Understanding **OSHA**® Recordkeeping

Guide to understanding what injuries are recordable, how to complete OSHA's Form 300 and answers to frequently asked questions.

The material in this document is intended for informational purposes only and is subject to change. For the most up-to-date information, visit OSHA.gov.

Main Menu

Is it Recordable?

Understanding the Forms

Medical Treatment vs First Aid FAQ

Source: Detailed Guidance for OSHA's Injury and Illness Recordkeeping Rule OSHA's Electronic Injury Tracking Application: OSHA.gov/InjuryReporting





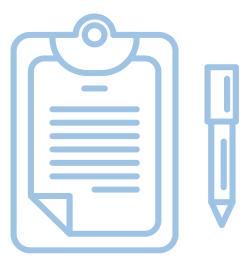




Is it recordable?

Steps to assist in determining if a workplace illness or injury is recordable on the OSHA's Form 300.

Begin







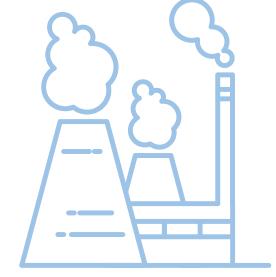
Did the employee experience an injury or illness?

Yes





Is the injury or illness work-related?



Was the employee in the work environment?
Was the employee in travel status, or working from home?

Yes





Is the injury or illness a new case?



Yes





Did it significantly aggravate a pre-existing injury?

Did the work-related injury or illness significantly aggravate a pre-existing (non work-related) condition?

Yes





Did the injury result in a fatality?

Yes





Did the injury result in the employee being hospitalized?

Yes





Did the injury result in an amputation?

Yes





Did the injury result in eye loss (out of socket)?

Yes







Did the injury result in days away from work?

Yes





Did the injury result in restricted work duties or job transfer?

Yes





Did the injury result in medical treatment beyond first aid?

Yes

No

Click to view FAQ:

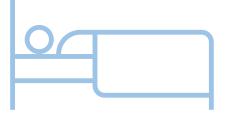
Medical Treatment vs. First Aid





Did the injury result in loss of consciousness?

Yes







Did the incident result in a significant injury or illness?

- Cancer
- Chronic irreversible disease
- Fractured or cracked bone
- Punctured eardrum



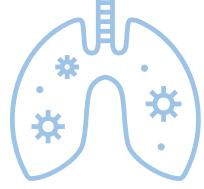
Yes





Did the injury result in any of the following:

- Needle sticks and sharps injuries
- Medical removal
- Hearing loss
- Tuberculosis



Yes





You do not record the injury or illness.





Record the injury or illness.

In the event of a fatality from a workplace accident, you must report the fatality within 8 hours to OSHA.

In the event of an injury resulting in admission for in-patient hospitalization, amputation or loss of an eye from a workplace accident, you must report the injury within 24 hours to OSHA.

1-800-321-6742

OSHA's Electronic Injury Tracking Application: OSHA.gov/InjuryReporting

State OSHA Offices: Contact Information





Update the previously recorded injury or illness entry if necessary.



What kind of treatment was provided? Medical Treatment vs First Aid

Select the nature of injury below that best describes the injury and whether the injury is recordable or non-recordable on the OSHA 300 log:

Cut, Laceration, Puncture or Abrasion

Fracture

Strain, Sprain or Dislocation

Thermal/Chemical Burn,
Skin Rash or Blister

Bruise or Contusion

Medication

Oxygen

Loss of Consciousness

Visit to Health Care Professional



Return to **Questions**



Cut, Laceration, Puncture or Abrasion

Medical Treatment vs First Aid

Medical Treatment (Recordable)	First Aid (Non-Recordable)							
Sutures (stitches)	Bandaging on any visit to medical personnel							
Surgical glue	 Steri-strips/butterfly bandages 							
 Treatment of infection with prescription medications on any visit 	 Liquid band-aid is considered first aid, provided that medical documentation states clearly that it is used 							
 Application of prescription antiseptic or a non- prescription antiseptic at prescription strength 	to protect and prevent infection and not for wound closure							
 Removal of foreign bodies requiring skilled services due to depth of embedment, size or shape of 	 Application of ointments on first or subsequent visits to prevent drying or cracking of skin 							
object(s), or location of wound	Treatment of infection with non-prescription meds							
 Cutting away dead skin (surgical debridement) 	at non-prescription strength							
 Work-related needlestick injuries and cuts from sharp objects that are contaminated with another 	 Removal of foreign bodies from wound by tweezers, cotton swabs or other simple techniques 							
person's blood or other potentially infectious material (this is considered a privacy case and the name should not be included in the log)	 Removal of foreign bodies in the eye, not embedded, by irrigation, cotton swabs or other simple techniques (needles, pins or small tools) 							
	 Removal of bandages by soaking 							
	 Drilling a finger or toenail to relieve pressure 							
	Eye patch							





Fracture

Medical Treatment vs First Aid

Medical Treatment (Recordable)	First Aid (Non-Recordable)
Where x-ray results are positive	 Where x-ray taken as a precaution is negative for fracture
 Application of a cast or other professional means of immobilizing injured part 	





Strain, Sprain or Dislocation

Medical Treatment vs First Aid

Medical Treatment (Recordable)	First Aid (Non-Recordable)
 Application of a cast or other professional means of immobilizing injured part 	 Use of non-rigid means of support on a strain that is not otherwise recordable on first visit to medical
Splints with rigid stays are recordable	personnel, such as elastic bandages (Ace), wraps, non-rigid back belts, etc.
 Use of diathermy and whirlpool treatments ordered by a physician 	 Use of hot or cold compresses for treatment of a strain on any visit
Any physical therapy is recordableChiropractic manipulation	Using finger guardsUse of massage





Thermal/Chemical Burn, Skin Rash or Blister

Medical Treatment vs First Aid

Medical Treatment (Reco	ordable)	Fire	st Aid (Non-Recordable)
 All first, second and t "medical treatment" 	hird degree burns that require are recordable.	•	Treatment for first, second and third degree burns that require "first aid" is not recordable
•	esult in days away from work, sfer to another job, or medical st aid	•	Draining fluid from a blister





Bruise or Contusion

Medical Treatment vs First Aid

ľ	Medical Treatment (Recordable)	Fir	rst Aid (Non-Recordable)
•	 Treatment of a bruise by draining collected blood (i.e. by needle) 	•	Soaking therapy or application of hot or cold compresses on any visit





Medication

Medical Treatment vs First Aid

Medical Treatment (Recordable)

- Recommendation or use of prescription medications constitutes medical treatment (including professional samples)
- Administration of a single dose of prescription medication on a first visit for minor injury or discomfort is considered medical treatment and is recordable
- Use of a non-prescription medication in a prescription dose/strength constitutes medical treatment and is recordable

First Aid (Non-Recordable)

 Recommendation or use of non-prescription medicines in non-prescription strength is considered first aid, whether in ointment, cream, pill, liquid, spray or any other form





Oxygen

Medical Treatment vs First Aid

Medical Treatment (Recordable)	First Aid (Non-Recordable)
 Oxygen administered to an employee exposed to a	 Oxygen administered purely as a precautionary
substance who exhibits symptoms of an injury or	measure to an employee who does not exhibit any
illness	symptoms of an injury or illness





Loss of Consciousness

Medical Treatment vs First Aid

M	edical Treatment (Recordable)	First Aid (Non-Recordable)	
•	Loss of consciousness which results from a workplace event or exposure (e.g., chemicals, heat, an oxygen deficient environment, a blow to the	 Loss of consciousness due solely to epilepsy, diabetes, narcolepsy, or other personal health condition 	s, narcolepsy, or other personal hea
	head)	 Due to voluntary participation in a wellness or similar program (e.g., company sponsored blood donation) 	program (e.g., company sponsored





Visit to Health Care Professional

Medical Treatment vs First Aid

M	edical Treatment (Recordable)	First Aid (Non-Recordable)								
•	Any condition that is treated, or that should have been treated, with a treatment not on the first aid	•	Visits solely for observation, testing, or to evaluate diagnostic decisions							
	list	•	Visits solely for counseling							





State OSHA Offices

Maryland (410) 527-4499	(803) 896-7825	South Carolina	(907) 465-2700	Alaska
Michigan (517) 284-7778	(615) 741-2793	Tennessee	(602) 542-5795	Arizona
Minnesota (651) 284-5050	(801) 530-6800	Utah	(510) 286-7000	California
Nevada (702) 486-9020	(800) 287-2765	Vermont	(808) 586-9116	Hawaii
New Mexico (505) 476-8700	(804) 371-2327	Virginia	(317) 232-2693	Indiana
North Carolina (919) 707-7806	(360) 902-5580	Washington	(515) 242-5870	lowa
Oregon (360) 902-5580	(307) 777-7786	Wyoming	(502) 564-3070	Kentucky



Start Over







Form 300, 300A and 301

Understanding how to complete OSHA's Form 300 and where exactly information is to be entered.

Begin





OSHA Injury Logs:

Three Components

Form 300 – Log of Work-Related Injuries and Illnesses

This is a form for employers to record all reportable injuries and illnesses that occur in the workplace, where and when they occur, the nature of the case, the name and job title of the employee injured or made sick, and the number of days away from work or on restricted or light duty, if any.

Form 300A – Summary of Work-Related Injuries and Illnesses

This summary shows the totals for the year in each category. At the end of the year, this summary should be posted in a visible location so that your employees are aware of the injuries and illnesses occurring in their workplace. This must be posted from **Feb. 1** through **April 30** for the recordable injuries from the prior year. Additionally, employers must submit this this form electronically by **March 2** if they have:

- 250 or more employees and are currently required to keep OSHA injury and illness records.
- 20-249 employees classified in <u>specific industries</u> with historically high rates of occupational injuries and illnesses.

Form 301 – Injury and Illness Incident Report

This is used to record information on how each injury or illness case occurred.



Form Explanations

Form 300

Form 300A



OSHA Injury Logs: Entering Injury Data

Select a number for information on how to complete each section.

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.

ear____

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 pack-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and use two lines for a single case if you need to. You must consider that injuries are 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 consider that injury or 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 not recorded on this form. If you're not sure whether a case is not recorded to the case are considered to the case of the

Classify the case

Enter the number of days the injured or ill. Check the "injury" column or chool days the injured or ill.

(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	I	(E) Where the event occurred (e.g. Loading dock north end)	Describe injury or illness, parts of body	I		box for each outcome for	case based	Enter the n days the in worker wa	jured or ill	Check			olumn o f illness	r choos	e one
		(0.5,, 110.00)	onset of illness (mo./day)		injured or made person ill (e.g. Second degree	Death	Days away from work		Other recordable cases	Away From Work (days)	On job transfer or restriction (days)	(M) Yunjuı	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
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Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Skin Disora Skin Disora Condition All other illness



Form Explanations

Form 300

Form 300A



OSHA Injury Logs: Entering Injury Data

Select a number for information on how to complete each section.

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.

/ear____

U.S. Department of Labor

Occupational Safety and Health Administration

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| Describe the case | Des

(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	Job Title Date of Where the event occurred Describe injury or illness, parts of body					on the most serious outcome for that case:					Check the "injury" column or choose one type of illness:							
NO.		(e.g., weider)	injury or onset of illness (mo./day)	(e.g. Loading dock north end)	affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)				Days away from work	Remaine	Other recordable cases	Away From or Work (days)		(M)	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses	
						(G)	(H)	(1)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)			
	This portion of the Form 300 is where the basics of the injury is captured, including the employee's name, job title, injury/illness date, location of the injury and a brief description.																			
		1	I	l	Page totals	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-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Form Explanations

Form 300

Form 300A



OSHA Injury Logs: Entering Injury Data

Select a number for information on how to complete each section.

