

Tips for Completing OSHA Form 300, *Log of Work-Related Injuries and Illnesses*

Use the Occupational Safety and Health Administration (OSHA) [Form 300, Log of Work-Related Injuries and Illnesses](#), to catalog and document [work-related](#) injuries and illnesses at your organization. The log shows the extent and severity of each work-related case.

Designate a recordkeeper knowledgeable of [29 CFR 1904](#) and [29 CFR 1960](#) recordkeeping regulations. Recordkeepers work with accident investigators, occupational health staff, and others to gather specific case details and required OSHA Form 300 information. They understand the difference between an incident being 'reportable' versus 'OSHA recordable.' They use the information gathered to determine if an incident needs documented on OSHA Form 300. The tips included in this handout will help the recordkeeper complete the OSHA Form 300.

CALENDAR YEAR

Record the last two digits of the calendar year, not fiscal year, in the upper right corner of the OSHA Form 300.

IDENTIFY THE PERSON (COLUMNS A, B, C)

Case number (Column A)

Identify a case number for each incident. Tie the case number to mishap investigation results, workers' compensation claims, and medical records.

Employee's name (Column B)

Include the employee's name. If the employee's name is a privacy concern ([29 CFR 1904.29](#)), omit the name and document it as "privacy case." Keep a separate, confidential list of private case numbers and names so you can provide this information upon request.

Job title (Column C)

Document the employee's Office of Personnel Management (OPM) job series number and job title ([29 CFR 1960](#)). For uncompensated volunteers, enter a "V" before the OPM series.^{1,2}

¹ According to [29 CFR 1960](#) regulations, federal agencies consider volunteers to be "employees." [29 CFR 1904.31](#) requires you to record injuries and illnesses of "employees."

² [29 CFR 1960.73\(c\)](#) also requires federal agencies with recordable injuries and illnesses to volunteers to separately track the total number of hours worked by volunteers.

WHAT DO YOU NEED TO DO?

1. Compare the case information against recordkeeping regulations to determine if the case is "work-related" and "OSHA recordable."
2. Decide if the case is work-related, thus OSHA recordable.
3. If the case is recordable, fill out an injury and illness incident report (e.g., [OSHA Form 301](#) or equivalent Service or Agency form)
4. Determine whether the incident is a new case or a recurrence of an existing case.
5. Add/revise the case on OSHA Form 300 within seven (7) calendar days after receiving notification of the incident.
6. Transfer data to [OSHA Form 300A](#) and post by February 1 through April 30.

Identify the person

(A) Case No.	(B) Employee's Name	(C) Job Title (OPM Series)
1	Mark Bagin	0318 - Secretary
2	Shana Alexander	1640 - Facility Specialist
3	Privacy Case	0610 - Nurse
4	Ralph Boccella	0631 - Occ. Therapist
5	Jarod Daniels	0610 - Nurse



DESCRIBE THE CASE (COLUMNS D, E, F)

Be specific when you describe the case. A detailed description ensures you can readily identify the incident area and injury or illness sustained, and help you trend incident data later. Make sure every component to this section is complete, especially Column F.

Date of injury or onset of illness (Column D)

Identify the date of the incident or the date the employee reported symptoms of an illness.

Where the event occurred (Column E)

Document the location of the incident. If the location of the incident is large, specify as exact a location as possible. For example, rather than stating “production floor,” you would say “production floor – quality assurance area.” Consider referencing close rooms, machines, or other nearby objects and materials to further help specify the location.

Describe the injury or illness (Column F)

State the injury and illness. Examples can include fracture, poisoning, strain, sprain or cut.

Describe parts of body affected (Column F)

Identify the body part(s) affected during the incident. Examples could include descriptions such as left forearm, right eye, lower back, or forehead.

Describe the case		
(D) Date of injury/ onset of illness	(E) Where the event occurred (e.g., loading dock north end)	(F) Describe injury/ illness, parts of body affected, object/ substance that directly injured or made person ill
5/25	Basement level, room B17	Carpal tunnel syndrome in left wrist from poor keyboard and hand posture
7/2	Floor 5, hallway outside room 532	Sprained right elbow after fall from step ladder to hallway floor
8/5	Main floor, sick room 12	Contaminated needle stick to right index finger
9/17	Floor 1, weight/exercise room	Strained lower back muscle assisting with patient lift
10/23	Floor 9, room 923	Allergic reaction to latex gloves causing swelling of hands, epipen used

Classify the case

CHECK ONLY ONE BOX for each case based on the most serious outcome for that case

Death	Days away from work	Remained at Work	
		Job transfer or restriction	Other recordable cases
(G)	(H)	(I)	(J)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Describe object/substance that directly injured or made person ill (Column F)

Document the object or substance that made the person injured or ill. Examples can include falling from a stepladder, exposure to lead fumes, lifting heavy boxes, and improper use of acetylene torch.

CLASSIFY THE CASE (COLUMNS G, H, I, J)

Determine the most serious outcome of the case. Mark only one box to show this outcome. Revise this section if the outcome becomes more serious. Cross out, erase, or white out the original entry during an update. Never mark more than one box in this area.

DAYS AWAY FROM WORK OR ON JOB TRANSFER OR RESTRICTION (COLUMNS K, L)

Enter the numbers of days away from work AND on job transfers or restrictions related to this case. Work with medical professionals and supervisors to track this information. If this section does not apply to the case, it is a good practice to mark a zero in these columns. Update these entries as the injury or illness progresses. Refer to [29 CFR 1904](#) to help count these days.

Enter the number of days the injured or ill worker was:	
Away from work (K)	On job transfer or restriction (L)
12 days	15 days
0 days	30 days
0 days	0 days
7 days	30 days
0 days	0 days

INJURY OR ILLNESS (COLUMN M)

Note whether the case is an injury or illness. Mark only one box for the case. Any case considered a physical injury is simply marked "injury," while illnesses have more options (i.e., skin disorders, respiratory conditions, poisoning, and hearing loss). Mark any other illnesses (e.g., ergonomics issues and allergic reactions) under the "all other illnesses" column.

Check the "injury" column or choose one type of illness:					
Injury (1)	Skin disorder (2)	Respiratory conditions (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

TALLYING TOTALS

Include totals for each column at the bottom of the OSHA Form 300, helping you transfer the information more easily to the OSHA Form 300A.

Death (G)	Days away from work (H)	Remained at work		Away From Work (days) (K)	On job transfer or restriction (days) (L)	Injury (1)	Skin Disorder (2)	Respiratory Condition (3)	Poisoning (4)	Hearing Loss (5)	All other illnesses (6)	
		Job transfer or restriction (I)	Other recordable cases (J)									
	X			12	15						X	
		X		0	30	X						
			X	0	0	X						
	X			7	30	X						
			X	0	0						X	
Page totals	0	2	1	2	19	75	3	0	0	0	0	2

For additional information on the SMCX's services, please visit the SMCX-hosted website at: <https://smcx.org/>.

