OSHA's Form 300 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.

Establishment name

Year	
U.S. Departi	ment of Labor

Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

You must record information 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 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.

								City							State				
Identify the person Describe the case					Classify the case														
(A) Case No.	(B)	(C) (D) (E) Job Title (e.g., Date of Where the event occurr	(E) Where the event occurred (e.g. Loading dock north end)	object/substance that directly injured or made person ill	Using these categories, check ONLY the most				Enter the nu the injured o was:	Check the "injury" column or choose one type of illness:									
			illness		(e.g. Second degree burns on right forearm from acetylene torch)			On job Away from transfer or restriction (days)		····/	sorder	atory on	ing	ır illnesses					
								or restriction	Other recordable cases	(days)		Injury	Skin Disorde	Respiratory Condition	Poisoning	All other illne			
						(G)	(H)	(1)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)			
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Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, 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 aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

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

Skin Disorder

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