



OSHA[®]

CFR 1904 Recordkeeping

300, 300-A, 301 Logs

Objectives



By the end of this training, you will be able to...

- *Explain* why businesses keep records,
- *Identify* the 3 Forms used for OSHA injury and illness record keeping,
- *Differentiate* the information required by each form.

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Injury & Illness Recordkeeping Forms - 300, 300A, 301

OSHA Forms for Recording Work-Related Injuries and Illnesses

Dear Employer:
 This booklet includes the forms needed for maintaining occupational injury and illness records. Many but not all employers must complete the OSHA injury and

What's Inside...
 In this package, you'll find everything you need to complete OSHA's Log and the Summary of Work-Related Injuries and Illnesses for the next several years. On the following pages, you'll find:
 ▼ **An Overview: Recording Work-Related Injuries and Illnesses** — General instructions for filling out the forms in this package and definitions of terms you should use when you classify your cases as injuries or illnesses.
 ▼ **How to Fill Out the Log** — An example to guide you in filling out the

Use this fillable PDF to maintain work-related injuries and illnesses records. Select the link to open the PDF, save the file directly to your computer first and then begin adding and editing data, as appropriate.

Do not attempt to add or edit data or print the PDF file through your browser with a plug-in viewer, it can result in technical difficulties.

- [Fillable PDF Forms](#)
 - [English](#) (Forms 300, 300A, 301 with instructions)
 - [Español](#) (Forms 300, 300A, 301 only)



OSHA.gov/recordkeeping/forms



Why?



**Section 8: Inspections, Investigations,
and Recordkeeping
&
Section 24: Statistics**

CFR-1926-OSHA-16

29 CFR 1904 RECORDING AND REPORTING OCCUPATIONAL INJURIES AND ILLNESSES

**Safety and Health Standards and
Regulations Current and Updated With
Large and Clear Writing**



**United States Office Of
Federal Register
Occupational Safety and Health
Administration (OSHA)**



Knowledge Check

1. The reason OSHA requires employers to make, keep and preserve records is
 - A. to carry out the provisions of the act and focus outreach and enforcement activity.
 - B. to verify that employers understand the act.
 - C. to have employers make changes based on the information.
 - D. to catch businesses who do not follow the OSHA standards promulgated under the act.



Knowledge Check

1. The reason OSHA requires employers to make, keep and preserve records is

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Knowledge Check

2. Which CFR outlines how records are to be kept?

- A. 1903
- B. 1904
- C. 1910
- D. 1926



Knowledge Check

2. Which CFR outlines how records are to be kept?

- A. 1903
- B. 1904**
- C. 1910
- D. 1926



CFR-1926-OSHA-16

29 CFR 1904 RECORDING AND REPORTING OCCUPATIONAL INJURIES AND ILLNESSES

Safety and Health Standards and Regulations Current and Updated With Large and Clear Writing



United States Office Of
Federal Register
Occupational Safety and Health
Administration (OSHA)

Form 301 Incident Report

A detailed summary of the incident that is recorded. Aligns with a specific case/line on the 300 Log.

The Logs – 301

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.



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.

Completed by _____

Title _____

Phone _____

Date _____

Month Day Year

Information about the employee

- 1) Full name _____
- 2) Street _____
- City _____ State _____ ZIP _____
- 3) Date of birth _____
Month Day Year
- 4) Date hired _____
Month Day Year
- 5) Male Female

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 _____
- City _____ State _____ ZIP _____
- 8) Was employee treated in an emergency room?
 Yes
 No
- 9) Was employee hospitalized overnight as an in-patient?
 Yes
 No

Information about the case

- 10) Case number from the Log _____ (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness _____
Month Day Year
- 12) Time employee began work (HH:MM) _____ AM PM
- 13) Time of event (HH:MM) _____ 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?** Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. *Examples:* "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

- 15)* **What Happened? Tell us how the injury occurred.** *Examples:* "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

- 16)* **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected. *Examples:* "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

- 17)* **What object or substance directly harmed the employee?** *Examples:* "concrete floor"; "chlorine"; "radial arm saw." *If this question does not apply to the incident, leave it blank.*

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

Month Day Year

Add a Form Page

Reset

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

Injury and Illness Incident Report

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Completed by Randall Foreman

