

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.

Instruction: 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 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 (Cal/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, contact the nearest office of the Division of Occupational Safety and Health for assistance.

Note: Privacy Concern Cases: Employers using forms equivalent to the Cal/OSHA 300 are required to follow the privacy concern disclosure restriction specified in Section 14300.29 (b)(6)-(10).

Note: Additional Criteria Beginning January 1, 2002, employers are required to record the following as specific injury and illness conditions. These are:

1. Injury from a needle or other sharp object that is contaminated with blood or OPIM (Reference: Section 14300.8)
2. Cases of medical removal under the requirements of a Cal/OSHA standard. (Reference: Section 14300.9)
3. Tuberculosis infection evidenced by a positive skin test or diagnosed by a physician. (Reference: Section 14300.11)

Note: Authority cited: Section 6410, Labor Code. Reference: Section 6410, Labor Code

Log of Work-Related Injuries and Illnesses

Company Name Sample, Town of
Establishment name WC/SCHOOL DEPT.
11 Sample Road City MA ZIP

Identify the Person			Describe the Case			Classify the Case											
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of Injury or onset of illness	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:					
						Death (G)	Days Away From Work (H)	Remained at Work		Away From Work (K)	Job Transfer or Restrictions (L)	(M) Injury (1)	Skin Disorder (2)	Respiratory Condition (3)	Poisoning (4)	Hearing Loss (5)	All Other (6)
								Job Transfer or Restrictions (I)	Other Recordable Cases (J)								
Agent			Loss Location			Loss Description											
		SCH/CAFETERIA	04/03/2019	Other	LIFTING-WHILE LIFTING CRATES INTO MILK COOLER HURT BACK		X			8	0	X					
		SCHOOL/AIDE	09/06/2019	SCHOOL DEPT.	CLIMBING-WHILE GETTING UP FROM FLOOR TWISTED LEFT KNEE				X	0	0	X					
		SCHOOL TEACHER	06/10/2019	SCHOOL DEPT.	STRUCK BY-LOADING A FILE CABINET AND IT FELL ON LEFT ARM AND HAND				X	0	0	X					
		SCHOOL TEACHER	09/03/2019	SCHOOL DEPT.	INSECT BITE-EE STUNG BY YELLOW JACKET ON LEFT ARM.				X	0	0	X					
		SCHOOL/AIDE	09/05/2019	SCHOOL DEPT.	TRIPPED/TURNED-EE TRIPPED IN A POTHOLE ON THE SIDE OF THE BUILDING, CUTTING KNEE AND INJURING WRIST AND SHOULDER.				X	0	0	X					
		SCHOOL TEACHER	09/09/2019	SCHOOL DEPT.	STRUCK AGAINST-AFTER TAKING SCHOOL PCITURES EE WAS CLOSING STADIUM GATE IN FOOTBALL FIELD AND GATE CAUGHT EE'S MIDDLE AND RIN				X	0	0	X					
		SCHOOL TEACHER	11/15/2019	SCHOOL DEPT.	STRUCK AGAINST-EE CAUGHT MIDDLE FINGER OF RIGHT HAND ON DOOR JAMB				X	0	0	X					
		SCHOOL/AIDE	10/31/2019	SCHOOL DEPT.	STRUCK AGAINST-EE HAD HAND ON CHILD'S CHAIR AND CHILD BOLTED CAUSING EE TO LOSE BALANCE AND HIT FOREHEAD ON CORNER OF SHELF.				X	0	0	X					
		SCHOOL/AIDE	10/03/2019	SCHOOL DEPT.	ASSAULT-EE USED A FINGER SWIPE TO PREVENT STUDENT FROM CHOKING ON A CRAYON AND STUDENT BIT EE'S RIGHT FINGER.				X	0	0	X					
		SCH/CUSTODIAN	01/08/2019	SCHOOL DEPT.:BACK PARKING LOT	Slip On Ice or Snow-SLIPPED AND FELL ON ICE AND SPRAINED RIGHT WRIST		X			1	0	X					
		SCHOOL/AIDE	06/03/2019	SCHOOL DEPT.:BYAM SCHOOL	TRIPPED/TURNED-TURNED LEFT ANKLE WHILE TRYING TO PREVENT STUDENT FROM KICKING.				X	0	0	X					
		SCHOOL/AIDE	09/27/2019	SCHOOL DEPT.:BYAM SCHOOL	LIFTING-EE ESCORTING STUDENT, STUDENT DROPPED TO THE FLOOR CAUSING EE TO STRAIN BACK.				X	0	0	X					
		SCHOOL/AIDE	01/03/2019	SCHOOL DEPT.:CAFE	FALL SAME LEV.-SLIPPED ON A CLEAR CRAFT BIN LID ON FLOOR HURTING RIGHT KNEE.				X	0	0	X					
		SCHOOL/AIDE	01/14/2019	SCHOOL DEPT.:CAFE	FALL SAME LEV.-WALKING IN CAFE AND SLIPPED ON FOOD AND FELL. ELBOW WENT INTO RIBS.				X	0	0	X					
		SCHOOL/AIDE	12/05/2019	SCHOOL DEPT.:CENTER SCHOOL	FALL SAME LEV.-EE SLIPPED AND FELL ON WATER ON FLOOR IN CAFETERIA FROM WATER SPILL. FELL ON RIGHT KNEE AND PAIN IN LOWER BACK				X	0	0	X					
		SCHOOL TEACHER	09/04/2019	SCHOOL DEPT.:CHELMSFORD HIGH SCHOOL	ASSAULT-A SPECIAL NEEDS STUDENT GRABBED EE'S HAND AND BENT 2ND AND 3RD FINGERS BACK CAUSING SWELLING AND PAIN.				X	0	0	X					

Page Totals :

0	2	0	14	9	0	16	0	0	0	0	0
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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.

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