OSHA's Form 300 (Rev. 04/2004)

Log of Work-Related

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 simployee 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



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

Injuries and Illnesses
the forms are programmed to aut
Please Record:
Information about every work-related death and about every work-related injury or illness that involves loss of consciousness, researced work activity or job transfer, days away from work, or medical treatment beyond first aid.
Significant work-elated 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 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. Establishment name Form approved OMB no. 1218-0176

through 1904.12. Step 1. Identify the person	(A) (B) Case Contours 's name		lijid		Reset	Reset	Reset	Reset	Reset	Reset	Reset	Reset	Reset	Reset			Pairs Long
Step 2. De		(e.g., Welder)	(e.g., 2/10)	- 9	month / day		month / day	N- u- met m-	N- u-	Nur	286 N- u-	Canber N-u-month/day be		Nun	Ca- Case Nun N- u- month (day	To a see and review the collection of information. Persons on the collection of information persons included and review the collection of information.	Nun N- Trace 14 minutes to control minutes of Labor, OSH and the completed of im
• Complet Step 2. Describe the case	(E) (E) Where the event occurred Describe injury or il	<i>(b)</i>	acetylene torch)			E- m- py- er s No- er s sil	E- m- l-moy- er' s Noge- bil-	er's	E- m- y- oy- er' s N- sate sa- bil-	E-m- moy- er's 1-tee 5a-bil-	Ν	er's N	m- oy- er' s N- a- me 3	m- m- Næmelðyer's N oy- oy- er' er' s s N- N- a- a- me me 2 3	oy- oy- er' er' s s N- N- a- a- me me 2 3	oy- oy- er' er'	oy- oy- er' er' s s N- N- a- a- me me 2 3
• Complete the 5 steps for each case. Step 3.	lness, parts of body	affected, and object/substance that directly injured or made person ill (e.g.,	acetylene torch) Death	(G)	\otimes	bil- p 納y 6 Be- ga- n 8	Be- ga- n	Boility (X)		3e- ga-	E C	Control of the contro	Ones de la compa	Dilite dilite di te pi	Disa Dikis dilikulali di E C r	Page totals	Page totals Be sure to transfer
Classify the case	SELECT ONLY ONE circle based on the most serious outcome:	Remained at Work	Days away Job transfer Other record- h from work or restriction able cases	(H) (I) (J)	⊗⊗⊗	⊗⊗⊗	⊗⊗⊗	⊗⊗⊗	⊗⊗⊗			\otimes \otimes	$\otimes \otimes $				O O O O O O O O O O O O O O O O O O O
Step 4.	Enter the number of days the injured or ill	4	Away On job from transfer or		daysdays (days days	days		daysdays	daysdays		daysdays		days	days	days	ys days O days
Step 5.	Select one column:	XIIness	ing -	Skin dia Respira Condition Poison Hearing All oth illnesse		$\otimes \otimes \otimes \otimes \otimes \otimes$	$\bigotimes \bigotimes \bigotimes \bigotimes \bigotimes \bigotimes \bigotimes$		$\otimes \otimes \otimes \otimes \otimes \otimes \otimes$	888888				n disorder O O O O O O O O O O O O O O O O O O O			