OSHA's Form 301 Injury and Illness Incident Report

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by		 	
Title		 	
Phone ()	 Date	//

	-	· · ·	-
	Information about the employee		Informa
1)	Full name	10)	Case numbe
,		,	Date of inju
2)	Street		Time emplo
	City State ZIP		Time of eve
	Date of birth / / Date hired /	14)	What was tools, equi
5)	Male Female		carrying r
6)	Information about the physician or other health care professional Name of physician or other health care professional		What happ fell 20 fee developed
7)		-	What was more spec tunnel syn
	Street		
8)	City State ZIP Was employee treated in an emergency room? Yes No		What obje "radial arr
9)	Was employee hospitalized overnight as an in-patient? Yes No	18)	If the emp

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.



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Information about the case

10) Case number from the Log	_(Transfer the case number from the Log after you record the case.)
11) Date of injury or illness //	
12) Time employee began work	AM / PM
13) Time of event	AM / PM Check if time cannot be determined
tools, equipment, or material the employee w	e incident occurred? Describe the activity, as well as the ras using. Be specific. <i>Examples:</i> "climbing a ladder while ine from hand sprayer"; "daily computer key-entry."
	rred. <i>Examples:</i> "When ladder slipped on wet floor, worker ine when gasket broke during replacement"; "Worker
	rt of the body that was affected and how it was affected; be <i>Examples:</i> "strained back"; "chemical burn, hand"; "carpal
17) What object or substance directly harmed th "radial arm saw." If this question does not app	e employee? Examples: "concrete floor"; "chlorine"; ly to the incident, leave it blank.
18) If the employee died, when did death occur?	Pate of death

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate or any other aspects of this data collection, including suggestions for reducing this burden, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.