Title Safety Manager

Phone 702-775-9456

Date 10/30/2023

Month Day Year

Information about the employee

- 1) Full name Jonathan Wendell Cash
- 2) Street 777 Ring of Fire Lane
- City Las Vegas State NV ZIP 89131
- 3) Date of birth 8/1/1984
- Month Day Year
- 4) Date hired 3/5/2015
- Month Day Year
- 5) Male Female

Information about the physician or other health care professional

- 6) Name of physician or other health care professional
Dr. Samuel Bones
- 7) If treatment was given away from the worksite, where was it given?
- Facility University Medical Center
- Street 1800 W. Charleston Blvd.
- City Las Vegas State NV ZIP 89102

- 8) Was employee treated in an emergency room?
- Yes
 No
- 9) Was employee hospitalized overnight as an in-patient?
- Yes
 No

Information about the case

- 10) Case number from the Log 7 (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness 10/23/2023
- Month Day Year
- 12) Time employee began work (HH:MM) 8:00 am AM PM
- 13) Time of event (HH:MM) 2:45 pm 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?* Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. *Examples:* "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

Employee was standing on a ladder in the main lobby changing out a broken light fixture. He was unscrewing the fixture from the ceiling mount with a drill.

- 15)* *What Happened?* Tell us how the injury occurred. *Examples:* "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

When the employee shifted his weight on the ladder it twisted causing Jonathan to lose his balance and fall off of the ladder. The ladder also fell over as Jonathan fell.

- 16)* *What was the injury or illness?* Tell us the part of the body that was affected and how it was affected. *Examples:* "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

Jonathan landed on his back. Ruptured disc L1, L2, and L3.

- 17)* *What object or substance directly harmed the employee?* *Examples:* "concrete floor"; "chlorine"; "radial arm saw." *If this question does not apply to the incident, leave it blank.*

Landed on the concrete floor.

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

Month Day Year

Add a Form Page

Reset

300 Log

A running record of injuries, illnesses and fatalities throughout the year.

The Logs – 300

OSHA's Form 300 (Rev. 04/2004) Log of Work-Related Injuries and Illnesses

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Year 20



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

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

Step 3. Classify the case

Step 4.

Step 5.

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

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)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Away from work (K)	On job transfer or restriction (L)
days	days
days	days
days	days
days	days
days	days
days	days
days	days
days	days
days	days
days	days
days	days
days	days

Select one column:

Injury (1)	Illness					All other illnesses (6)
	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 about these estimates or any other aspects of this data collection, 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.

Add a Form Page

Page totals 0 0 0 0 0 0

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

0 0 0 0 0 0

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

Step 1. Identify the person

(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)
Reset 1	Elvin Preslay	Lead Forklift
Reset 2	James Handrex	Inventory Mgr
Reset 3	Tommy Pritty	Shift Super.
Reset 4	Privacy Case	Nurse
Reset 5	Jimmy Morris	Technician
Reset		
Reset 6	Larry Braythoven	Laborer
Reset 7	Jonathan Cash	Maintenance
Reset		
Reset 8	Tyler Summers	Laborer

OSHA's Form 300 (Rev. 04/2004)
Log of Work-Related Injuries and Illnesses

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Year 20 _____
 U.S. Department of Labor
 Occupational Safety and Health Administration
 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

(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from awylene torch)
Reset			month / day		
Reset			month / day		
Reset			month / day		
Reset			month / day		
Reset			month / day		
Reset			month / day		
Reset			month / day		
Reset			month / day		
Reset			month / day		
Reset			month / day		

Step 2. Describe the case

Step 3. Classify the case
 SELECT ONLY ONE circle based on the most serious outcome:

Death (G)	Remained at Work				Away from work (K)	On job transfer or restriction (L)
	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Step 4. Enter the number of days the injured or ill worker was: _____ days _____ days

Step 5. Select one column:

Injury	Illness				
	Days away from work (1)	Job transfer or restriction (2)	Other recordable cases (3)	Death (4)	Medical removal (5)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page totals: 0 0 0 0 0 0

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

- Use 2 lines if necessary
- Privacy Case [1904.29(b)(7)]

