

OSHA 301 – INJURY AND ILLNESS INCIDENT REPORT

The OSHA 301 Form - Injury and Illness Report is one of the first forms to be filled out when a recordable work-related injury or illness has occurred.

Injured Persons Name: _____ Male Female

Address: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Date of Birth: _____ Date Hired: _____

Job Title: _____

Signature: _____

Hours per day worked _____ Days per week worked _____

Supervisor _____ Phone #: _____

If treatment was given away from the worksite, where was it given?

Dr. Name: _____ Facility: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Was the injured person treated in an emergency room?

Was the injured person hospitalized overnight as an in-patient?

Extent of treatment: (Circle One) None First Aid Medical Treatment

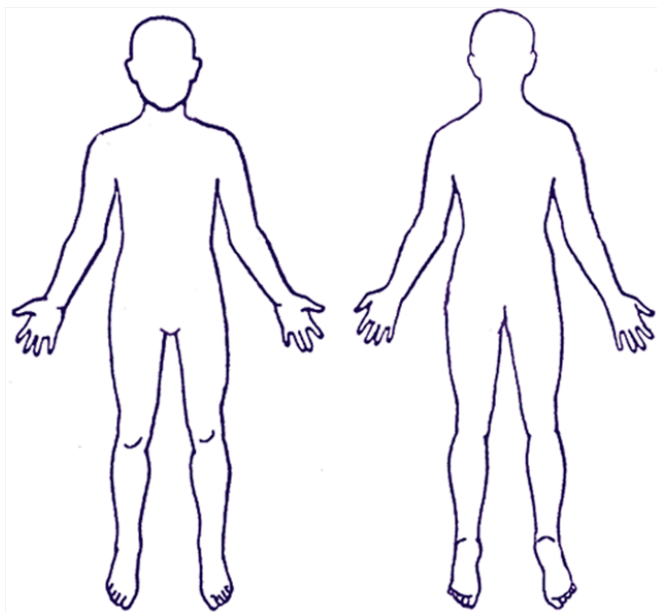
Date of injury or illness _____ Time of event : _____

Time injured person began work _____

Dates lost from work: _____ to _____

Dates on restricted duty: _____ to _____

Mark part of body injured on diagram provided.



Information about the case

If the injured person died, Date of death: _____

Location: _____

Witness: _____

What was the injured person doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the injured person was using. Be specific. Examples: climbing a ladder while carrying roofing materials; "spraying chlorine from hand sprayer"; "daily computer key-entry".

What happened? Tell us how the injury occurred. Examples: "When the ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness of wrist over time."

What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore". Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

What object or substance directly harmed the injured person? Examples: "concrete floor"; chlorine; "radial arm saw". If this question does not apply to the incident, leave it blank.

Attention: This form contains information relating to Injured persons health and must be used in a manner that protects the confidentiality of the information while being used for occupational safety and health purposes to the extent possible.

