OSHA WORKPLACE INJURY & ILLNESS FILE

(USE TO HELP IN COMPLIANCE WITH 29 CFR PART 1904.8 THROUGH 1904.12)

WHAT DO YOU NEED TO DO?

- Within 7 calendar days after you receive information about a case, decide if the case is recordable under the OSHA recordkeeping requirements.
- Determine whether the incident is a new case or a recurrence of an existing one.
- Establish whether the case is work related.
- If the case is recordable, decide which form you will fill out as the injury and illness incident report.

(A copy of OSHA's 301 Injury and Illness Incident Report is reprinted inside this folder)



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CONFIDENTIAL YES NO

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.



Form approved OMB no. 1218-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when 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 29 CFR 1904, OSHA's recordkeeping rule, you must keep this 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.

Completed by	 		
Title	 		
Phone ()	 Date	//_	

Information about the employee	Information about the case
1) Full name	10) Case number from the Log (Transfer the case number from the Log after you record the case.)
2) Street	11) Date of injury or illness /
City State ZIP	13) Time of event AM / PM
3) Date of birth// 4) Date hired// 5)	What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
Information about the physician or other health care professional	15) What happened? Tell us how the injury obsurred. Examples: "When ladder slipped on wet floor, worker fell 20 lever"; "Yorker was sprayed with chlorine when gasket broke during replacement"; "Worker developed some in wrist over time."
6) Name of physician or other health care professional	
7) If treatment was given away from the worksite, where was it given? Facility	16) What was the injury of the series? 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."
City State ZIP	
8) Was employee treated in an emergency room? Yes No	What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "and a man saw." If this question does not apply to the incident, leave it blank.
9) Was employee hospitalized overnight as an in-	18) If the employee died, when did death occur? Date of death/

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing normal data sources, galaxia sources, g

This section is not required to be completed for compliance with OSHA Regulations (29 CFR Part 1904.8 through 1904.12). It can be used to track activity and record receipt of information regarding this injury or illness.

	LOG EMPLOYEE WORK RELATED INJURY / ILLNESS STATUS														
ENTRY INITIALS CATEGORY DEATH DAYS AWAY			REMAINED A			TYPE OF ILLNESS									
DATE	INITIALS	CATEGORI	DLAIII	FROM WORK	JOB TRANSFER OR RESTRICTION		ON JOB TRANSFER/REST.		(1)					L OTHER	338
			(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3) 🖁 🞖	(4)	(5)	(6) ₹ ₹	COMMENTS
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