



Cal/OSHA Form 300

Log of Work Related Injuries and Illnesses

Year: _____

Establishment name _____

City/State _____

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 _____

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 CFR Title 8 Section 14300.8 through 14300.12. 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.

Identify the person

Describe the case

Classify the case

(A) Case #	(B) Employee's Name	(C) Job Title (e.g. welder)	(D) Date of injury or onset of illness (month/day)	(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 acetylene torch)	Using these four categories, check ONLY the most serious result for each case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness (M)				
						(G) Death	(H) Days away from work	(I) Job transfer or restriction	(J) Other recordable cases	(K) On the job transfer or restriction	(L) Away from work	(1) Injury	(2) Skin Disorder	(3) Respiratory condition	(4) Poisoning	(5) All other illnesses
1											_____ days					
2											_____ days					
3											_____ days					
4											_____ days					
5											_____ days					
6											_____ days					
7											_____ days					
8											_____ days					
9											_____ days					
10											_____ days					
11											_____ days					
12											_____ days					
13											_____ days					
14											_____ days					
15											_____ days					
16											_____ days					
17											_____ days					
						0	0	0	0	0	0	0	0	0	0	0

Injury (1) (2) (3) (4) (5) _____
 Skin Disorder _____
 Respiratory _____
 Poisoning _____
 All other illnesses _____

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

Note: If additional entries are required, just copy rows from the bottom of the case area and paste them back.