Data Dictionary

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