

OSHA's Form 300 (Rev. 04/2004)

Log of Work-Related Year 20 Injuries and Illnesses

Year 2021
 U.S. Department of Labor
 Occupational Safety and Health Administration



Please 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.
- Significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional.
- Work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Be sure to transfer these totals to the Summary page (Form 300A) before you post

Reminders:

- Complete an Injury and Illness Incident Report (OSHA Form 301) 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 OSHA office for help.
- Feel free to use two lines for a single case if you need to.
- Complete the 5 steps for each case.

Form approved OMB no. 1218-0176
 Establishment name: **ABC Company**
 City: **Atlanta** State: **GA**

Step 1. Identify the person			Step 2. Describe the case			Step 3. Classify the case				Step 4.		Step 5.						
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)						
Case no.	Employee's name	Job title	Date of injury or onset of illness	Where the event occurred	Description injury or illness	Death	Days away from work	Job transfer or restriction	Other recordable cases	days	days	(1)	(2)	(3)	(4)	(5)	(6)	
39959	Janet Anderson	Machinist	11 / 01	ABC Bldg 1 - front lobby	Slipped and Fell				<input checked="" type="radio"/>	!	!	<input checked="" type="radio"/>						
Page totals →						0	0	0	1	0	0	1	0	0	0	0	0	0

OSHA's Form 300A (Rev. 04/2004)
 Summary of Work-Related Injuries and Illnesses



All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
Total number of deaths	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of . . .	(1) Injuries	(2) Skin disorders	(3) Respiratory conditions	(4) Poisonings	(5) Hearing loss	(6) All other illnesses
(M)	1	0	0	0	0	0

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

Establishment information

Your establishment name: ABC Company

Street: 5090 West 24th Street

City: Atlanta

State: GA

Zip: 30336

Industry description: Corrugated & Solid Fiber Box Mfg

North American Industrial Classification (NAICS): 888888

Employment information

Annual average number of employees: 0
Total hours worked by all employees last year: 0

Sign here

Knowingly falsifying this document may result in a fine. I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive: _____

Title: _____

Phone: _____ - _____ - _____

Date: _____ / _____ / _____