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

Log of Work-Related Injuries and Illnesses

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

Year_	
U.S. Depa	rtment of Labor

Occupational Safety and Health Administration

Form approved OMB no. 1218-017

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.

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	Identify the person			Describe the	case	Classi	ify the case)								
(A) ase	(B) Employee's Name	(C) Job Title (e.g., Welder)		(E) Where the event occurred (e.g. Loading dock north end)	(F) CHECK ON		CHECK ONLY ONE box for each case based on the			Enter the nu days the inju worker was:	ured or ill	Check th	ıe "injur	ry" colum illne		oose one
		110000)	onset of illness (mo./day)		person ill (e.g. Second degree burns on right forearm from acetylene torch)	Death	Days away from work	Job transfer	ed at work Other recordable cases	Away From Work (days)	On job transfer or restriction (days)	(M)	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss
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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-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Be sure to transfer these totals to the Summary page (Form 300A) before you pos	١ŧ
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:	Skin Disorder	Respiratory Condition	Poisoning

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