OSHA's Form 300 (Rev. 04/2004)

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.

Year 20



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

Form approved OMB no. 1218-0176

Please Record:

icase 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.

• Significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional.

• Work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12.

Remi	

 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.

• Feel free to use two lines for a single case if you need to.

• Complete the 5 steps for each case.

Establishment name			

Ste	ep 1. lde	ntify the person		Step 2. Des	scribe the case			Step 3.	Classify	the case		Step 4.		Step 5.
	(A) Case	(B) Employee's name	(C) Job title	(D) Date of injury	(E) Where the event occurred	(F) Describe injury or illness, parts of body affected, and object/substance that			ONLY ONE o	circle based on le:	the	Enter the i days the ii worker wa	njured or ill	Select one column:
n	no.	no.	(e.g., Welder) or onset of illness (e.g., 2/10)	illness		affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)		Death (G)	Days away from work (H)	Remained Job transfer or restriction (I)	Other recordable cases (J)	Away from work (K)	On job transfer or restriction (L)	Injury Skin disorder Respiratory condition Poisoning Hearing loss All other illnesses
Reset				/				0	0	0	0	days	days	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$
Reset				month / day / month / day				0	0	0	0	days	days	000000
Reset				/			-	0	0	0	0	days	days	000000
Reset				month / day / month / day				0	0	0	0	days	days	000000
Reset				// month / day //			-	0	0	0	0	days	days	000000
Reset				/				0	0	0	0	days	days	000000
Neset				/ month / day								days	days	00000

Page totals

Public reporting burden for this collection of information is estimated to average 14 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.

Add a Form Page

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

Injury

Injury

Respiratory

Condition

Respiratory

Condition

(1) (2) (3) (4) (5) (6

Hearing loss