

Log and Summary of Occupational Injuries and illnesses					
NOTE:		This form is required by Public Law 91-596 and must be kept in the establishment for 5 years. Failure to maintain and post can result in issuance of citations and assessment of penalties. (See posting requirements on the other side of form)		RECORDABLE CASES: You are required to record information about every occupational death; every nonfatal occupational illness; and those nonfatal occupational injuries which involve one or more of the following: loss of consciousness, restriction of work or motion, transfer to another job, or medical treatment (other than first aid) (See definitions on the other side of form)	
Case or File Number	Date of Injury or Onset of Illness	Employee's Name	Occupation	Department	Description of Injury or Illness
Enter a nonduplicating number which will facilitate comparisons with supplementary records.	Enter Mo/Day	Enter first name or initial, middle initial, last name	Enter regular job title, not activity employee was performing when injury occurred or at onset of illness. In the absence of a formal title, enter a brief description of the employee's duties.	Enter department in which the employee is regularly employed or a description of normal workplace to which employee is assigned, even though temporarily working in another department at the time of injury or illness.	Enter a brief description of the injury or illness and indicate the part or parts of the body affected. Typical entries for this column might be: Amputation of 1st joint right forefinger; Strain of lower back; Contact dermatitis on both hands; Electrocution - body.
(A)	(B)	(C)	(D)	(E)	(F)
					PREVIOUS PAGE TOTALS →
					TOTALS (Instructions on other side of form) ==>
OSHA No. 200					



Company Name	Form Approved
Establishment Name	O.M.B. No. 1218-0176
Establishment Address	See OMB Disclosure
	Statement on reverse.

Extent of and Outcome of Injury						Type, Extent of, and Outcome of Illness												
Fatalities	Nonfatal Injuries					Type of Illness							Fatalities	Nonfatal Illnesses				Illnesses without Lost Workdays
Injury Related	Injuries with Lost Workdays				Injuries Without Lost Workdays	CHECK Only One Column for Each Illness (See other side of form for terminations or permanent transfers)							Illness Related	Illnesses with Lost Workdays				Illnesses without Lost Workdays
Enter Date of death. mm/dd/yy	Enter a Check if injury involves DAYS away from work or restricted work activity or both.	Enter a Check if injury involves DAYS away from work.	Enter number of DAYS away from work	Enter number of DAYS of restricted work activity	Enter a Check if no entry was made in column 1 or 2 but the injury is recordable as defined above.	Occupational Skin Disorder or Disease	Dust Disease of the lungs	Respiratory Conditions due to toxic agents	Poisoning (systemic effects of toxic materials)	Disorders due to physical agents	Disorders associated with repeated trauma	All other occupational illnesses	Enter DATE of death, mm/dd/yy	Enter a CHECK if Illness involves DAYS away from work, or DAYS of restricted work activity or both.	Enter a CHECK if Illness involves DAYS away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity	Enter a CHECK if no entry was made in columns 8 or 9
(1)	(2)	(3)	(4)	(5)	(6)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(8)	(9)	(10)	(11)	(12)	(13)

Certification of Annual Summary Totals by: _____ Title: _____ Date: _____

OMB DISCLOSURE STATEMENT

Public reporting burden for this collection of information is estimated to vary from 4 to 30 (time in minutes) per response with an average of 15 (time in minutes) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing 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 regarding this estimate or any other aspect of this information collection, including suggestions for reducing this burden, please send them to the OSHA Office of Statistics, Room N-3644, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Instructions for OSHA No. 200

I. Log and Summary of Occupational Injuries and Illnesses

Each employer who is subject to the recordkeeping requirements of the Occupational Safety and Health Act of 1970 must maintain for each establishment, a log of all recordable occupational injuries and illnesses. This form (OSHA No. 200) may be used for that purpose. A substitute for the OSHA No. 200 is acceptable if it is as detailed, easily readable, and understandable as the OSHA No. 200.

Enter each recordable case on the log within six (6) workdays after learning of its occurrence. Although other records must be maintained at the establishment to which they refer, it is possible to prepare and maintain the log at another location, using data processing equipment if desired. If the log is prepared elsewhere, a copy updated to within 45 calendar days must be present at all times in the establishment.

