

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.

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

(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 3. Classify the case

SELECT ONLY ONE circle based on the most serious outcome:

	Remained at Work			
Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)	

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:

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

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