

# OSHA Form 301

Customized for the Veterinary Profession by Veterinary Practice Consultants®

## Injury and Illnesses Incident Report

**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 & health purposes.

Year 20 \_\_\_\_  
**U.S. Department of Labor**  
**Occupational Safety & Health Administration**  
Form approved OMB no 1218-0176

This Injury & Illness Incident Report is one of the first forms you must fill out then a recordable work-related injury or illness has occurred. Together with the Log of Work-Related Injuries and Illnesses and the accompanying Summary, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents. Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form. According to Public Law 91-596 and 29CFR1904, OSHA's recordkeeping rule, you must keep the form on file for 5 years following the year to which it pertains. If you need additional copies of this form, you may photocopy and use as many as you need.

### Information about the employee

- 1) Full Name \_\_\_\_\_
- 2) Street \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
- 3) Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_
- 4) Date hired \_\_\_\_/\_\_\_\_/\_\_\_\_
- 5) Male  Female

### Information about the physician or other healthcare professional

- 6) Name of the professional \_\_\_\_\_
- 7) If treatment was given away from the worksite, where was it given?  
Facility \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
- 8) Was employee treated in an emergency room? Yes  No
- 9) Was employee hospitalized overnight as an in-patient? Yes  No

### Information about the case (use the "NOTES" section on the reverse of this form if additional space is needed to answer any question)

- 10) Case number from the log \_\_\_\_\_  
*(transfer case number from the log after you record the case.)*
- 11) Date of Injury or illness \_\_\_\_/\_\_\_\_/\_\_\_\_
- 12) Time employee began work \_\_\_\_\_ AM/PM
- 13) Time of event \_\_\_\_\_ AM/PM  Can not be determined
- 14) **What was the employee doing just before the incident occurred?**  
Describe the activity as well as the tools, equipment or materials the employee was using. Be specific. (e.g., employee was preparing to clean the kennels with bleach.)
- 15) **What happened?** Tell how the injury occurred. (e.g., When the employee opened the cage door the dog lunged and bit the employee.)
- 16) **What was the injury or illness?** Describe the part of the body that was affected and how it was affected. (e.g., multiple puncture wounds to the right hand and forearm.)
- 17) **What object or substance directly harmed the employee?** Mark N/A if this question is not applicable.
- 18) **If the employee died, what date did death occur?** \_\_\_\_/\_\_\_\_/\_\_\_\_

### Information about the investigation

- 20) **Was the incident the result of a violation of established safety policies?**  No  Yes If yes, explain:
- 21) **Has the employee received training to perform this procedure safely?**  
 Yes  No If no, explain:
- 22) **Does the employee need additional training in this procedure?**  
 No  Yes If yes, explain:
- 23) **Are changes necessary in the operations or procedures of the hospital that would prevent this type of accident in the future?**  
 No  Yes If yes, explain:
- 24) **Was this incident an animal bite or similar episode?**  No  Yes  
If yes, Owner's Name \_\_\_\_\_  
Animal's Name \_\_\_\_\_  
Date of last rabies vaccination \_\_\_\_/\_\_\_\_/\_\_\_\_
- 25) **Was the animal quarantined and apparently healthy 10 days after the incident?**  Yes  No If no, explain:
- 26) **Did the staff member require post-exposure rabies treatment?**  
 No  Yes

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including 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 valid OMB control number. If you have any comments about these estimates or any other 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.

# How to Investigate an Accident or Job-Related Illnes

When an accident occurs or an employee becomes ill from something related to their job, the leadership has an obligation to investigate the circumstances. The investigation starts with collecting the relevant details as soon as possible. OSHA Form 301 or a similar “accident report” form (like the one used to file for workers’ compensation benefits as long as it contains the same information) should be used to document the details while they are fresh in everyone’s memory. Any incident that results in one of the following situations is considered work-related and must be investigated using an accident report:

- the death of an employee on the job;
- the loss of consciousness of an employee while on the job;
- the employee loses at least one day of work because of the incident;
- the employee’s duties or abilities are restricted or he/she is transferred to another job because of the incident (this generally includes animal-inflicted injuries such as bites and severe scratches);
- the employee receives medical treatment other than first aid (see box for definitions) because of the incident;
- the employee suffers a fractured or cracked bone, a punctured ear drum or any chronic, irreversible disease as a result of their job;
- the employee develops cancer, tuberculosis or is removed from their job for medical reasons under an OSHA health standard; or
- the employee is stuck with a needle or cut from a sharp object that is contaminated with HUMAN blood or HUMAN infectious material during performance of their duties.

## What is First Aid?

If the incident required only the following types of treatment, consider it first aid; DO NOT record it on the log.

- ▶ the use of non-prescription medications at non-prescription strengths;
- ▶ administration of tetanus immunizations;
- ▶ cleaning, flushing or soaking wounds on the skin surface;
- ▶ using wound coverings such as BandAids™, gauze pads, etc. or using SteriStrips™ or butterfly bandages;
- ▶ using hot or cold therapy;
- ▶ using any totally non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc;
- ▶ drilling a fingernail to toenail to relieve pressure, or draining fluids from blisters;
- ▶ using eye patches;
- ▶ using simple irrigation or a cotton swab to remove foreign bodies not embedded in or adhered to the eye;
- ▶ using irrigation, tweezers, cotton swabs or other simple means to remove splinters or foreign material from areas other than the eye;
- ▶ using finger guards;
- ▶ using massages;
- ▶ drinking fluids to relieve heat stress.

Note: Incidents involving non-employees (visitors, clients) should be reported to the insurance company but are not considered workplace accidents according to OSHA standards and therefore should not be included in this process.

The leadership or Safety Committee should review the accident report after completion of the investigation to determine if any changes to the hospital operations are necessary.

## Notes: