



PIE INSURANCE

# How to respond to a workplace injury:

For life-threatening medical emergencies, call **911**.

For non-life-threatening injuries, call the **24/7 Nurse Line at (844) 581-0828** to report the incident and get your employee the right care



## Workers' comp claims

You can file your first report of injury for a workers' comp claim in three simple ways:

Call the 24/7 claim intake line within 24 hours of the incident: **(844) 581-0828**

[Submit the claim information online here](#)

Email the claims team within 24 hours of the incident: **[claims@pieinsurance.com](mailto:claims@pieinsurance.com)**

- **In your email, please include the following:**
- The name of your business
- The policy number
- Reporting party's contact information (name, phone, email)
- The name, phone, and email address of the injured employee
- Date of the injury or accident
- A description of the injury or accident

**Thank you.**



[pieinsurance.com](http://pieinsurance.com)

TYPES OF BENEFITS

MEDICAL BENEFITS

Your employer must pay for all reasonable and necessary medical care required to treat your injury. This includes reasonable and necessary travel expenses for treatment. Mileage for use of a private car is reimbursed at 70 cents per mile. (85.27)

Under certain circumstances, if you are required to leave work for medical treatment, you may receive payment of lost wages.(85.27)

A medical care provider cannot seek payment of charges for treatment from you while a contested case proceeding or a dispute as to the reasonableness of a medical treatment fee is pending before the Workers' Compensation Commissioner.(85.27)

DISABILITY BENEFITS

If you are injured at work, you may be entitled to disability benefits.

TYPES OF DISABILITY BENEFITS

Temporary Total Disability (TTD) [85.32, 85.33(1)]

When you are off work more than three calendar days on account of injury, you may be entitled to TTD benefits beginning on the fourth day and continuing until you return to work or are medically recovered enough to return to similar work, whichever happens first. If you are off work for more than 14 calendar days, you may be entitled to payment for the three-day waiting period.

Temporary Partial Disability (TPD) [85.33(2-5)]

If you return to work at a lesser paying job because of the injury, you may be entitled to benefits. The benefit amount is 66 2/3 percent of the difference between your average gross weekly earnings when injured and your actual earnings while temporarily working at the lesser paying job. The three-day waiting period (explained above) also applies to temporary partial disability.

Healing Period (HP) [85.34(1)]

You may be entitled to HP benefits while recovering from an injury which produces a permanent impairment. No waiting period applies to HP benefits. These benefits begin on the first calendar day after the date of injury and continue until the first of the following occurs:

- You return to work
- You have recovered as much as anticipated from the injury
- You are medically capable of returning to the same kind of work you did when injured

If a doctor prescribes you work restrictions, you have the duty to accept an offer of work from your employer that is within your work restrictions. If your employer makes such an offer, it must be in writing and include:

- The offer of work within your restrictions
- Notice that you may forfeit your right to benefits if you refuse the offer
- Notice that you must provide your response in writing

If you are offered work and voluntarily leave your employment or retire, then your benefits may be reduced or eliminated.

Permanent Partial Disability (PPD) [85.34(2)]

When your work injury results in a permanent impairment to your body, a permanent restriction, or an inability to earn wages similar to those earned before your injury, you may be entitled to PPD benefits. PPD benefits are in addition to healing period benefits.

Scheduled Member Disabilities

If your injury is to a scheduled member your PPD benefits are based on functional impairment. Appendix A gives a list of the scheduled body members (i.e. arm, leg, etc.) along with the number of weeks of benefits you would receive for the full loss of each member. If your impairment is less than a full loss, the number of weeks of PPD benefits you may receive is a percentage of loss or loss of use multiplied by the full number of weeks for the member.

Body As A Whole Disabilities

When your work injury results in permanent disability to a part of the body not included as a scheduled member, the disability is considered industrial and is determined by assessing the difference between what you were able to earn prior to the injury and what you are able to earn after the injury. A variety of factors influence the assessment of lost earning capacity. These include the medical condition before the injury, immediately after the injury and now; the part of the body injured; how long you needed to recover from the injury; your work experience and your qualifications intellectually, emotionally, and physically to learn to perform other work; your earnings before and after the injury; your age; education; motivation; functional impairment related to the injury, and loss of ability to do your old job; or loss of earnings because of the injury.

No specific guidelines advise how any factor is to be considered in a particular case. Each industrial disability case must be decided on its facts. Industrial disability is calculated on a 500 week basis with the percentage rating multiplied by 500 weeks.