Step 2. Describe the case

(D) Date of injury or onset of illness (e.g., 2/10)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)
1 / 14 month / day	North loading dock, left bay	Forklift tipped over, driver crushed
2 / 26 month / day	Conveyor Station 4	Laceration /right hand. Stitches Caught on side of conveyor belt
6 / 7 month / day	Warehouse Isle 26	Lung Infection. Early onset Asbestosis.
7 / 15 month / day	Office, room 3	Used needle stuck into palm. Right hand.
9 / 16 month / day	Chemical Storage Room	Exposure to Benzene. Container leak Feels dizzy, nausea, headache
9 / 27 month / day	Conveyor Station 5	Laceration/right hand. Stitches. Caught on side of conveyor belt
10 / 23 month / day	Main Lobby	Fell off of ladder Ruptured discs L1, L2, L3
11 / 10 month / day	Conveyor Station 4	Amputation. Index, middle finger. Caught/ side of conveyor belt.

OSHA's Form 300 (Rev. 04/2004)
Log of Work-Related Injuries and Illnesses

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Year 20 U.S. Department of Labor Occupational Safety and Health Administration
 Form approved OMB no. 1218-0176

Establishment name City State

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- Complete the 5 steps for each case.

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Reset			month / day		
Reset			month / day		
Reset			month / day		
Reset			month / day		
Reset			month / day		
Reset			month / day		
Reset			month / day		
Reset			month / day		
Reset			month / day		
Reset			month / day		

Step 2. Describe the case

Step 3. Classify the case
 SELECT ONLY ONE circle based on the most serious outcome:

Death (G)	Remained at Work			Away from work (K)	On job transfer or restriction (L)
	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page totals: 0 0 0 0 0 0

Step 4. Enter the number of days the injured or ill worker was:

Days away from work (K)	On job transfer or restriction (L)	Illness (M)				
		Days lost due to injury or illness (1)	Days lost due to job transfer or restriction (2)	Days lost due to medical treatment beyond first aid (3)	Days lost due to lost workdays (4)	Days lost due to other (5)
0	0	0	0	0	0	
0	0	0	0	0	0	
0	0	0	0	0	0	
0	0	0	0	0	0	
0	0	0	0	0	0	
0	0	0	0	0	0	
0	0	0	0	0	0	
0	0	0	0	0	0	
0	0	0	0	0	0	
0	0	0	0	0	0	

Step 5. Select one column:

Injury (1)	Days lost due to injury or illness (2)	Days lost due to job transfer or restriction (3)	Days lost due to medical treatment beyond first aid (4)	Days lost due to lost workdays (5)	Days lost due to other (6)						
						Illness (7)	Days lost due to injury or illness (8)	Days lost due to job transfer or restriction (9)	Days lost due to medical treatment beyond first aid (10)	Days lost due to lost workdays (11)	Days lost due to other (12)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Add a Form Page

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

■ Description brief

Step 5.

Select one column:

(M)	Illness					
	Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses
(1)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(3)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
(5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
(6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
(7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
(8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(9)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(10)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(12)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5	0	1	1	0	1
Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses
(1)	(2)	(3)	(4)	(5)	(6)

OSHA's Form 300 (Rev. 04/2004)
Log of Work-Related Injuries and Illnesses

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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.

Year 20

U.S. Department of Labor
 Occupational Safety and Health Administration
 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 for every injury or illness recorded on this form. If you're not sure whether a case is recordable, consult the instructions.
- Feel free to use two lines for a single case.
- Complete the 5 steps for each case.

Step 1. Identify the person

(A)	(B)	(C)	(D)	(E)	(F)
Case no.	Employee's name	Job title (e.g., Welder)	Date of injury or onset of illness (e.g., 2/10)	Where the event occurred (e.g., Loading dock north end)	Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from a live-line knock)
Reset			month / day		
Reset			month / day		
Reset			month / day		
Reset			month / day		
Reset			month / day		
Reset			month / day		
Reset			month / day		
Reset			month / day		
Reset			month / day		

Step 2. Describe the case

Step 3. Classify the case
 SELECT ONLY ONE circle based on the most serious outcome:

Death (G)	Remained at Work			Away from work (K)	On job transfer or restriction (L)
	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Step 4. Enter the number of days the injured or ill worker was:

Away from work (K)	On job transfer or restriction (L)
days	days
days	days
days	days
days	days
days	days
days	days
days	days
days	days
days	days
days	days

Step 5. Select one column:

(M)	Illness					
	Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses
(1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Page totals: 0 0 0 0 0 0

Add a Form Page

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

- Population at the bottom
 - 7 Days to report incident on the 300 log and 301 form.
- [1904.29 (b)(3)]

OSHA's Form 300 (Rev. 04/2004)

Log of Work-Related Injuries and Illnesses

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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 **Widgets-R-Us**
City **Las Vegas** State **NV**

Step 1. Identify the person **Step 2. Describe the case** **Step 3. Classify the case** **Step 4.** **Step 5.**

SELECT ONLY ONE circle based on the most serious outcome:

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

Select one column:

(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	Remained at Work				Away from work		Illness					
						Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)	Away from work (K)	On job transfer or restriction (L)	(M)					
												Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
Reset 1	Elvin Preslay	Lead Forklift	1 / 14 month / day	North loading dock, left bay	Forklift tipped over, driver crushed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset 2	James Handrex	Inventory Mgr	2 / 26 month / day	Conveyor Station 4	Laceration /right hand. Stitches Caught on side of conveyor belt	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	3	15	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset 3	Tommy Pritty	Shift Super.	6 / 7 month / day	Warehouse Isle 26	Lung Infection. Early onset Asbestosis.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	10		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset 4	Privacy Case	Nurse	7 / 15 month / day	Office, room 3	Used needle stuck into palm. Right hand.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>		60	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Reset 5	Jimmy Morris	Technician	9 / 16 month / day	Chemical Storage Room	Exposure to Benzene. Container leak	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	3		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset					Feels dizzy, nausea, headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset 6	Larry Braythoven	Laborer	9 / 27 month / day	Conveyor Station 5	Laceration/right hand. Stitches. Caught on side of conveyor belt	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	3	15	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset 7	Jonathan Cash	Maintenance	10 / 23 month / day	Main Lobby	Fell off of ladder Ruptured discs	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	94	30	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset					L1, L2, L3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset 8	Tyler Summers	Laborer	11 / 10 month / day	Conveyor Station 4	Amputation. Index, middle finger. Caught/ side of conveyor belt.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	21	30	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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OSHA's Form 300 (Rev. 04/2004)

Log of Work-Related Injuries and Illnesses

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Form approved OMB no. 1218-0176

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- Complete the 5 steps for each case.


Establishment name **Widgets-R-Us**
City **Las Vegas** State **NV**

Step 1. Identify the person **Step 2. Describe the case** **Step 3. Classify the case** **Step 4.** **Step 5.**

SELECT ONLY ONE circle based on the most serious outcome:

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

Select one column:

(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	Remained at Work				Away from work		Illness						
						Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)	Away from work (K)	On job transfer or restriction (L)	(M)						
												Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)	
Reset 1	Elvin Preslay	Lead Forklift	1 / 14 month / day	North loading dock, left bay	Forklift tipped over, driver crushed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset 2	James Handrex	Inventory Mgr	2 / 26 month / day	Conveyor Station 4	Laceration /right hand. Stitches Caught on side of conveyor belt	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	3	15	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset 3	Tommy Pritty	Shift Super.	6 / 7 month / day	Warehouse Isle 26	Lung Infection. Early onset Asbestosis.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	10		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Reset 5	Jimmy Morris	Technician	9 / 16 month / day	Chemical Storage Room	Exposure to Benzene. Container leak	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	3		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset					Feels dizzy, nausea, headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset 6	Larry Braythoven	Laborer	9 / 27 month / day	Conveyor Station 5	Laceration/right hand. Stitches. Caught on side of conveyor belt	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	3	15	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Reset 7	Jonathan Cash	Maintenance	10 / 23 month / day	Main Lobby	Fell off of ladder Ruptured discs L1, L2, L3	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	94	30	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Reset						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset 8	Tyler Summers	Laborer	11 / 10 month / day	Conveyor Station 4	Amputation. Index, middle finger. Caught/ side of conveyor belt.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	21	30	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Knowledge Check

3. What is NOT a category on the 300 log?

- A. Employee name.
- B. Job Title.
- C. Where the event occurred.
- D. Years with the organization.