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.

Year_______
U.S. Departs Occupational Safety and Safety an

U.S. Department of Labor Occupational Safety and Health Administration 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, Form approved OMB no. 1218-0176 or medical treatment beyond first aid. You must also record significant rk-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and et 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 co 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 local OSHA office for help. Identify the person Describe the case Classify the ca (A) CHECK ONLY ONE box for each case based days the injured or ill Check the "injury" column or choose one Case Employee's Name Job Title Date of Where the event occurred Describe injury or illness, parts of body on the most serious outcome for that case: vorker was: type of illness: (e.g. Loading dock north end) e.g., Welder injury or affected, and object/substance that directly onset of injured or made person ill (e.g. Second degree On iob illness burns on right forearm from acetylene torch) Away Days away Remained at work

transfer (mo./day) from work From Work Job transfer Other record restriction (days) or restriction able cases (days) (2) (3) (4) Columns G through J: Check the box that corresponds with the most serious outcome of the injury. For example, if days were missed from work but the worker came back at light duty, you would check the box under column H "Days away from work." If the injury was not a fatality, did not result in days missed from work or days with light duty work or job transfer, you would check column J "Other recordable cases." Page totals

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

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Form Explanations

Form 300

Form 300A



OSHA Injury Logs: Entering Injury Data

Select a number for information on how to complete each section.

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

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,

ttention: 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 nformation is being used for occupational safety and health purposes.

U.S. Department of Labor

Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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





Form Explanations

Form 300

Form 300A



OSHA Injury Logs:

Entering Injury Data

Select a number for information on how to complete each section.



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

Identify the person

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.

U.S. Department of Labor

Occupational Safety and Health Administration

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Describe the case

et any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to local OSHA office for help.

Form approved OMB no. 1218-0176 Classify the ca

									Enter the n	umber of											
(A)	(B)	(C)	(D)	(E)	(F)	CHEC	K ONLY ONE	box for each	case based	days the in	iured or ill	Check the "injury" column or choose one									
Case	Employee's Name	Job Title	Date of	Where the event occurred		l		s outcome for		worker wa		type of illness:									
No.		(e.g., Welder)	injury or	(e.g. Loading dock north end)	affected, and object/substance that directly									.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
		1, 2, ,	onset of		injured or made person ill (e.g. Second degree						(M)					S					
			illness		hurne on right forearm from agetylane toroh)		Days away			Away	On job		<u>L</u>			Ø	88				
			(mo./day)		barno en rigite rerealm mem acceptano teren)	Death	from work	Remained at work			transfer		ž	≧	_	SO	E				
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						(G)	(H)	d)	(1)	(K)	(L)	(4)	(2)	(3)	(4)	(5)	(6)				
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Page totals

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Form Explanations

Form 300

Form 300A

Form 301

accurately red.



Entering Injury Data

Public reporting burden for this collection of information is estimated to average 58 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

Select a number for information on how to complete each section.

OSHA's Form 1/2004) Related Injuries and Illnesses Summary o U.S. Department of Labor pational Safety and Health Administration Form approved OMB no. 1218-0176 All establishments covered by Part 1904 n. ete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are Using the Log, count the individual entries you made for each category. Then write the totals below. Establishment information making sure you've added the entries from every page of the log. If you had no cases write "Q" Employees former employees, and their representatives have the right to review the OSHA Form Your establishment name 300 in its entirety. They also have limited access to the DSHA Form 301 or its equivalent. See 29 CFR 1904.35, in CISHA's Recordkeeping rule, for further details on the access provisions for these City _____ State ____ Zip ____ Number of Cases Industry description (e.g., Manufacture of motor truck trailers) Total number of Total number of Total number of cases Total number of deaths with job transfer or other recordable Standard Industrial Classification (SIC), if known (e.g., SIC 3715) OR North American Industrial Classification (NAICS), if known (e.g., 336212) Number of Days Employment information Total number of Total number of days of days away from job transfer or restriction Annual average number of employees Total hours worked by all employees last Injury and Illness Types Sign here Total number of... Knowingly falsifying this document may result in a fine. (1) Injury (2) Skin Disorder I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and (3) Respiratory Condition (6) All Other Illnesses Company executive Post this Summary page from February 1 to April 30 of the year following the year covered by the form



Form Explanations

Form 300

Form 300A



Click the numbered buttons for details.

