OSHA's Form 300 (Rev. 01/2011. Previous versions are not to be used.)

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.

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 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.

(A) Case no.	(B) Employee's name	(C) Job title	(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:		
		(e.g., Welder)					Remained at Work					(M)	_	ss
						Death (G)		Job transfer or restriction	Other recordable cases	Away from work (K)	On job transfer or restriction (L)	(1) (2) Skin disord	(S) Respirator condition (A) Poisoning	(c) (d) (e) (e) (d) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f
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	rk Reduction Act Statement porting burden for this collection of	finformation is estimated t	month/day		Page totals)				OA) before you po			Injury		