OSHA's Form 300 (Rev. 01/2004)
Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employees 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.

Year 2010
U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

You must record information about every work-related death and about every work-related injury 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 recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case is you need to. You must complete an Injury and Illness Report (OSHA Form 301) or equivalent 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.

Establishment Name: ABC Construction Main Office
City: City
State: CA

Identify the person			Describe the case			Classify the case											
						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:** (M)					
								Remained at work									
(A) **Case No.**	(B) **Employees 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, body parts affected, and objects/substances that directly injured or made person ill** (e.g., Second degree burns on right forearm from acetylene torch)	Death (G)	Days away from work (H)	Job transfers or restrictions (I)	Other record-able cases (J)	Away from work (K)	On job transfers or restriction (L)	Injury (1)	Skin disorder (2)	Respiratory disorder (3)	Poisoning (4)	Hearing Loss (5)	All other illnesses (6)
0001	Barney Jim		1/25/2010	Warehouse Receiving Aread North End	Lifting 25 pound box strained lower back	☐	☑	☐	☐	6 days	0 days	☑	☐	☐	☐	☐	☐
0005	Privacy Case	Welder	1/2/2010	Loading Dock North End	Second Degree burns on right hand and thumb.	☐	☑	☐	☐	9 days	0 days	☑	☐	☐	☐	☐	☐
0009	Fields Aaron		1/25/2010	Main Office	Lifting file cabinet strained lower back	☐	☑	☐	☐	5 days	0 days	☑	☐	☐	☐	☐	☐
						☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
						☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
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						☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
						☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
					Page totals ➔	0	3	0	0	20	0	3	0	0	0	0	0
												Injury (1)	Skin disorder (2)	Respiratory disorder (3)	Poisoning (4)	Hearing Loss (5)	All other illnesses (6)

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

OSHA's Form 300A (Rev. 01/2004)
Summary of Work-Related Injuries and Illnesses

Year 2010

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 access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfers or restriction	Total number of other recordable cases
0	3	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfers or restriction
20	0
(K)	(L)

Injury and Illness Types

Total number of . . .	(M)		
(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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

Establishment Information

Your establishment name: ABC Construction Main Office

Street: Address

City, St, Zip: City, CA 92705

Industry description (e.g., Manufacture of motor truck trailers)

Manufacturing

Standard Industry Classification (SIC), if known(e.g., SIC 3715)

3715

North American Industrial Classification (NAICS), if known (e.g. 336212)

283948

Employment Information (if you do not have these figures, see Worksheet to estimate.)

Annual average number of employees: 150

Total hours worked by all employees last year: 650000

Sign here

Knowingly falsifying this document may result in a fine

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive | Title

Phone | Date