OSHA's Form 301 (Rev. 04/2004)

Injury and Illness Incident Report

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.

Information about the case

Add a Form Page



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

Form approved OMB no. 1218-0176

Reset

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy the printout or insert additional form pages in the PDF, and then use as many as you need.

				_
Completed by				
Title				
Phone	Date			
		Month	Day	Year

Full name —							
Street							
City				State	ZIP		
) Date of birth				_			
N D 4 12 1	Month	Day	Year				
) Date hired	Month	Day	Year	_			
6) OMale OF	emale	j					
Information professiona	I				ealth ca	re	
Information professiona Name of phys	l sician or c	other he	alth care	e professional			
Information professiona Name of phys	l sician or c	away fr	alth care	e professional worksite, whe	re was it ș		
Information professiona Name of phys If treatment v	l sician or c	away fr	alth care	e professional worksite, whe	re was it ș		
Information professiona Name of phys If treatment v Facility	l sician or o was given	away fr	om the	e professional worksite, whe	re was it ;		
Information professiona Name of phys If treatment v Facility Street	l sician or o	away fr	om the	e professional worksite, whe	re was it ;	given?	

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

O Yes O No

(0) Case number from the Log			_(Transfer ti	ie case numbe	r from the Lo	og after you record th	e case.)
(1) Date of injury or illness							
Mont	h Day	Year					
(2) Time employee began work (HH:MM)		O A	м ОРМ			
3) Time of event (HH:MM)		_ () AM	○ PM	O Check i	f time canı	not be determined	
* Re fields 14 to 17: Please do not worker(s) involved in the incident (e.							
(4)* What was the employee doing justicols, equipment, or material the encarrying roofing materials"; "spray	nployee was	s using. Be	specific. I	Examples: "c	limbing a la	adder while	
15)* What Happened? Tell us how the 20 feet"; "Worker was sprayed with							fell
soreness in wrist over time."	ii ciiioiiiie v	when gaske	t broke du	ing replacer	nent; wo	orker developed	
	ii cinorine v	when gaske	t broke du	ing replacer	nent; wo	rker developed	
	ii emorine v	when gaske	t broke du	ing replacer	nent; wo	rker developed	
	Tell us the	part of the	oody that v	vas affected			
soreness in wrist over time." 16)* What was the injury or illness?	Tell us the	part of the	oody that v	vas affected			
soreness in wrist over time." 16)* What was the injury or illness? Examples: "strained back"; "chemic	Tell us the pal burn, ha	part of the ind"; "carpa	body that valued tunnel sy	vas affected indrome."	and how it v	was affected.	
soreness in wrist over time." 16)* What was the injury or illness? Examples: "strained back"; "chemic	Tell us the pal burn, ha	part of the ind"; "carpa	body that valued tunnel sy	vas affected indrome."	and how it v	was affected.	
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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 OMB 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 Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.