Logs must be maintained and retained for five (5) years following the end of the calendar year to which they relate. Logs must be available (normally at the establishment) for inspection and copying by representatives of the Department of Labor, or the Department of Health and Human Services, or States accorded jurisdiction under the Act. Access to the log is also provided to employees, former employees and their representatives.

II. Changes in Extent of or Outcome of Injury or Illness

If, during the 5-year period the log must be retained, there is a change in an extent and outcome of an injury or illness which affects entries in columns 1, 2, 6, 8, 9, or 13, the first entry should be lined out and a new entry made. For example, if an injured employee at first required only medical treatment but later lost workdays away from work, the check in column 6 should be lined out and checks entered in columns 2 and 3 and the number of lost workdays entered in column 4.

In another example, if an employee with an occupational illness lost workdays, returned to work, and then died of the illness, any entries in columns 9 through 12 would be lined out and the date of death entered in column 8.

The entire entry for an injury or illness should be lined out if later found to be nonrecordable. For example, an injury which is later determined not to be work related, or which was initially thought to involve medical treatment but later was determined to have involved only first aid.

III. Posting Requirements

A copy of the totals and information following the total line of the last page for the year, must be posted at each establishment in the place or places where notices to employees are customarily posted. This copy must be posted no later than February 1 and must remain in place until March 1. Even though there were no injuries or illnesses during the year, zeros must be entered on the totals line, and the form posted.

The person responsible for the annual summary totals shall certify that the totals are true and complete by signing at the bottom of the form.

IV. Instructions for Completing Log and Summary of Occupational injuries and illnesses

Column A - CASE OR FILE NUMBER. Self Explanatory

Column B - DATE OF INJURY OR ONSET OF ILLNESS

For occupational injuries, enter the date of the work accident which resulted in the injury. For occupational illnesses, enter the date of initial diagnosis of illness, or, if absence from work occurred before diagnosis, enter the first day of the absence attributable to the illness which was later diagnosed or recognized.

Columns C through F - Self Explanatory

Columns 1 and 8 - INJURY OR ILLNESS-RELATED DEATHS - Self Explanatory

Columns 2 and 9 - INJURIES OR ILLNESSES WITH LOST WORKDAYS - Self Explanatory

Any injury which involves days away from work, or days of restricted work activity, or both, must be recorded since it always involves one or more of the criteria for recordability.

Columns 3 and 10 - INJURIES OR ILLNESSES INVOLVING DAYS AWAY FROM WORK - Self Explanatory

Columns 4 and 11 - LOST WORKDAYS -- DAYS AWAY FROM WORK.

Enter the number of workdays (consecutive or not) on which the employee would have worked but could not because of occupational injury or illness. The number of lost workdays should not include the day of injury or onset of illness or any days on which the employee would not have worked even though able to work. NOTE: For employees not having a regularly scheduled shift, such as certain truck drivers, construction workers, farm labor, casual labor, part-time employees, etc., it may be necessary to estimate the number of lost workdays. Estimates of lost workdays shall be based on prior work history of the employee AND days worked by employees, not ill or injured, working in the department and/or occupation of the ill or injured employee.

Columns 5 and 12 - LOST WORKDAYS -- DAYS OF RESTRICTED WORK ACTIVITY.

Enter the number of workdays (consecutive or not) on which because of injury or illness:

- (1) the employee was assigned to another job on a temporary basis, or
- (2) the employee worked at a permanent job less than full time, or
- (3) the employee worked at a permanently assigned job but could not perform all duties normally connected with it.

The number of lost workdays should not include the day of injury or onset of illness or any days on which the employee would not have worked even though able to work.

Columns 6 and 13 - INJURIES OR ILLNESSES WITHOUT LOST WORKDAYS - Self Explanatory

Columns 7a through 7g - TYPE OF ILLNESS. Enter a check in only one column for each illness.

TERMINATION OR PERMANENT TRANSFER - Place an asterisk to the right of the entry in columns 7a through 7g (type of illness) which represented a termination of employment or permanent transfer.

V. Totals

Add number of entries in columns 1 and 8.

Add number of checks in columns 2, 3, 6, 7, 9, 10 and 13.

Add number of days in columns 4, 5, 11 and 12.

Yearly totals for each column (1-13) are required for posting. Running or page totals may be generated at the discretion of the employer.

