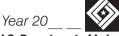
OSHA's Form 300 (Rev. 01/2004)

Log of Work-Related Injuries and Illnesses

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 iob 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

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

Dock Logistics

Form approved OMB no. 1218-0176

Identify the person Describe the case								Classify the case								
(A) Case no.	(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:				
						Death	Days away from work		Other recordable cases	Away from work	On job transfer or restriction	(M)	espiratory	soning	Hearing loss	nesses
3443	Roger Smith	Engineer	2 / 4	Dock yard	First degree burns in arms	(G)	(H)	(I)	(J)	(K) _32 day:	(L)	(1) (5 ~ 3 2) (3)	(4)		(6)
8932	William potter	Engineer	month/day 2 / 4	Dock yard	laceration in the neck		<u></u>				s days		/	П		ī
767	Simon Dawes	Engineer	month/day 2 / 4 month/day	Dock yard	Fractured right leg			4		_16_ day	s days	d				_
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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								00A) before you po	ost it.		Injury	Respiratory	Poisoning	Hearing loss All other	Ilmesses	
	se estimates or any other aspects of this									Page of	_	(1)) (3) ;	(4)	(5) (