If the employer offers work at the same or greater wage, an injured employee is only entitled to the functional rating until terminated from employment. The employee can request a reopening and determination of industrial disability.

Permanent Total Disability (PTD) [85.34(3)]

If your work related injury leaves you incapable of returning to any type of wage earning employment, you may be entitled to permanent total disability benefits during that time when you cannot return to any gainful work.

WEEKLY RATE

TTD, HP, PPD or PTD benefits are paid at a weekly workers' compensation rate based on your earnings, marital status, and number of exemptions. Generally, the rate is 80% of your spendable earnings before any deductions. "Spendable earnings" is the amount remaining after payroll taxes are deducted from your gross weekly earnings. The weekly benefit amount is based on a seven-day calendar week.

For more information, go to:

dia*l*.iowa.gov/hearings/workers-comp/rates

OTHER BENEFITS

Second Injury Fund Benefits (85.63-85.69)

If you have had a permanent disability to a hand, arm, foot, leg or eye and then have a job related injury that results in permanent partial disability to another hand, arm, foot, leg or eye, you may be entitled to "Second Injury Fund" benefits. These benefits are paid for any amount that industrial disability is greater than the combined scheduled member disability from both the first and second disabled member. These benefits are only paid after your employer or its insurance carrier has paid all scheduled member permanent partial disability benefits due on account of the second injury.

If you believe you are entitled to benefits from this Fund, contact the State of Iowa Treasurer's Office to obtain a claim form.

Vocational Rehabilitation & Training Benefits (85.70)

Iowa Vocational Rehabilitation Services (IVRS) assists persons with disabilities to prepare, obtain and maintain employment.

[workforce.iowa.gov/vr](http://workforce.iowa.gov/vr)

You may be entitled to payment of \$100 per week for up to 13 weeks if you are actively participating in a vocational rehabilitation program in order to make it possible for you to return to gainful employment after your injury. If you continue in vocational rehabilitation, the workers' compensation commissioner may extend the \$100 for an additional 13 weeks.

If you suffered a shoulder injury resulting in permanent partial disability that has left you unable to return to gainful employment, contact Iowa Workforce Development for an evaluation of whether you would benefit from participation in a qualifying career and technical education program.

Death Benefits (85.28, 85.31, 85.42, 85.43, 85.44)

If you were dependent on someone who died as a result of an on the job injury, you may be eligible to receive death benefits. A surviving spouse may receive death benefits for life or until remarriage. Dependent children are entitled to death benefits until age 18 or, if actually dependent, age 25. Other persons may qualify for death benefits if they were actually dependent upon the deceased worker. If a surviving spouse remarries and the deceased worker has no dependent children at the time of the remarriage, the surviving spouse is entitled to a two-year lump sum settlement. In addition to the weekly death benefits, the deceased worker's employer (or its insurance carrier) must pay reasonable burial expenses not to exceed twelve times the statewide average weekly wage in effect at the time of death.

TYPES OF SETTLEMENTS

The Workers' Compensation Commissioner must approve all settlements involving work injuries. The law allows four different types of settlements:

FULL COMMUTATION (85.45, 85.47)

A full commutation pays all remaining future benefits in one lump sum. Because an approved full commutation ends all right to additional weekly benefits and may end all rights to medical benefits, it must show that you have a specific need for the full benefit payment now, such that the lump sum payment is in your best interest.

PARTIAL COMMUTATION (85.45, 85.47, 85.48)

A partial commutation pays a part of remaining future weekly benefits in a lump sum. An approved partial commutation contains you and your employer's (and its carrier's) agreement that you are entitled to disability benefits. It does not end your right to future weekly or medical benefits.

AGREEMENT FOR SETTLEMENT (85.35, 10A.315)

An agreement for settlement is a voluntary agreement between you and your employer (and its carrier) as to the amount and type of compensation payments you are currently due. The Workers' Compensation Commissioner's approval of the agreement does not end your future rights to additional weekly benefits or additional medical benefits.

COMPROMISE SETTLEMENT (85.35)

A compromise settlement is a voluntary agreement between you and your employers (and its carrier) as to your entitlement benefits. An approved compromise settlement ends any rights to future weekly benefits and may end all rights to medical benefits for the settled injury.

