OSHA FORM 300 - LOG OF WORK-RELATED INJURIES AND ILLNESSES

Year 20____ | Establishment name _____ | City _____ State _____

Case no.	Employee name	Job title	Date of injury	Where the event occurred	Describe the injury or illness, body part affected and the object that caused it	Death	Days away	Job transfer / restriction	Other recordable	Days away (cal.)	Days restr. (cal.)
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											

Mark one column only from Death / Days away / Job transfer or restriction / Other recordable. Day counts are calendar days beginning the day after the injury, capped at 180 per case. Record each case within 7 calendar days of learning it is recordable.

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OSHA FORM 300A - ANNUAL SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES

Post from February 1 to April 30 of the year following the year covered.

ESTABLISHMENT INFORMATION

Establishment name		**Year covered**	
Street address		**City / State / ZIP**	
Industry description		**NAICS code**	
Annual average employees		**Total hours worked**	

NUMBER OF CASES

Total number of deaths	
Total cases with days away from work	
Total cases with job transfer or restriction	
Total other recordable cases	
TOTAL RECORDABLE CASES	

NUMBER OF DAYS

Total days away from work	
Total days of job transfer or restriction	

INJURY AND ILLNESS TYPES

Injuries	
Skin disorders	
Respiratory conditions	
Poisonings	
Hearing loss	
All other illnesses	

COMPANY EXECUTIVE CERTIFICATION

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**	
Signature		**Date**	
Phone		**Date posted**	

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IS THIS CASE RECORDABLE? QUICK REFERENCE

Plain language summary for the field. Always confirm against the current rule at osha.gov/recordkeeping.

Step 1 - Work related?	An event or exposure in the work environment caused, contributed to or significantly aggravated the condition.
Step 2 - New case?	The worker has not had the same condition before, or had fully recovered and a new event brought it back.
Step 3 - Meets a criterion?	Death, days away from work, restricted work or job transfer, medical treatment beyond first aid, loss of consciousness, or a significant condition diagnosed by a licensed health care professional.
First aid only - NOT recordable	Non-prescription medicine at non-prescription strength, tetanus shot, wound cleaning, bandages, hot or cold therapy, non-rigid supports, temporary immobilisation for transport, draining a blister or nail, eye patch, splinter removal, finger guards, massage, fluids for heat stress.
Medical treatment - RECORDABLE	Stitches or sutures, prescription medication at any dose, physical therapy, rigid devices such as casts or braces, and anything beyond the first aid list.
Counting days	Calendar days starting the day after the injury. Do not count the day of injury. Cap at 180 days per case.
Always recordable	Any loss of consciousness. Fractured or cracked bone or tooth, punctured eardrum, cancer, chronic irreversible disease when diagnosed. Needlesticks and sharps cuts contaminated with blood or OPIM.
Privacy cases	Write 'Privacy Case' instead of the name for intimate body part injuries, sexual assault, mental illness, HIV, hepatitis, TB, needlesticks, or on request. Keep a separate confidential list.
Severe event reporting	Report a fatality within 8 hours. Report in-patient hospitalization, amputation or loss of an eye within 24 hours. OSHA: 1-800-321-6742.
Retention	Keep the 300 Log, 300A and 301 records for five years after the end of the year they cover.

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