OSHA's Form 301 Injuries and Illnesses Incident Report

Information about the employee

1) Full Name

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.

Information about the case

Case number from the Log



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

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 workrelated inju the Log of the accomi employer a and severit

Within information illness has equivalent. insurance, substitutes any substit asked for c

Accord 1904, OSH this form of which it pe

If you may photo

Completed

Phone

you must fill out when a recordable work- ury or illness has occurred. Together with	2) Street	11) Date of injury or illness
Work-Related injuries and Illnesses and panying Summary, these forms help the	CityStateZip	12) Time employee began work AM/PM
and OSHA develop a picture of the extent ty of work-related incidents.	3) Date of birth	AM/PMCheck if time cannot be determined
7 calendar days after you receive n that a recordable work-related injury or	4) Date hired	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 keyentry."
occurred, you must fill out this form or an	5) Male	
. Some state workers' compensation, or other reports may be acceptable	Female	
s. To be considered an equivalent form, tute must contain all the information on this form. ding to Public Law 91-596 and 29 CFR HA's recordkeeping rule, you must keep	Information about the physician or other health care professional	
	Name of physician or other health care professional	What happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was spayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
n file for 5 years following the year to ertains		_
need additional copies of this form, you copy and use as many as you need.	7) If treatment was given away from the worksite, where was it given?	
copy and doc do many do you need.	Facility	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."
	Street	
	CityStateZip	_
by	8) Was employee treated in an emergency room?	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.
	Yes No	
	9) Was employee hospitalized overnight as an in-patient?	
Date	Yes □ No	18) If the employee died, when did death occur? Date of death
	ш :	-,

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate or any other aspects of this data collection, including suggestions for reducing this burden, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.