

OSHA’s Form 301 (Rev. 04/2004)

Injury and Illness Incident Report

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

Form approved OMB no. 1218-0176

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.

Information about the employee

1) Full name

2) Street

CityStateZIP

3) Date of birth

MonthDayYear

4) Date hired

MonthDayYear

5) MaleFemale

Information about the physician or other health care professional

6) Name of physician or other health care professional

7) If treatment was given away from the worksite, where was it given?

Facility

Street

CityStateZIP

8) Was employee treated in an emergency room?

YesNo

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

YesNo

Information about the case

32+ Case number from the Log(Transfer the case number from the Log after you record the case.)

33+ Date of injury or illness

MonthDayYear

34+ Time employee began work *J J<OO+ AM PM

35+ Time of event *J J<OO+ AM PM Check if time cannot be determined

* Re fields 14 to 17: Please do not include any personally identifiable information (PII) pertaining to worker(s) involved in the incident (e.g., no names, phone numbers, or Social Security numbers).

14)* What was the employee doing just before the incident occurred?

15)* What Happened? Tell us how the injury occurred.

16)* What was the injury or illness?

17)* What object or substance directly harmed the employee?

18) If the employee died, when did death occur? Date of death

MonthDayYear