

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.

Year 2012

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 29CFR 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 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

Establishment Name Louisville Office

City Louisville State KY

Identify the person		Describe the case			Classify the case												
Case No. (A)	Employee's Name (B)	Job Title (C)	Date of Injury or onset of illness (D)	Where the event occurred (E)	Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (F)	Using these four categories, check ONLY the most serious result for each case				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness.					
						Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)	Away from work (K)	On job transfer or restriction (L)	Injury (1)	Skin Disorders (2)	Respiratory Condition (3)	Poisoning (4)	Hearing Loss (5)	All other illnesses (6)
2012-3	Smith, Tom	Fork Lift	01/12/12		[Type: Laceration] [Part: Elbow (right side)] [Source:]	[]	[x]	[]	[]	2	4	[x]	[]	[]	[]	[]	[]

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, 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 other aspects of this data collection contact: U S Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.