

OSHA's Form 300 (Rev. 01/2004) Log of Work-Related Injuries and Illnesses

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



Form approved OMB no. 1218-0176

You must record information 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 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 _____

State _____

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.

Identify the person

Describe the case

Classify the case

| (A) Case No. | (B) Employee's Name | (C) Job Title (e.g., Welder) | (D) Date of injury or onset of illness (m.o./day) | (E) Where the event occurred (e.g. Loading dock north) | (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) | Classify the case | | | | | Enter the number of days the injured or ill worker was: | | Check the "Injury" column or choose one type of illness: | | | | | | | | | | |
|--------------------|------------------------|---------------------------------|--|---|---|-------------------|----------------------------|------------------------------------|---|------------------------------|---|---------------|--|------------------------------|------------------|---------------------|----------------------------|---|---|---|---|---|--|
| | | | | | | (G) Death | (H) Days away from work | (I) Job transfer or restriction | (J) Remained at work Other recordable cases | (K) Away from Work (days) | (L) On job transfer or restriction (days) | (1) Injury | (2) Skin Disorder | (3) Respiratory Condition | (4) Poisoning | (5) Hearing Loss | (6) All other illnesses | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| Page totals | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, 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 aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3844, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Injury (1) (2) (3) (4) (5) (6)
 Skin Disorder (2)
 Respiratory Condition (3)
 Poisoning (4)
 Hearing Loss (5)
 All other illnesses (6)