TIME LIMITATIONS

NOTICE OF INJURY (85.23)

Unless your employer has notice or knowledge of your asserted injury within 90 days of its occurrence, you may be denied benefits. The 90-day period begins to run when you knew or should have known that your injurious condition related to your work. When an employee reports a work related injury, the employer must file a first report of injury if the employee loses more than three days of work, or sustains permanent injury or death on account of the injury. The employer (or its carrier) must file the first report within four days of notice or knowledge of the alleged injury with the Workers' Compensation Commissioner.

TWO-YEAR STATUTE OF LIMITATION (85.26)

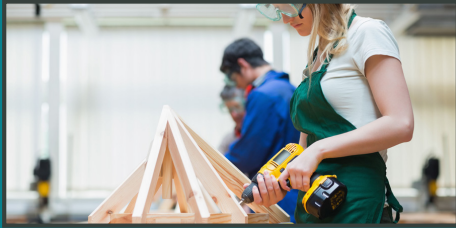
You must receive Iowa weekly workers' compensation benefits or file an application for arbitration within two years of your alleged injury or benefits may be denied.

THREE-YEAR STATUTE OF LIMITATION (85.26)

If you have received Iowa weekly workers' compensation benefits, you have three years from the last payment of those weekly benefits to receive additional benefits voluntarily, or to file a contested case proceeding for benefits. If you do not file within the three-year period you may be denied additional weekly benefits. Payment of medical expenses or mileage does not extend the statute of limitations. (You can file a contested case proceeding or voluntarily receive medical benefits reasonable and necessary to treat your injury throughout your lifetime.)

MEDICAL INFORMATION

Any party making or defending a claim for benefits agrees to release all information concerning the employee's physical or mental condition relative to the claim and waives any privilege for the release of such information. The information shall be made available to any party or the party's representative upon request. (85.27)



# WORKERS' COMPENSATION LAW FOR INJURED WORKERS

## - QUESTIONS AND ANSWERS -

### EFFECTIVE JULY 1, 2025 - JUNE 30, 2026

Appendix A contains the number of weeks of benefits payable for 100% loss, or loss of use, of the body member. If the PPD rating is less than 100%, the percentage rating is multiplied by the number of weeks shown. For example, a 20% loss, or loss of use, of a thumb would be computed as 20% of 60 weeks, or 12 weeks of PPD benefits.

#### APPENDIX A

	WEEKS
Loss of thumb	60
Loss of first finger	35
Loss of second finger	30
Loss of third finger	25
Loss of fourth finger	20
Loss of hand	190
Loss of arm	250
Loss of great toe	40
Loss of any other toe	15
Loss of foot	150
Loss of leg	220
Loss of eye	140
Loss of hearing in one ear	50
Loss of hearing in both ears	175
Permanent disfigurement, face or head	150
Body as a whole/industrial disability	500
Shoulder	400

This brochure may be reproduced.

Equal Opportunity Employer/Program  
Auxiliary aids and services are available upon request  
for individuals with disabilities. For Deaf or Hard of  
Hearing, Use Relay 711.

Iowa Department of Inspections, Appeals, & Licensing  
Workers' Compensation Division  
6200 Park Avenue · Des Moines, IA 50321  
515-725-4120 or 800-645-4583  
dial.iowa.gov  
Monday - Friday 8:00 AM - 4:30 PM

This brochure answers questions injured workers commonly ask about workers' compensation. You may check Iowa Code chapters 85, 85A, 85B, 87, 10A, and 17A, as well as Iowa Administrative Code chapter 876, for detailed information. References to Iowa Code sections and Iowa Administrative Rules appear in parentheses.

As the neutral tribunal responsible for deciding disputes under Iowa workers' compensation law, the Workers' Compensation Division cannot give you legal advice. You should consult with an attorney if you have questions about your rights and responsibilities under the law.

#### WHAT IS WORKERS' COMPENSATION?

The Iowa Workers' Compensation law requires most employers to provide wage loss and medical benefits to employees who are injured while working. [85.61(7)]

#### TYPES OF INJURIES COVERED

In Iowa, an injury may include any health condition caused by work activities other than the normal building up and tearing down of body tissues. Diseases and hearing losses caused by work activities or exposures are also injuries. (85A, 85B)

Preexisting health conditions are not considered injuries unless work aggravates, accelerates, or worsens them.

#### ELIGIBILITY FOR WORKERS' COMPENSATION BENEFITS

Most employees who are injured in Iowa while working in Iowa are eligible for benefits. The law exempts a few types of employees, however. If you are uncertain as to whether employees in your job classification are eligible for benefits, consult the Workers' Compensation Division.