In an employee's loss of workdays is continuing at the time the totals are summarized, estimate the number of future workdays the employee will lose and add that estimate to the workdays already lost and include this figure in the annual totals. No further entries are to be made with respect to such cases in the next year's log.

VI. Definitions

OCCUPATIONAL INJURY is any injury such as a cut, fracture, sprain, amputation, etc. which results from a work accident or from an exposure involving a single incident in the work environment. NOTE: Conditions resulting from animal bites, such as insect or snake bites or from one-time exposure to chemicals, are considered to be injuries.

OCCUPATIONAL ILLNESS of an employee is any abnormal condition or disorder, other than one resulting from an occupational injury, caused by exposure to environmental factors associated with employment. It includes acute and chronic illnesses or diseases which may be caused by inhalation, absorption, ingestion, or direct contact.

The following listing gives the categories of occupational illnesses and disorders that will be utilized for the purpose of classifying recordable illnesses. For purposes of information, examples of each category are given. These are typical examples, however, and are not to be considered the complete listing of the types of illnesses and disorders that are to be counted under each category.

7a. Occupational Skin Diseases or Disorders. Examples: Contact dermatitis, eczema, or rash caused by primary irritants and sensitizers or poisonous plants; oil acne; chrome ulcers; chemical burns or inflammation, etc.

7b. Dust Diseases of the Lungs (Pneumoconioses). Examples: Silicosis, asbestosis and other asbestos-related diseases, coal worker's pneumoconioses, byssinosis, siderosis, and other pneumoconioses.

7c. Respiratory Conditions Due to Toxic Agents. Examples: Pneumonitis, pharyngitis, rhinitis or acute congestion due to chemicals, dusts, gases, or fumes; farmer's lung; etc.

7d. Poisoning (Systemic Effects of Toxic Materials). Examples: Poisoning by lead, mercury, cadmium, arsenic, or other metals; poisoning by

carbon monoxide, hydrogen sulfide, or other gases; poisoning by benzol, carbon tetrachloride, or other organic solvents; poisoning by insecticide sprays such as parathion, lead arsenate; poisoning by other chemicals such as formaldehyde, plastics, and resins; etc.

7e. Disorders Due to Physical Agents (Other than Toxic Materials). Examples: Heatstroke, sunstroke, heat exhaustion, and other effects of environmental heat, freezing, frostbite, and effects of exposure to low temperatures; caisson disease; effects of ionizing radiation (isotopes, X-rays, radium); effects of nonionizing radiation (welding flash, ultraviolet rays, microwaves, sunburn); etc.

7f. Disorders Associated with Repeated Trauma. Examples: Noise-induced hearing loss; synovitis, tenosynovitis, and bursitis. Raynaud's phenomena; and other conditions due to repeated motion, vibration, or pressure.

7g. All Other Occupational Illnesses. Examples: Anthrax, brucellosis, infectious hepatitis, malignant and benign tumors, food poisoning, histoplasmosis, coccidioidomycosis, etc.

MEDICAL TREATMENT includes treatment (other than first aid) administered by a physician or by registered professional personnel under the standing orders of a physician. Medical treatment does NOT include first aid treatment (one-time treatment and subsequent observation of minor scratches, cuts, burns, splinters, and so forth, which do not ordinarily require medical care) even though provided by a physician or registered professional personnel.

ESTABLISHMENT: A single physical location where business is conducted or where services or industrial operations are performed (for example: a factory, mill, store, hotel, restaurant, movie theater, farm, ranch, bank, sales office, warehouse, or central administrative office). Where distinctly separate activities are performed at a single physical location, such as construction activities operated from the same physical locations as a lumber yard, each activity shall be treated as a separate establishment.

For firms engaged in activities which may be physically dispersed, such as agriculture; construction; transportation; communications and electric, gas, and sanitary services, records may be maintained at a place to which employees report each day.

Records for personnel who do not primarily report or work at a single establishment, such as traveling salesmen, technicians, engineers, etc., shall be maintained at the location from which they are paid or the base from which personnel operate to carry out their activities.

WORK ENVIRONMENT is comprised of the physical location, equipment, materials processed or used, and the kinds of operations performed in the course of an employee's work, whether on or off the employer's premises.

