

OSHA's Form 301 Injury and Illness 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 and health purposes.



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

Form approved OMB no. 1218-0176

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 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

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 health care professional:

6. _____
Name of physician or other health care professional
7. If treatment was given away from the worksite, where was it given?

Facility

Address
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:

10. Case number from the 300 Log _____
11. Date of Injury or Illness _____
12. Time employee began work _____
13. Time of event _____
Check if time cannot be determined
14. **What was the employee doing just before the injury occurred?** Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. *Examples:* "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
15. **What happened?** Tell us how the injury occurred. *Examples:* "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
16. **What was the injury or illness?** Tell us the part of body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." *Examples:* "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
17. **What object or substance directly harmed the employee?** *Examples:* "concrete floor"; "chlorine"; "radial arm saw." Leave blank if not applicable.
18. **If the employee died, when did death occur?** Date of death _____

Completed by _____ Title _____
Phone _____ Date _____