment is not a government entity • Enter 2 if the establishment is a State Government entity • Enter 3 if the establishment is a Local Government entity
year_filing_for	The calendar year in which the injuries and illnesses reported occurred at the establishment.

annual_average_employees	Annual Average Number of Employees
total_hours_worked	Total hours worked by all employees
no_injuries_illnesses	Whether the establishment had any OSHA recordable work-related injuries or illnesses during the year. • Enter 1 if the establishment had injuries or illnesses • Enter 2 if the establishment did not have injuries or illnesses
total_deaths	Total number of deaths (Form 300A Field G)
total_dafw_cases	Total number of cases with days away from work (Form 300A Field H) • Must be >= 0 • Must be a number
total_djtr_cases	Total number of cases with job transfer or restriction (Form 300A Field I)
total_other_cases	Total number of other recordable cases (Form 300A Field J)
total_dafw_days	Total number of days away from work (Form 300A Field K)
total_djtr_days	Total number of days of job transfer or restriction (Form 300A Field L)
total_injuries	Total number of injuries (Form 300A Field M(1)) • Must be >= 0 • Must be a number
total_skin_disorders	Total number of skin disorders (Form 300A Field M(2))
total_respiratory_conditions	Total number of respiratory conditions (Form 300A Field M(3))
total_poisonings	Total number of poisonings (Form 300A Field M(4))
total_hearing_loss	Total number of hearing loss (Form 300A Field M(5))
total_other_illnesses	Total number of all other illnesses (Form 300A Field M(6))
establishment_ID	Unique number for each establishment created under an individual user account
created_timestamp	The date and time a record was submitted to the ITA
Change_reason	The reason why an establishment's injury and illness summary was changed, if applicable