How to Fill Out the Log

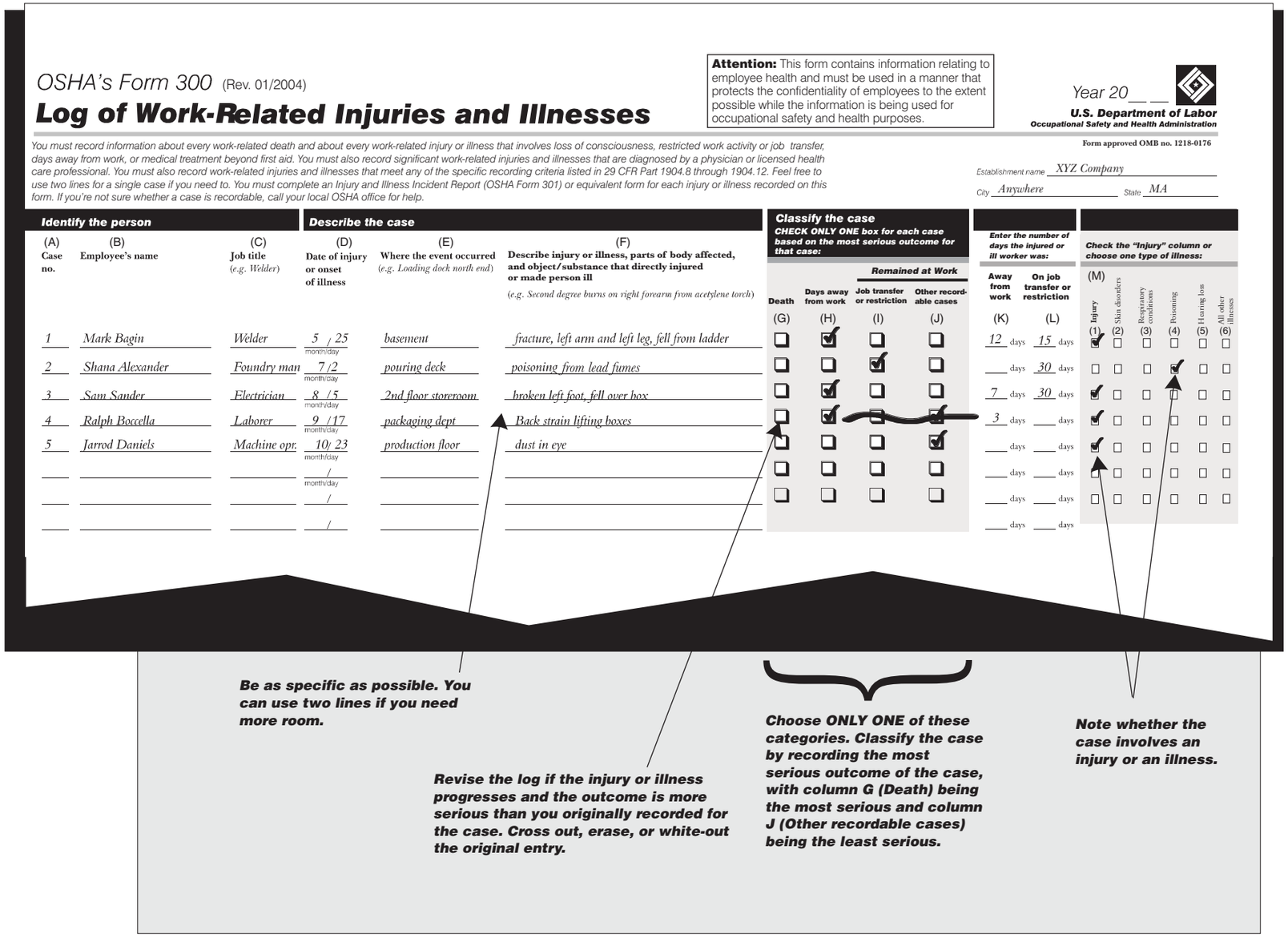
The *Log of Work-Related Injuries and Illnesses* is used to classify work-related injuries and illnesses and to note the extent and severity of each case. When an incident occurs, use the *Log* to record specific details about what happened and how it happened.

If your company has more than one establishment or site, you must keep separate records for each physical location that is expected to remain in operation for one year or longer.

We have given you several copies of the *Log* in this package. If you need more than we provided, you may photocopy and use as many as you need.

The *Summary* — a separate form — shows the work-related injury and illness totals for the year in each category. At the end of the year, count the number of incidents in each category and transfer the totals from the *Log* to the *Summary*. Then post the *Summary* in a visible location so that your employees are aware of injuries and illnesses occurring in their workplace.

You don't post the Log. You post only the Summary at the end of the year.



OSHA's Form 300 (Rev. 01/2004)

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.

Year 20__ __

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

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.

Establishment name XYZ Company

City Anywhere State MA

Identify the person			Describe the case			Classify the case (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:					
							Remained at Work					(M)					
(A) Case no.	(B) Employee's name	(C) Job title (*e.g. Welder*)	(D) Date of injury or onset of illness	(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*)	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)	Injury (1)	Skin disorders (2)	Respiratory conditions (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
1	Mark Bagin	Welder	5/25	basement	fracture, left arm and left leg, fell from ladder	☐	☑	☐	☐	12 days	15 days	☑	☐	☐	☐	☐	☐
2	Shana Alexander	Foundry man	7/2	pouring deck	poisoning from lead fumes	☐	☐	☑	☐	___ days	30 days	☐	☐	☐	☑	☐	☐
3	Sam Sander	Electrician	8/5	2nd floor storeroom	broken left foot, fell over box	☐	☑	☐	☐	7 days	30 days	☑	☐	☐	☐	☐	☐
4	Ralph Boccella	Laborer	9/17	packaging dept	Back strain lifting boxes	☐	☑	☐	☐	3 days	___ days	☑	☐	☐	☐	☐	☐
5	Jarrod Daniels	Machine opr.	10/23	production floor	dust in eye	☐	☐	☐	☑	___ days	___ days	☑	☐	☐	☐	☐	☐
			/			☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐	☐
			/			☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐	☐
			/			☐	☐	☐	☐	___ days	___ days						

Be as specific as possible. You can use two lines if you need more room.

Revise the log if the injury or illness progresses and the outcome is more serious than you originally recorded for the case. Cross out, erase, or white-out the original entry.

Choose ONLY ONE of these categories. Classify the case by recording the most serious outcome of the case, with column G (Death) being the most serious and column J (Other recordable cases) being the least serious.

Note whether the case involves an injury or an illness.

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Establishment name _____

City _____ State _____

Identify the person

(A) Case no.	(B) Employee's name	(C) Job title (*e.g., Welder*)

Describe the case

(D) Date of injury or onset of illness	(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*)
month/day		

Classify the case

CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Death (G)	Days away from work (H)	Remained at Work: Job transfer or restriction (I)	Remained at Work: Other record-able cases (J)
☐	☐	☐	☐

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

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

Check the "Injury" column or choose one type of illness:

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

Page totals ➤ ____ ____ ____ ____ ____ ____

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

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