Knowledge Check

3. What is NOT a category on the 300 log?

A. Employee name.

B. Job Title.

C. Where the event occurred.

D. Years with the organization. ←



Knowledge Check

4. What kind of illnesses are categorized under Respiratory Condition?
- A. Chemical burns or rashes, exposure to harmful plants, blisters, acne.
 - B. A 10 dB loss of hearing in either ear or a combined hearing loss in both ears of 25 dB.
 - C. Silicosis, Asbestosis, Lung Cancer, COPD, Farmer's Lung, Tuberculosis.
 - D. heat stroke, frostbite, ionizing/or non-ionizing radiation effects, bloodborne pathogen exposures (HIV, AIDS, Hepatitis).



Knowledge Check

4. What kind of illnesses are categorized under Respiratory Condition?

A. Chemical burns or rashes, exposure to harmful plants, blisters, acne.

B. A 10 dB loss of hearing in either ear or a combined hearing loss in both ears of 25 dB.

C. Silicosis, Asbestosis, Lung Cancer, COPD, Farmer's Lung, Tuberculosis.

D. heat stroke, frostbite, ionizing/or non-ionizing radiation effects, bloodborne pathogen exposures (HIV, AIDS, Hepatitis).





Knowledge Check

5. What kind of illnesses are categorized under Skin Disorder?
- A. Chemical burns or rashes, exposure to harmful plants, blisters, acne.
 - B. A 10 dB loss of hearing in either ear or a combined hearing loss in both ears of 25 dB.
 - C. Silicosis, Asbestosis, Lung Cancer, COPD, Farmer's Lung, Tuberculosis.
 - D. heat stroke, frostbite, ionizing/or non-ionizing radiation effects, bloodborne pathogen exposures (HIV, AIDS, Hepatitis).



Knowledge Check

5. What kind of illnesses are categorized under Skin Disorder?

A. Chemical burns or rashes, exposure to harmful plants, blisters, acne.



B. A 10 dB loss of hearing in either ear or a combined hearing loss in both ears of 25 dB.

C. Silicosis, Asbestosis, Lung Cancer, COPD, Farmer's Lung, Tuberculosis.

D. heat stroke, frostbite, ionizing/or non-ionizing radiation effects, bloodborne pathogen exposures (HIV, AIDS, Hepatitis).



Knowledge Check

6. When does the day count begin for the recording process?
- A. The day the incident occurs.
 - B. The day following the incident.
 - C. The moment the employee has been diagnosed.
 - D. 7 days following the incident.



Knowledge Check

6. When does the day count begin for the recording process?
- A. The day the incident occurs.
 - B. The day following the incident.**
 - C. The moment the employee has been diagnosed.
 - D. 7 days following the incident.



300-A Log

A summary of injury and illnesses for the entire calendar year. Posted the following year from February 1st – April 30th.

The Logs – 300-A

OSHA's Form 300A (Rev. 04/2004)

Summary 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](#).

Year 20



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

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of . . . (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 58 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 about these estimates or any other aspects of this data collection, 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.

Establishment information

Your establishment name

Street

City State Zip

Industry description (e.g., *Manufacture of motor truck trailers*)

North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment information (If you don't have these figures, see the *Worksheet* on the next page to estimate.)

Annual average number of employees

Total hours worked by all employees last year

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

Phone Date

Reset

Summary 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](#).

Year 20



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

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
1	6	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
134	150
(K)	(L)

Injury and Illness Types

Total number of . . . (M)			
(1) Injuries	5	(4) Poisonings	1
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditions	1	(6) All other illnesses	1

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 58 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 about these estimates or any other aspects of this data collection, 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.

Establishment information

Your establishment name

Street

City State Zip

Industry description (e.g., *Manufacture of motor truck trailers*)

North American Industrial Classification (NAICS), if known (e.g., 336212)
 -

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees

Total hours worked by all employees last year

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company/executive Title

Phone Date

Reset



Until



**Post the 300-A
1904.32(b)(6)**

**Recordkeeping
Forms Package**





Knowledge Check

7. When is the 300-A log posted?

- A. January 1st – March 1st.
- B. January 15th – March 15th.
- C. February 1st – April 15th.
- D. February 1st – April 30th.



Knowledge Check

7. When is the 300-A log posted?

- A. January 1st – March 1st.
- B. January 15th – March 15th .
- C. February 1st – April 15th.
- D. February 1st – April 30th.**





Knowledge Check

8. The OSHA _____ form is for logging injuries throughout the year.

- A. 300.
- B. 301.
- C. 300-A.
- D. 301-A.



