

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.

Organizations often have a designated OSHA recordkeeper who works with accident investigators, occupational health staff, and others to gather specific case details and required OSHA Form 300 information. Recordkeepers use the case information, along with [OSHA 29 CFR 1904 Recordkeeping](#) regulations, to determine if you need to document the case on OSHA Form 300.

The tips included in this handout will help you complete the OSHA Form 300.

CALENDAR YEAR

Record the last two digits of the calendar 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 mishap. Use the case number to tie the case to mishap investigation results, workers' compensation claims, and medical records.

Employee's name (Column B)

Include the employee's name. Omit an employee's name if their case is a privacy concern ([OSHA 29 CFR 1904.29](#)). Instead, document "privacy case," in lieu of the employee's name. Keep a separate, confidential list of the case numbers and employee names so you can update the cases and provide this information upon request.

Job title (Column C)

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

¹ According to 29 CFR 1960 regulations, federal agencies consider volunteers to be "employees." [OSHA 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. Within seven (7) calendar days from receiving information about a case, decide if the case is recordable under the OSHA recordkeeping standard.
2. Determine whether the incident is a new case or a recurrence of an existing case.
3. Establish whether the case was work-related.
4. If the case is recordable, decide which form you will fill out as the injury and illness incident report.

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. Being specific ensures you can readily identify the mishap area and injury or illness sustained, and helps you trend mishap data later.

Date of injury or onset of illness (Column D)

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

Where the event occurred (Column E)

Document the location of the incident. Rather than stating “production floor,” you want to say “production floor – quality assurance area.” If the quality assurance area covers a large space, you may also want to specify a location within the quality assurance area, or even reference machines or other nearby objects and materials.

Describe the injury or illness (Column F)

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

Describe parts of body affected (Column F)

Identify the body part(s) affected during the mishap. Examples can include left forearm, right eye, lower back, and 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 fall from stepladder, exposure to lead fumes, lifting heavy box, 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 whiteout the original entry during your 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 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

Enter the numbers of days away from work AND on job transfer 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 [OSHA 29 CFR 1904](https://www.osha-slc.gov/OSHA-29-CFR-1904) to help count these 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:

(M)	Injury	Skin disorder	Respiratory conditions	Poisoning	Hearing loss	All other illnesses
(1)	(2)	(3)	(4)	(5)	(6)	
<input type="checkbox"/>	<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 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

TALLYING TOTALS

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

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

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