Entering Injury Data

Select a number for information on how to complete each section.

OSHA's Form
Summary Related Injuries and Illnesses

Public reporting burden for this collection of information is estimated to average 58 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



U.S. Department of Labor

Form approved OMB no. 1218-0176

rom the OSHA Form 300, add up the totals from column G, H, I, J, K and L then enter that number in the corresponding boxes below:	Establishment information
Emple ses former employees, of their representatives has the right to review the CSH+2 form 300 if is entirely. They also has limited access to the CSI-1 Form 301 or its equivalent. In e.29 CFF 14.36 in CSH-2 s Record septing rule, for further deals on the access provisions in these Number of Cases Total number of cases with days away 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Your establishment name Street City State Zip Industry description (e.g., Manufacture of motor truck trailers) Standard Industrial Classification (SIC), if known (e.g., SIC 3715) OR North American Industrial Classification (NAICS), if known (e.g., 336212)
Number of Days	Employment information
Total number of days of days away from job transfer or restriction 0 0 (K)	Annual average number of employees Total hours worked by all employees last gear
Injury and Illness Types	Sign here
Total number of	Knowingly falsifying this document may result in a fine.
(1) Injury 0 (4) Poisoning 0 (2) Skin Disorder 0 (5) Hearing Loss 0 (3) Respiratory 0 (6) All Other Illnesses 0	I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.
	Company executive Title
Post this Summary page from February 1 to April 30 of the year following the year covered by the form	m Phone Date



Form Explanations

Form 300

Form 300A



Public reporting burden for this collection of in review the instruction, search and gather the date

not required to respond to the collection of inf

comments about these estimates or any aspe

Entering Injury Data

From section M on the Form 300,

enter the totals for each

injury/illness type.

ersons are

you have any

Office of

Select a number for information on how to complete each section.

OSHA's Form Summary C Related Injuries and Illnesses					ne.	U.S. Department of Labor	
Summary de Relateu mjuries and				and milesse	petime	Sefety and Health Administration	
		omplete this Summary page, or to review the Log to verify that				Farm appravod OMB na. 1218-0176	
Lising 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 "X"					Establishment information		
300 in its entirety. The	ey also have limited accu	sentatives have the right to reviews to the DSHA Form 301 or its for further details on the access	s equivalent. See 29		Your establishment name		
Number of Case	s				City State Zip		
Total number of	Total number of	Total number of cases	Total number of		Industry description (e.g., Manufacture of motor truck trailers)		
deaths 0	cases with days away 0	with job transfer or restriction 0	other recordable cases		Standard Industrial Classification (SIC), if known (e.g., SIC 3715)		
(G)	(H)	(1)	(J)		OR North American Industrial Classification (NAICS), if known (e.g., 336212)		
Number of Days					Employment information		
Total number of days away from		Total number of days of job transfer or restriction	1		Annual average number of employees	5	
0 (K)	_	0 (L)	_		Total hours worked by all employees last year		
Injury and Illnes	s Types				Sign here		
Total number of					Knowingly falsifying this document may result in a fine.		
(1) Injury (2) Skin Disorder (3) Respiratory	0	(4) Poisoning (5) Hearing Loss	0	2	I certify that I have examined this document and that to the best of my knowledge the entries are true, accur complete.	ate, and	
Condition	0	(6) All Other Illnesses	0			Fitle	
		1			Company executive		
Post this Summa	ary page from Feb	ruan to April 30 of the	e vear following the ve	ear covered by the form	Phone	Date	