Proprietors (independent contractors), limited liability company members and partners are not considered employees. These individuals may be eligible for benefits if they purchase a workers' compensation insurance policy that specifically includes them. [85.1A, 85.61(13)]

#### CHOOSING THE MEDICAL CARE

The employer has the right to choose the medical care and must provide medical care reasonably suited to treat your injury. If you are dissatisfied with that care, you should notify your employer (or its insurance carrier) in writing of the reasons why and discuss your care with them. You can request alternate care, and if your employer (or its carrier) does not allow that care, you may file a petition for alternate care before the Iowa Workers' Compensation Commissioner. (85.27)

#### HOW ARE DISPUTES HANDLED?

When you and your employer (and its insurance carrier) work together and openly communicate, the majority of workers' compensation claim disputes can be resolved. You have a right to know why your employer (and its carrier) has taken any action and the relevant evidence supporting the action.

When a dispute cannot be resolved among the parties, you are encouraged to contact an attorney to get legal advice. While the commissioner does not require it, most employees are represented by legal counsel in a contested case proceeding. If the dispute cannot then be resolved, you may file a contested case proceeding before the Iowa Workers' Compensation Commissioner.

#### WHO OVERSEES DISPUTES?

The Iowa Workers' Compensation Commissioner is the head of the Division of Workers' Compensation, which is part of the Department of Inspections, Appeals, and Licensing. The Commissioner is responsible for administering, regulating and enforcing the workers' compensation laws. By law, the Division of Workers' Compensation cannot represent the interest of any party. The Division does provide information regarding the workers' compensation law, the rights of the parties and the procedures the parties can follow to resolve their disputes.

#### WHO PAYS THE BENEFITS?

Employers subject to the law must either purchase insurance through a private insurance company or qualify as a self-insurer. (85.3, 87.1, 87.11)

If the employer provides coverage by purchasing an insurance policy, the insurance company (or a claim administrator) pays the injured worker the workers' compensation benefits. If the employer is self-insured, the employer (or a claim administrator) pays the injured worker the workers' compensation benefits.

If an employer fails to provide insurance coverage as the law provides, the employee may choose to either file a contested case proceeding before the Workers' Compensation Commissioner or to bring a civil action for damages in the appropriate district court. (87.21)

An employer must either obtain workers' compensation insurance coverage or obtain relief from insurance or furnish a bond before engaging in business. An employer who willfully and knowingly engages in business before doing any of these is guilty of a class "D" felony. (87.14A)

#### WHEN ARE THE BENEFITS TO BE PAID?

The law encourages prompt payment of weekly and medical benefits so that injured workers will not suffer undue hardship. Most insurance carriers or self-insured employers require a written report of injury (usually from the employer) and medical evidence of the injury before beginning payments. Weekly payments of disability benefits are to begin on the eleventh day of disability. If benefits are not paid when due, you may be entitled to interest on late payments. If benefits are unreasonably delayed or denied, you may be entitled to penalty benefits. (85.30, 10A.315)

Once benefits start, payments can only stop when you have returned to work or after your employer (or its carrier) has given you thirty days notice that payments are stopping. The notice must tell you why payments are stopping and advise you that you may file a claim with the Workers' Compensation Commissioner. (10A.315)

#### INDEPENDENT MEDICAL EXAMINATION (IME)

Your employer (or its insurance carrier) may ask you to attend a medical examination. If you refuse to attend, any benefits you may be receiving, or may be entitled to in the future, may stop or be forfeited. If you disagree with an evaluation of permanent disability made by a physician retained by your employer (or its carrier), then you have the right to an IME with a doctor of your choosing for a second opinion. (85.39)





Department of Inspections,  
Appeals, & Licensing

## Job Safety and Health: It's the law!



### EMPLOYEES:

- You have the right to notify your employer or IOSHA about workplace hazards. You may ask IOSHA to keep your name confidential.
- You have the right to request an OSHA inspection if you believe that there are unsafe and unhealthful conditions in your workplace. You or your representative may participate in that inspection.
- You can file a complaint with OSHA within 30 days of retaliation or discrimination by your employer for making safety and health complaints or for exercising your rights under the OSH Act.
- You have a right to see OSHA citations issued to your employer. Your employer must post the citations at or near the place of the alleged violation for at least 3 working days.
- Your employer must correct workplace hazards by the date indicated on the citation and must certify that these hazards have been reduced or eliminated.
- You have the right to copies of your medical records or records of your exposure to toxic and harmful substances or conditions.
- Your employer must post this notice in your workplace.
- You must comply with all occupational safety and health standards issued under the OSH Act that apply to your own actions and conduct on the job.

