

How to Fill Out the Log

The *Log of Work-Related Injuries and Illnesses* is used to classify work-related injuries and illnesses and to note the extent and severity of each case. When an incident occurs, use the *Log* to record specific details about what happened and how it happened.

If your company has more than one establishment or site, you must keep separate records for each physical location that is expected to remain in operation for one year or longer.

We have given you several copies of the *Log* in this package. If you need more than we provide, you may photocopy and use as many as you need.

The *Annual Summary* – a separate form – shows the work-related injury and illness totals for the year in each category. At the end of the year, count the number of incidents in each category and transfer the totals from the *Log* to the *Annual Summary*. Then post the *Annual Summary* in a visible location so that your employees are aware of injuries and illnesses occurring in their workplace.

You don't post the Log. You post only the Annual Summary at the end of the year.

Call/OSHA Form 300 (Rev. 4/2004) Appendix A
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. See CCR Title 8 14300.29(b)(5)-(10)

Year 20

Department of Industrial Relations
 Division of Occupational Safety and Health

Employment name XYZ Company
 City Anywhere State CA

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work ability or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and 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 CCR Title 8 Section 14300.8 through 14300.12. *April 1998* Use two lines for a single case if you need it. You must complete an injury and illness incident report (Cal/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 Call/OSHA office for help.

Identify the person		Describe the case			Classify the case											
(A) Case No.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., month/day)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and aggravance that directly injured or made person ill (e.g., Second degree burns on right forearm from arc/welder torch)	Using these four categories, check ONLY the most serious result for each case:				Enter the number of days the injured or ill worker was:		Check the "Injury" column. Choose one type of illness.				
						Death	Days away from work	Restricted of work		On job transfer or restriction (G)	Away from work (H)	(I)				
								Job transfer or restriction (J)	Other recordable case (K)			1) Injury	2) Skin	3) Eye	4) Hearing	5) Other
1	Mark Begin	Welder	5/25 monthly	basement	fracture, left arm & left leg, fell from ladder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 days	15 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Shana Alexander	Foundry mtr	7/2 monthly	pouring deck	poisoning from lead fumes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30 days	30 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Sam Sander	Electrician	8/5 monthly	2nd flr storeroom	broken left foot, fell over box	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 days	30 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Ralph Boccella	Laborer	06/12 monthly	packaging dept.	back strain lifting boxes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 days	30 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Jarrod Daniels	Mach. opr	10/23 monthly	production floor	dust in eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	30 days	30 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Be as specific as possible. You can use two lines if you need more room

Revise the log if the injury or illness progresses and the outcome is more serious than you originally recorded for the case. Cross out, erase or white-out the original entry.

Choose ONE of these categories. Classify the case by recording the most serious outcome of the case, with column J (Other recordable cases) being the least serious and column G (Death) being the most serious.

Note whether the case involves an injury or illness.

