

OSHA Injury and Illness Log and Summary

Public Law 91-596 and 29 CFR 1904 require you to:

- Enter all recordable occupational injuries and illnesses. (See instructions on back.)
- Update and retain completed form for three years.

Failure to complete, update and post can result in the issuance of citations and penalties.



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

Form approved O.M.B. No. 1218-0000
See O.M.B. disclosure statement on back.

This form is not an insurance form. Cases listed below are not necessarily eligible for Workers' Compensation or other insurance. Listing a case below does not necessarily mean that the employer or worker was at fault or that an OSHA Standard was violated.

Establishment Name _____

Establishment Address _____

Mailing Address if different _____

Industry description and Standard Industrial Classification (SIC) if known (e.g. *Manufacture of motor truck trailers, SIC 3715*) _____

For calendar year _____

Page _____ of _____

A. Employee's Name (e.g. Doe, Jane B.)	CASE IDENTIFICATION				F. Description of injury or illness; part(s) of body affected, and object/substance which directly injured or made employee ill (e.g. <i>Second degree burns on right forearm from acetylene torch</i>)	CASE CLASSIFICATION <i>(Check only one)</i>					J. Employer Use
	B. Case Number (e.g. 1, 2, 3)	C. Date of injury or illness (m/d)	D. Department and location where event occurred (e.g. <i>loading dock north end</i>)	E. Regular job title (e.g. <i>Welder</i>)		G. Death	H. Involving Days Away	I. Without Days Away		OTHER	
							(# Days)	Restricted Work Activity	Other		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

YEAR END SUMMARY
Complete the year end portion of this form, even if there were no cases during the year. **Fold along line to the right and post this form from February 1 to January 31 where employees can read it.**

Employees, former employees, and their representatives have the right to review all OSHA Injury and Illness Records, in their entirety, for this establishment.

Year end totals _____
Annual average number of employees _____
Total hours worked by all employees _____

I have examined this Log and Summary and certify its accuracy and completeness X _____ Title _____ Phone (____) _____ Date ____/____/____
(Responsible Company Official)

Knowingly falsifying this document can result in fine, imprisonment, or both. Draft OSHA Form 300 (10/95)