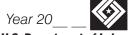
OSHA's Form 300 (Rev. 01/2004)

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.



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

Establishment name

Form approved OMB no. 1218-0176

You must 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. 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 Part 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 recorded on this form the professional control of the professio

ldent	ify the person		Describe the case				ify the ca	ise								
(A) Case	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock north end)		CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:				
							Remained at Work					(M)	rder	à.	sso	
						Death		Job transfer or restriction	Other record- able cases	Away from work	On job transfer or restriction	Injury	kin diso	Respirato	orsoning learing l	II other Inesses
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ablic reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required											Injury	disorder	condition	rotsoning	All other	
out thes	to the collection of information use estimates or any other aspects of	f this data collection, contact:	US Department of La							Page of		(1)	Ski	ತ್ತರ ಗಿ (3) (4		