## **OSHA's Form 300** Log of Work-Related Injuries and Illnesses

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.

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.

Establishment name

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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 (mo./day)	(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)	Using these categories, check ONLY the most serious result for each case:			Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:						
						Death	Days away from work	Remained at work Job transfer Other record- or restriction able cases		On job transfer or restriction (days)	Away from work (days)	Injury	Skin Disorder	Respiratory Condition	Poisoning	All other illnesses	
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review the are not red have any	instruction, search and gather the quired to respond to the collection comments about these estimates of	e data needed, and co of information unless or any aspects of this	mplete and revi it displays a cui data collection,	4 minutes per response, including time to iew the collection of information. Person rrently valid OMB control number. If you contact: US Department of Labor, OSH, 210. De act and the completed formet	s A	the Su	immary pa	ge (Form 30	DA) before yo	ou post it.		lnjury	Skin Disorder	Respiratory Condition	Poisoning	All other illnesses	
Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.									Page	1 of 1		(1)	(2)	(3)	(4)	(5)	



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