### OSHA's Form 300 (Rev. 01/2004)

## 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.



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

Establishment name

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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 29 CFR 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 Incident 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 help.

Identi	fy the person		Describe t	he case			ify the ca									
	(B) Employee's name	(C) Job title	(D)  Date of injury	(E) Where the event occurred	(F) Describe injury or illness, parts of body affected,		on the mos	box for eac serious out		Enter to days th ill work	he number of ne injured or ner was:			"Injury" type o		
no.		(e.g., Welder)	or onset of illness	(e.g., Loading dock north end)	and object/substance that directly injured or made person ill (e.g., Second degree burns on			Remaine	d at Work			(M)	rder	ý	SSO	
					right forearm from acetylene torch)	Death (G)		Job transfer or restriction		Away from work (K)	On job transfer or restriction (L)	(1)		(5) Kespirato conditior conditior. Poisoning	(2) (2)	(9) All other
			month/day							days						
			/							days	s days					
			month/day							days	s days					
			month/day							days	s days					
			month/day							days	s days					
			month/day							days	s days					
			month/day							days	s days					
			month/day			- 0				days	s days					
			month/day			- 0				days	s days					
			month/day							days	s days					
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			month/day			- 0				days	s days					
			month/day							days						
			month/day		Page totals			_	_							

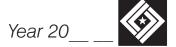
Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information 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: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses
(1)	(2)	(3)	(4)	(5)	(6)

#### OSHA's Form 300A (Rev. 01/2004)

# Summary of Work-Related Injuries and Illnesses



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

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of C	ases		
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G)	(H)	(I)	(J)
Number of D	)ays		
Total number of da from work		otal number of days of job ransfer or restriction	
(K)	_	(L)	
Injury and II	Iness Types		
Total number of (M)			
) Injuries		(4) Poisonings	
		(5) Hearing loss	
) Skin disorders		(6) All other illness	es
Respiratory condit	ions		

#### Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 58 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: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Your establishment name	
Street	
	State ZIP
Industry description (e.g., Manuj	facture of motor truck trailers)
Standard Industrial Classificatio	n (SIC), if known (e.g., 3715)
	_
North American Industrial Clas	sification (NAICS), if known (e.g., 336212)
<b>Employment informat</b> Worksheet on the back of this page to	<b>ion</b> (If you don't have these figures, see the estimate.)
Annual average number of empl	oyees
Total hours worked by all emplo	oyees last year
Sign here	
Knowingly falsifying this	document may result in a fine.
I certify that I have examined knowledge the entries are tru	I this document and that to the best of my ne, accurate, and complete.
Company executive	Title
( ) - Phone	/ / Date
Phone	Date