Form Explanations

Form 300

Form 300A

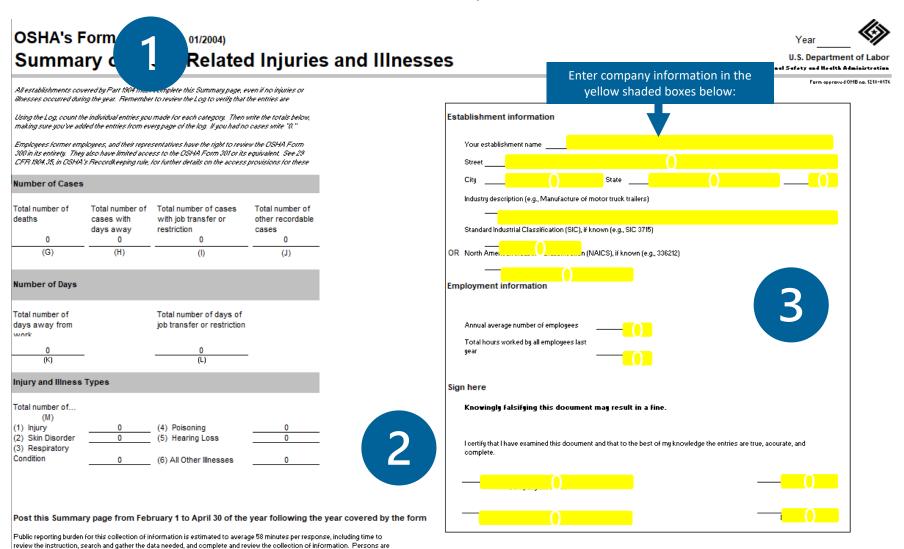


OSHA Injury Logs:

Entering Injury Data

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

Select a number for information on how to complete each section.





Form Explanations

Form 300

Form 300A



OSHA Injury Logs:

Completed by

Entering Injury Data

OSHA's Form 301 Injuries and Illnesses Incident Report

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.



U.S. Department of Labor

Occupational Safety and Health Administration

*17) What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.

18) If the employee died, when did death occur? Date of dea

Form approved OMB no. 1218-0176

Information about the employee Information about the case 1) Full Name 10) Case number from the Log _____ (Transfer the case number from the Log after you record the case.) This Injury and Illness Incident Report is one of the first forms you must fill out when a 11) Date of injury or illness recordable work-related injury or illness has City _____ State ____ Zip _____ 12) Time employee began work _____ AM/PM occurred. Together with the Log of Work-Related injuries and Illnesses and the accompanying Summary, these forms help the 13) Time of event AM/PM Check if time cannot be determined "Please do not include any personally identifiable information (PII) pertaining to worker(s) involved in the employer and OSHA develop a picture of the incident (e.g., no names, phone numbers, or SSMs) in the following fields. extent and severity of work-related incidents. 4) Date hired ________*14) What was the employee doing just before the incident occurred? Describe the activity, Within 7 calendar days after you receive as well as the tools, equipment or material the employee was using. Be specific. Examples: information that a recordable work-related injury "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer": "daily or illness has occurred, you must fill out this computer key-entry." form or an equivalent. Some state workers' compensation, insurance, or other reports may Information about the physician or other health care be acceptable substitutes. To be considered an equivalent form, any substitute must contain professional Use this form to capture all * 15) What happen all the information asked for on this form. floor, worker According to Public Law 91-596 and 29 CFR 6) Name of physician or other health care professional information necessary for replacement": 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the vear to which it pertains recording a workplace injury on If you need additional copies of this form. 7) If treatment was given away from the worksite, where was it given? you may photocopy and use as many as you Form 300. Facility _____ *16) What was the State Zip

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid DMB control number. If you have any comments about this estimate or any other aspects of this data collection, including suggestions for reducing this burden, 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.

8) Was employee treated in an emergency room?

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

Yes



Form Explanations

Form 300

Form 300A

