

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.

Form approved OMB no. 1218-0176

Please 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.

Reminders:

- 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

City State

Step 1. Identify the person

Step 2. Describe the case

| (A) Case no. | (B) Employee’s name | (C) Job title <i>(e.g., Welder)</i> | (D) Date of injury or onset of illness <i>(e.g., 2/10)</i> | (E) Where the event occurred <i>(e.g., Loading dock north end)</i> | (F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill <i>(e.g., Second degree burns on right forearm from acetylene torch)</i> |
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Step 3. Classify the case

SELECT ONLY ONE circle based on the most serious outcome:

| Death (G) | Remained at Work | | |
|--------------|----------------------------|------------------------------------|-------------------------------|
| | Days away from work (H) | Job transfer or restriction (I) | Other recordable cases (J) |
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Step 4.

Enter the number of days the injured or ill worker was:

| Away from work (K) | On job transfer or restriction (L) |
|-----------------------|---------------------------------------|
| <div>_____ days</div> | <div>_____ days</div> |
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Step 5.

Select one column:

| (M) Injury (1) | Illness | | | | |
|----------------------|----------------------|------------------------------|------------------|---------------------|----------------------------|
| | Skin disorder (2) | Respiratory condition (3) | Poisoning (4) | Hearing loss (5) | All other illnesses (6) |
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