## Year 20

## **OSHA** Form 300 Log of Work-Related Injuries and Illnesses

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 occupational safety and health purposes

Department of Consumer & Business Services Oregon Occupational Safety & Health Division (OR-OSHA)

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, job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related 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 OAR 437-001-0700. Use more lines for each case if needed. You must complete an Injury and Illness Incident Report (DCBS form 801) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OR-OSHA office for help.

Establishment name: City: State: oify th wike the CL Da

Identify the	e person			Describe the cas	e	(	lassif	y the ca	ise								
(A) (B) (C) (D)			(E) (F)								Enter "1" in the "injury" column or						
	Employee's name	Job title	Date of	Where the event	Describe Injury/Illness, parts of body			rious	days the in worker wa	choose one type of illness:* (M)							
		(e.g., "welder")	injury or illness	occurred (e.g., "loading dock -		Death	Days	Remain	ed at			(111)					
			micos	north end"	(e.g., "second degree burns on right		away from	work									sses
					forearm from acetylene torch")		work			-			rder	λ	50	SSO	All other illnesses
									Other		On job	y	Skin disorder	ition	guino	Hearing Loss	other
							$\mathbf{Y}$		record-	Away from		Injury	Skin	Respiratory condition	Poisoning	Hear	Alle
						(G)	(H)	restriction (I)	(J)	work (K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
						0	0		0	days	days	0	0	0	0	0	0
						0	0	0	0			0	0	0	0	0	0
						-	-		-	days	days				-		
						0	0	0	0	days	days	0	0	0	0	0	0
						0	0	0	0	days	days	0	0	0	0	0	0
						0	0	0	0	days	days	0	0	0	0	0	0
						0	0	0	0	days	days	0	0	0	0	0	0
						0	0	0	0	days	days	0	0	0	0	0	0
						0	0	0	0	days	days	0	0	0	0	0	0
						0	0	0	0	days	days	0	0	0	0	0	0
						0	0	0	0	days	days	0	0	0	0	0	0
						0	0	0	0	days	days	0	0	0	0	0	0
						0	0	0	0	days	days	0	0	0	0	0	0
						0	0	0	0	days	days	0	0	0	0	0	0
L				1	Page Totals	0	0	0	0	0 days	0 days	0	0	0	0	0	0
												ss	ler es				
	Be sure to transfer these totals to the Summary (OSHA Form 300A) before you post							Injury	isord	birato nditi	Poisoning	ıg Lc	ll oth Iness				
	it							Skin disorder	Respiratory condition	Poi	learin	All other illnesses					
	* Using "1" instead of an "x" allows the columns to total automatically.								s			H					
			-			P	age	of				(1)	(2)	(3)	(4)	(5)	(6)

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				Year 20				
OSHA Form 30 Summary of V	0A Vork-Related Inju	Department of Consumer & Business Services Oregon Occupational Safety & Health Division (OR-OSHA)						
during the year. Remember to Using the <i>Log</i> : count the indivi every page of the <i>Log</i> . If you h Employees, former employees	OAR 437-001-0700 must complete thi review the Log to verify that the entries dual entries you made for each catego aven't had any cases, write "0". and their representatives, have the ri form 801 or its equivalent. See OAR 437	s are complete and accurate being, write the totals below, make ght to review the OSHA Form 30	fore completing this summary. sure you've added the entries fro	Establishment Information	Form approved OMB no. 1218-0176			
Number of Cases				CityS	tateZIP			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or	Total number of other recordable cases	Industry description (e.g., Manufacturer of motor truck trailers)				
		restriction	0.	Standard Industrial Classification (NAICS), if known (e.g.,336212)				
(G)	(H)	(I)	(J)	Employment Information (If worksheet on the back of this p	you don't have these figures, see the age to estimate.)			
Number of Days				Annual average number of emp	loyees			
Total number of days away from work	Total number of days of job transfer or restriction	くてい		Total hours worked by all empl	oyees last year			
(K)	(L)	$1 \mathbf{V}$		<b>Sign here</b> Knowingly falsifying this docu	ment may result in a fine.			
Injury and Illness Type				I certify that I have examined the my knowledge, the entries are t	his document and that , to the best of rue, accurate, and complete.			
Total number of (M)				Company Executive	Title			
(1) Injuries		sonings		Phone: ()	Date:///			
(2) Skin disorders	(5) Hea	aring Loss						
(3) Respiratory conditions	(6) All	other illnesses						

Keep this Summary posted from February 1 to April 30 of the year following the year covered by this form.

440-3353B (11/01)

(OR-OSHA/COM)