

# 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.

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 \_\_\_\_\_

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.

A. Employee's Name (e.g. Doe, Jane B.)	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. loading dock north end)		E. Regular job title (e.g. Welder)		F. Description of injury or illness; part(s) of body affected, and object/substance which directly injured or made employee ill (e.g. Second degree burns on right forearm from acetylene torch)	CASE CLASSIFICATION (Check only one)				OTHER	
	G. Death	H. Involving Days Away	I. Without Days Away	J. Restricted Work Activity	K. Other	L. (# Days)	M. (X)	N. (X)	O. (X)							
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**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, former employees, and their representatives have the right to review all OSHA Injury and Illness Records, in their entirety, for this establishment.

I have examined this Log and Summary and certify its accuracy and completeness X (Responsible Company Official)

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

Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Date / /

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