**Occupational Safety and Health Administration
Supplementary Record of
Occupational Injuries and Illnesses**

U.S. Department of Labor



This form is required by Public Law 91-596 and must be kept in the establishment for 5 years.
Failure to maintain can result in the issuance of citations and assessment of penalties.

Case or File No.

Form Approved
O.M.B. No. 1218-0176

Employer

See OMB Disclosure
Statement on reverse.

1. Name

2. Mail address (No. and street, city or town, State, and zip code)

3. Location, if different from mail address

Injured or Ill Employee

4 Name (First, middle, and last)

Social Security No.

5. Home address (No. and street, city or town, State, and zip code)

6. Age

7. Sex (Check one)

Male

Female

8. Occupation (Enter regular job title, not the specific activity he was performing at the time of injury.)

9. Department (Enter name of department or division in which the injured person is regularly employed, even though he may have been temporarily working in another department at the time of injury.)

The Accident or Exposure to Occupational Illness

If accident or exposure occurred on employer's premises, give address of plant or establishment in which it occurred. Do not indicate department or division within the plant or establishment.

If accident occurred outside employer's premises at an identifiable address, give that address. If it occurred on a public highway or at any other place which cannot be identified by number and street, please provide place references locating the place of injury as accurately as possible.

10. Place of accident or exposure (No. and street, city or town, State, and zip code)

11. Was place of accident or exposure on employer's premises?

Yes

No

12. What was the employee doing when injured? (Be specific. If he was using tools or equipment or handling material, name them and tell what he was doing with them.)

13. How did the accident occur? (Describe fully the events which resulted in the injury or occupational illness. Tell what happened and how it happened. Name any objects or substances involved and tell how they were involved. Give full details on all factors which led or contributed to the accident. Use separate sheet for additional space.)

Occupational Injury or Occupational Illness

14. Describe the injury or illness in detail and indicate the part of body affected. (E.g., amputation of right index finger at second joint; fracture of ribs; lead poisoning; dermatitis of left hand, etc.)

15. Name the object or substance which directly injured the employee. (For example, the machine or thing he struck against or which struck him; the vapor or poison he inhaled or swallowed; the chemical or radiation which irritated his skin; or in cases of strains, hernias, etc., the thing he was lifting, pulling, etc.)

16. Date of injury or initial diagnosis of occupational illness

17. Did employee die? (Check one)

Yes

No

Other

18. Name and address of physician

19. If hospitalized, name and address of hospital

Date of report

Prepared by

Official position

SUPPLEMENTARY RECORD OF OCCUPATIONAL INJURIES AND ILLNESSES

To supplement the Log and Summary of Occupational Injuries and Illnesses (OSHA No. 200), each establishment must maintain a record of each recordable occupational injury or illness. Worker's compensation, insurance, or other reports are acceptable as records if they contain all facts listed below or are supplemented to do so. If no suitable report is made for other purposes, this form (OSHA No. 101) may be used or the necessary facts can be listed on a separate plain sheet of paper. These records must also be available in the establishment without delay and at reasonable times for examination by representatives of the Department of Labor and the Department of Health and Human Services, and States accorded jurisdiction under the Act. The records must be maintained for a period of not less than five years following the end of the calendar year to which they relate.

Such records must contain at least the following facts:

- 1) About the employer - name, mail address, and location if different from mail address.
- 2) About the injured or ill employee - name, social security number, home address, age, sex, occupation, and department.
- 3) About the accident or exposure to occupational illness - place of accident or exposure, whether it was on employer's premises, what the employee was doing when injured, and how the accident occurred.
- 4) About the occupational injury or illness - description of the injury or illness, including part of the body affected, name of the object or substance which directly injured the employee; and date of injury or diagnosis of illness.
- 5) Other - name and address of physician; if hospitalized, name and address of hospital, date of report; and name and position of person preparing the report.

SEE *DEFINITIONS* ON THE BACK OF OSHA FORM 200.

OMB DISCLOSURE STATEMENT

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing 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 regarding this estimate or any other aspect of this information collection, including suggestions for reducing this burden, please send them to the OSHA Office of Statistics, Room N3644, 200 Constitution Avenue, NW, Washington, DC 20210

DO NOT SEND THE COMPLETED FORM TO THE OFFICE SHOWN ABOVE