### EMPLOYERS:

- You must furnish your employees a place of employment free from recognized hazards.
- You must comply with the occupational safety and health standards issued under the OSH Act.
- Iowa OSHA consultation can help you identify and correct hazards without citation or penalty.

To report a workplace fatality, hospitalization, amputation, or the loss of an eye, visit [iowaosha.gov](http://iowaosha.gov) or call 877.242.6742.

#### For assistance and information contact:

Iowa Department of Inspections, Appeals, and Licensing, IOSHA  
6200 Park Ave. | Suite 100 | Des Moines, IA 50321  
Phone: 515.350.7842  
[osha@dia.iowa.gov](mailto:osha@dia.iowa.gov) | [iowaosha.gov](http://iowaosha.gov)

#### To file a complaint about the IOSHA program, contact:

OSHA Regional Office  
2300 Main Street, Suite 1010  
Kansas City, MO 64108-2447  
Phone: 816.283.8745

CLAIM ADMIN	Claim Administrator Name:			Claim Representative Business Phone Number:		Insurer Name (if different than claim administrator):					
	Mailing Address, City, State, & Postal Code:			Claim Administrator Claim Number:		Insurer FEIN:					
				Claim Administrator FEIN:		Claim Type Code:					
EMPLOYER	Employer Name:			Employer FEIN:		Insured Report Number:		Employer Type Code: ___ Employer (E) ___ Lessor (L)			
	Physical Address, City, State, & Postal Code:			Mailing Address, City, State, & Postal Code:		Industry Code:		Employer UI Number:			
						Insured Location Number:					
	Nature of Business:			Employer Contact Name and Business Phone Number:							
POLICY	Insured Name (parent company if different than employer):		Insured FEIN:	Insured Postal Code:	Policy/Contract Number:		Coverage Effective Date:		Self Insurance License/ Certificate Number:		
							Coverage Expiration Date:				
EMPLOYEE	Employee Name (First, Middle, Last, & Suffix):			Date of Birth:	Gender: ___ Transgender (T) ___ Male (M) ___ Non-Binary (X) ___ Female (F) ___ Unknown (U)		Tax Filing Status (check one): ___ Single (A) ___ Married/Filing Joint (C) ___ Single/Head of Household (B) ___ Married/Filing Separate (D)				
	Mailing Address, City, State, & Postal Code:			Date of Hire:	State of Hire:	Educational Level (grade completed): _____ [GED = 12]		Marital Status: (check one) ___ Unmarried/Single/Divorced (U) ___ Married (M) ___ Separated (S)			
	Email:			Employment Status (check one): ___ Piece Worker ___ Volunteer ___ Seasonal ___ Apprenticeship/Full-Time ___ Apprenticeship/Part-Time ___ Regular Employee/Full-Time ___ Part-Time ___ Other		Employee ID Number (check one): ID # _____ ___ Social Security Number ___ Employment VISA Number ___ Passport Number ___ Green Card ___ Employee ID Assigned by Jurisdiction					
	Phone Number (include area code):										
	Occupation Description:							Employee's Authorization to Release the Following: Medical Records ___ yes ___ no Social Security Number ___ yes ___ no			
	NCCI Classification Code:										
	Department Where Regularly Worked:										
	WAGE	Average Wage \$ _____ (check one): ___ hourly ___ daily ___ semi-monthly ___ monthly ___ bi-weekly ___ annual ___ weekly			Salary Continued In Lieu of Compensation: ___ yes ___ no			Employee Number of Dependents: _____			
			Full Wages Paid for Date of Injury: ___ yes ___ no			Employee Number of Exemptions: _____ (check one) ___ Entitled ___ Withholding					
Number of Days Regularly Worked Per Week: _____			Discontinued Fringe Benefits: \$ _____								
ACCIDENT/INJURY	Date of Injury Date Employer Had Knowledge of the Injury Date Claim Administrator Had Knowledge of the Injury Initial Date Last Day Worked Initial Return to Work Date (if applicable) Employee Date of Death (if applicable)			Type of Injury / Illness Code:							
				Describe the nature of the injury. (ex. amputation, burn, cut, fracture):							
				Part of Body Affected Code:							
	Time of Injury Time Employee Began Work			Part(s) of body directly affected by the injury or illness. (ex. hand, arm, circulatory system):							
	Pre-Existing Disability Code: ___ Yes ___ No ___ Unknown			Describe the events that caused the injury. (ex. fell, operating machinery, chemical exposure):							
	Accident Premises Code: ___ Employer (E) ___ Other (X) ___ Lessee (L) ___ Employee Residence (R)			Name the object or substance that directly injured the employee. (ex. knife, floor, acid, oil):							
	Accident Site Organization Name:										
	Accident Site Street, City, State, & Postal Code:			Specify activity the employee was engaged in when the event occurred. (ex. cutting metal plate for flooring) Indicate if activity was part of normal duties:							
	Accident Location Narrative (if no street address):										
	Accident Site County/Parish:			Witness Name & Business Phone Number:							
MEDICAL	Initial Treatment Code (check one): ___ no medical treatment (0) ___ minor/on-site treatment (1) ___ clinic/hospital visit (2) ___ emergency care (3) ___ hospitalization > 24 hours (4) ___ future medical treatment/lost time anticipated (5)			Initial Medical Provider Name:				Managed Care Organization Name or ID Number:			
				Initial Medical Provider Physical Address, City, State, & Postal Code:				ICD Primary Diagnostic Code (if known):			
Preparer's Name & Title:			Preparer's Company Name:				Phone Number:		Date:		

