

OSHA Form 301- Injury and Illness Incident Report

Case # _____
Recordable <input type="checkbox"/> Non-recordable <input type="checkbox"/>
To be completed by EH&S

Information about the injured person

- 1) Full name: _____
- 2) Street _____
City _____ State _____ Zip _____
- 3) Injured persons "A" # _____
- 4) Date of birth _____ Date hired _____
- 5) Male Female
- 6) Employee
Job title _____
Hrs/day _____ Days/Wk _____
Student
Visitor
- 7) Program area _____ Phone # _____
- 8) Injured persons Signature _____
- 9) Supervisor _____ Phone # _____
Signature _____ Date _____

- 19) Did injured person file a Labor & Industries report? Claim # _____
Yes No
- 20) If the injured person died, Date of death: _____
- 21) Location _____
- 22) Witness: _____
- 23) What was the injured person doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the injured person was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
- 24) What happened? Tell us how the injury occurred. Examples: "When the ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness of wrist over time."

Information about the Medical Treatment

- 10) Extent of treatment: None First Aid Medical Treatment
- 11) If treatment was given away from the worksite, where was it given?
Dr. Name _____
Facility _____
Street _____
City _____ State _____ Zip _____
- 12) Was the Injured person treated in an emergency room?
Yes No
- 13) Was the Injured person hospitalized overnight as an in-patient?
Yes No

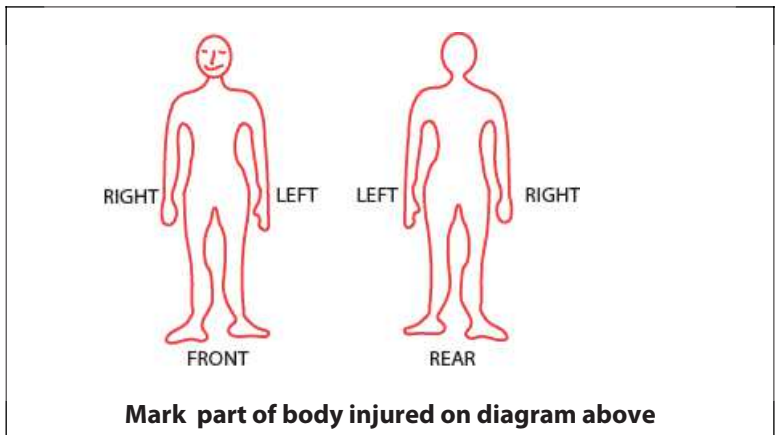
Information about the case

- 14) Date of injury or illness _____
- 15) Time of event: _____ AM PM Unknown
- 16) Time Injured person began work _____ AM PM
- 17) Dates lost from work: _____ to _____
- 18) Dates on restricted duty: _____ to _____

- 25) What was the injury or illness? Tell us the part of the 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."
- 26) What object or substance directly harmed the injured person? Examples: "concrete floor"; "chlorine"; "radial arm saw". If this question does not apply to the incident, leave it blank.

Completed by: _____
Title: _____
Phone: _____
Date: _____

Attention: This form contains information relating to Injured persons health and must be used in a manner that protects the confidentiality of the information while being used for occupational safety and health purposes to the extent possible .



Complete this form for all injuries and illnesses. When complete, print form, get necessary signatures, & make two photocopies. Forward the original to the EH&S Coordinator in 1254 LAB II and forward a photocopy to Business Services L 1125. The affected person keeps the remaining photocopy. This form should be completed within 24 hours of the incident.