

# OSHA's Form 300 (Rev. 01/2004)

## Log of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the [free Adobe PDF Reader](#). In addition, the forms are programmed to auto-calculate as appropriate.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

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 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. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name  
City

Identify the person			Describe the case			Classify the case SELECT ONLY ONE box for each case based on the most serious outcome for that case:																																																									
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)																																																										
<div>Reset</div>			/ month / day				<table><thead><tr><th rowspan="2">Death (G)</th><th rowspan="2">Days away from work (H)</th><th colspan="2">Remained at Work</th><th rowspan="2">Other recordable cases (J)</th></tr><tr><th>Job transfer or restriction (I)</th><th></th></tr></thead><tbody><tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr></tbody></table>	Death (G)	Days away from work (H)	Remained at Work		Other recordable cases (J)	Job transfer or restriction (I)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Page totals

# OSHA's Form 300A

(Rev. 01/2004)

## Summary of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the [free Adobe PDF Reader](#).

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.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

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.

Number of Cases			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G)	(H)	(I)	(J)

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
(K)	(L)

Injury and Illness Types	
Total number of . . . (M)	
(1) Injuries	(4) Poisonings
(2) Skin disorders	(5) Hearing loss
(3) Respiratory conditions	(6) All other illnesses

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information
Your establishment name _____
Street _____
City _____
Industry description (e.g., <i>Manufacturing</i> ) _____
Standard Industrial Classification (SIC) _____
OR _____
North American Industrial Classification _____
Employment information (If Worksheet on the next page to estimate) _____
Annual average number of employees _____
Total hours worked by all employees _____
Sign here _____
<b>Knowingly falsifying this document</b>
I certify that I have examined this form and that all the entries are true and correct to the best of my knowledge the entries are true _____
Company executive _____
Phone _____ - _____ - _____

# OSHA's Form 301

## Injury and Illness Incident Report

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy the printout or insert additional form pages in the PDF, and then use as many as you need.

Completed by \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

MonthDayYear

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### Information about the employee

- 1) Full name \_\_\_\_\_
- 2) Street \_\_\_\_\_
- 3) City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
- 4) Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

MonthDayYear
- 5) Date hired \_\_\_\_ / \_\_\_\_ / \_\_\_\_

MonthDayYear

☐ Male ☐ Female

### Information about the physician or other health care professional

- 6) Name of physician or other health care professional \_\_\_\_\_
- 7) If treatment was given away from the worksite, where was it given?

Facility \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### 8) Was employee treated in an emergency room?

- ☐ Yes
- ☐ No

### 9) Was employee hospitalized overnight as an in-patient?

- ☐ Yes
- ☐ No

### Information about the case

- 10) Case number from the *Log* \_\_\_\_\_
- 11) Date of injury or illness \_\_\_\_ / \_\_\_\_ / \_\_\_\_

MonthDayYear
- 12) Time employee began work \_\_\_\_\_
- 13) Time of event \_\_\_\_\_ ☐ AM ☐ PM
- 14) What was the employee doing just before the injury or illness?  
the tools, equipment, or material the employee was using; "spraying chlorine from \_\_\_\_\_"
- 15) What Happened? Tell us how the injury occurred.  
20 feet"; "Worker was sprayed with chlorine when g \_\_\_\_\_  
soreness in wrist over time."
- 16) What was the injury or illness? Tell us the part of the body that was hurt, more specific than "hurt," "pain," or "sore." Example: "tunnel syndrome." \_\_\_\_\_
- 17) What object or substance directly harmed the employee? If this question does not apply to the injury or illness, write "radial arm saw." \_\_\_\_\_
- 18) If the employee died, when did death occur? \_\_\_\_\_

Save Input

Add a Form Page

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