## OSHA Injury and Illness Log and Summary

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.

### 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.

<table>
<thead>
<tr>
<th>Establishment Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishment Address</td>
<td></td>
</tr>
<tr>
<td>Mailing Address # different</td>
<td></td>
</tr>
</tbody>
</table>

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

| 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) | E. Regular job title | 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 burn on right forearm from acetylene torch) | \[CASE CLASSIFICATION\]

- G. Death
- H. Involving Days Away
- I. Without Days Away
- J. Employer Use

- Restricted Work Activity
- Other

- (X) (X) (if Days) (X) (X)

### YEAR END SUMMARY

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

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

| 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 (Responsible Company Official)  

Title  Phone (  ) Date / /

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