

# OSHA's Form 301 (Rev. 04/2004) Injury and Illness Incident Report

**Note: You can type input into this form and save it.** Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

**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.



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

Form approved OMB no. 1218-0176

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 the printout or insert additional form pages in the PDF, and then use as many as you need.

Completed by Mike Brown  
Title Warehouse Supervisor  
Phone 555 - 555 - 5555 Date 2 25 2015  
Month Day Year

### Information about the employee

- 1) Full name William Smith  
2) Street 555 Local Street  
City Anytown State WA ZIP 98229  
3) Date of birth 3 14 1968  
Month Day Year  
4) Date hired 9 1 2005  
Month Day Year  
5)  Male  Female

### Information about the physician or other health care professional

- 6) Name of physician or other health care professional  
Dr. John Jones  
7) If treatment was given away from the worksite, where was it given?  
Facility Family Medical Associates  
Street 333 Business Street  
City Anytown State WA ZIP 98229  
8) Was employee treated in an emergency room?  
 Yes  
 No  
9) Was employee hospitalized overnight as an in-patient?  
 Yes  
 No

### Information about the case

- 10) Case number from the Log 2 (Transfer the case number from the Log after you record the case.)  
11) Date of injury or illness 2 24 2015  
Month Day Year  
12) Time employee began work 7  AM  PM  
13) Time of event  AM  PM  Check if time cannot be determined

\* **Re fields 14 to 17:** Please do not include any personally identifiable information (PII) pertaining to worker(s) involved in the incident (e.g., no names, phone numbers, or Social Security numbers).

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

Unloading a delivery of supplies that had arrived overnight. The materials were needed for a project with a tight deadline and needed to be offloaded quickly.

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

Employee was in a hurry to unload the truck since production told him they needed the supplies right away. He did not follow proper lifting procedures.

- 16) \* **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected. *Examples:* "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

Employee's back became sore at home that night. The next morning he went to his doctor, who said his back was strained and he needed to take a few days off to recover.

- 17) \* **What object or substance directly harmed the employee?** *Examples:* "concrete floor"; "chlorine"; "radial arm saw." *If this question does not apply to the incident, leave it blank.*

- 18) **If the employee died, when did death occur?** Date of death  
Month Day Year

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