Knowledge Check

8. The OSHA _____ form is for logging injuries throughout the year.

- A. 300.
- B. 301.
- C. 300-A.
- D. 301-A.



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.

Year 20 _____
U.S. Department of Labor
Occupational Safety and Health Administration
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.

Step 1. Identify the person

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

Step 2. Describe the case

Step 3. Classify the case
SELECT ONLY ONE circle based on the most serious outcome:

Remained at Work				Away from work		Illness					
Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other record- able cases (J)	Away from work (K)	On job transfer or restriction (L)	(M)					
(1)	(2)	(3)	(4)	(5)	(6)	Illness	Respiratory conditions	Loss of consciousness	Transfer to hospital	All other illnesses	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Step 4. Enter the number of days the injured or ill worker was: _____ days

Step 5. Select one column: _____

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 about these estimates or any other aspects of this data collection, 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.

Add a Form Page

Page totals: 0 0 0 0 0 0

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.



Knowledge Check

9. The _____ is the form that is filled out at the end of the year summarizing injuries and illnesses.

- A. 300.
- B. 301.
- C. 300-A.
- D. 301-A.



Knowledge Check

9. The _____ is the form that is filled out at the end of the year summarizing injuries and illnesses.

- A. 300.
- B. 301.
- C. 300-A.
- D. 301-A.



OSHA's Form 300A (Rev. 04/2004)
Summary 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.

Year 20____
U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.
Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."
Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types			
Total number of . . . (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.
Public reporting burden for this collection of information is estimated to average 58 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 about these estimates or any other aspects of this data collection, 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 form to this office.

Establishment information
Your establishment name _____
Street _____
City _____ State _____ Zip _____
Industry description (e.g., *Manufacture of motor truck trailers*) _____
North American Industrial Classification (NAICS), if known (e.g., 336212) _____

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)
Annual average number of employees _____
Total hours worked by all employees last year _____

Sign here
Knowingly falsifying this document may result in a fine.
I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.
Company executive _____ Title _____
Phone _____ Date _____

Reset



Knowledge Check

10. The OSHA _____ is the incident report for each individual injury.

- A. 300.
- B. 301.
- C. 300-A.
- D. 301-A.



Knowledge Check

10. The OSHA _____ is the incident report for each individual injury.

- A. 300.
- B. 301.
- C. 300-A.
- D. 301-A.



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.

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 _____
City _____ State _____ ZIP _____
3) Date of birth _____
Month Day Year
4) Date hired _____
Month Day Year
5) Male Female

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 _____
City _____ State _____ ZIP _____

8) Was employee treated in an emergency room?
 Yes
 No

9) Was employee hospitalized overnight as an in-patient?
 Yes
 No

Information about the case

10) Case number from the Log _____ (Transfer the case number from the Log after you record the case.)
11) Date of injury or illness _____
Month Day Year
12) Time employee began work (HHMM) _____ AM PM
13) Time of event (HHMM) _____ 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? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

15) What Happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

16) What was the injury or illness? Tell us the part of the body that was affected and how it was affected. Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

17) What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.

18) If the employee died, when did death occur? Date of death _____
Month Day Year

Completed by _____
Title _____
Phone _____ Date _____
Month Day Year

Add a Form Page Reset

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.



Objectives



By the end of this training, you will be able to...

- *Explain* why businesses keep records,
- *Identify* the 3 Forms used for OSHA injury and illness record keeping,
- *Differentiate* the information required by each form.

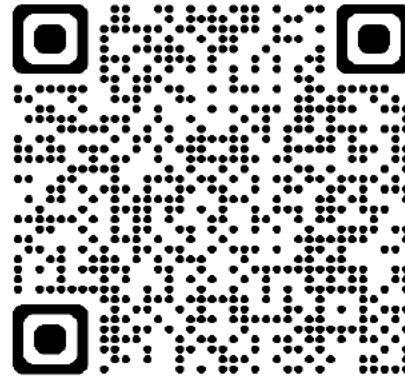
Questions



Training Supervisor-Safety: Bobby Albright

Email: ralbright@dir.nv.gov

Phone: 702-486-9141



**Nevada Safety & Health
Practitioner**