# IOWA DIVISION OF WORKERS' COMPENSATION

[www.iowaWorkComp.gov](http://www.iowaWorkComp.gov)

## FIRST REPORT OF INJURY OR ILLNESS REQUIREMENT

An employer or the employer's representative must file with the Iowa Division of Workers' Compensation (DWC) a First Report of Injury or Illness (FROI) in case of occupational:

- Fatality,
- Permanent disability, or
- Temporary disability lasting more than three days.

An employer or the employer's representative must file a FROI within four days of the event.

An employer or the employer's representative must file a FROI if the employee claims the disability is caused by work even if the employer or employer's representative disagrees.

For more information on these and other requirements, go to: [www.iowaworkcomp.gov](http://www.iowaworkcomp.gov)

## RECORDS AND REPORTS

Every employer must keep a record of all injuries sustained by employees in the course of their employment resulting in incapacity for longer than one day.

All books, records, and payrolls of an employer must be open for inspection by the Iowa Workers' Compensation Commissioner for purposes of administering the Iowa Workers' Compensation Act.

An employer must furnish to an employee upon request one statement of earnings, wages, or salary for the year preceding the injury. An employer may be subject to a civil penalty of \$1,000.00 per offense for failure to furnish such wage statement.

## CIVIL PENALTY

The Commissioner may require an employer to appear and show why the employer should not be subject to a civil penalty of \$1,000.00 per occurrence for failure to comply with the reporting or inspection requirements. Upon hearing, if the facts indicate, the Commissioner may enter an order requiring payment of such penalty. Unless voluntarily paid, the Commissioner may petition the district court for entry of judgment on the order. The employer's insurance carrier shall be responsible in the same manner and to the same extent as the employer when a report of injury has been submitted to the employer's insurance carrier and not filed by it with the agency.

## ADDITIONAL IOWA OSHA REPORTING REQUIREMENTS

Additional reporting and recordkeeping requirements may apply to the incident described in the FROI.

An employer must:

- Report a workplace fatality to Iowa OSHA within eight hours by calling 877-242-6742 or visiting [www.iowaosha.gov](http://www.iowaosha.gov) for a form and instructions.
- Report a hospitalization, loss of an eye, or amputation within twenty-four hours by calling 877-242-6742 or visiting [www.iowaosha.gov](http://www.iowaosha.gov) for a form and instructions.
- Complete an OSHA Form 301, or equivalent for recordable, work-related incidents within seven days and retain the completed form on site. The FROI is equivalent to the OSHA Form 301 if the case number from the OSHA 300 log is added. For more information, go to: [www.osha.gov/recordkeeping](http://www.osha.gov/recordkeeping)
- Make an entry in your Log of Work-Related Injuries and Illnesses, OSHA Form 300, for recordable cases within seven days and retain the completed form on site. Some industries are exempt from this requirement. For more information, go to: [www.osha.gov/recordkeeping](http://www.osha.gov/recordkeeping)

For more information on these and other OSHA requirements, go to: [www.iowaosha.gov](http://www.iowaosha.gov)