



<<\_CompanyName\_>>

<<\_Address1\_>>

<<\_Address2\_>>

<<\_City\_>>, <<\_StateProv\_>> <<\_PostalCode\_>>

<<\_Website\_>>

## INJURIES AND ILLNESSES INCIDENT REPORT

OSHA'S FORM 301

### INFORMATION ABOUT THE EMPLOYEE

**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.

1. **Full Name:** [Click here and type name]

2. **Street:** [Click here and type street]

**City:** [Click here and type city]

**State:** [Click here and type state]

**Zip:** [Click here and type zip code]

3. **Date of birth:** [Click here and type date of birth]

4. **Date Hired:** [Click here and type date hired]

5. **Male**  **Female**

### INFORMATION ABOUT THE PHYSICIAN OR OTHER HEALTH CARE PROFESSIONAL

6. **Name of physician or other health care professional:** [Click here and type name]

7. **If treatment was given away from the worksite, where was it given?**

**Facility:** [Click here and type details]

**Street:** [Click here and type street]

**City:** [Click here and type city]

**State:** [Click here and type state]

**Zip:** [Click here and type zip code]

8. **Was employee treated in an emergency room?** Yes  No

9. **Was employee hospitalized overnight as an in-patient?** Yes  No

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.

**INFORMATION ABOUT THE CASE**

**10. Case number from the Log:**

(Transfer the case number from the Log after you record the case OSHA 300 Form.)

**11. Date of injury or illness:** [Click here and type date]

**12. Time employee began work:** [Click here and type time] AM  PM

**13. Time of event:** [Click here and type time] AM  PM  Cannot be determined

**14. 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 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 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."

**17. What object or substance directly harmed the employee?** Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.

**18. If the employee died, when did death occur?** [Click here and type date]

**Completed by:** [Click here and type name]

**Title:** [Click here and type title]

**Phone:** [Click here and type phone]      **Date:** December 7, 2009

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