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

Log of Work-Related Injuries and Illnesses

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.

Year 20 24

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

Form approved OMB no. 1218-0176

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.*

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.*

Establishment name: NORTHERN MORAINE WASTEWATER RECLAMATION DISTRICT

City: ISLAND LAKE State: IL

Step 1. Identify the person | **Step 2. Describe the case** | **Step 3. Classify the case** (*SELECT ONLY ONE circle based on the most serious outcome:*) | **Step 4.** (*Enter the number of days the injured or ill worker was:*) | **Step 5.** (*Select one column:*)

	(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	(G) Death	(H) Days away from work	(I) Remained at Work: Job transfer or restriction	(J) Remained at Work: Other recordable cases	(K) Away from work	(L) On job transfer or restriction	(M) (1) Injury	Illness: (2) Skin disorder	Illness: (3) Respiratory condition	Illness: (4) Poisoning	Illness: (5) Hearing loss	Illness: (6) All other illnesses
Reset		JAMES MANGUM	CHIEF OPERATOR	7 / 2 (month / day)	WW PLANT	EMPLOYE HURT KNEE CAP	○	○	○	●	___ days	___ days	●	○	○	○	○	○
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Page totals ▶							0	0	0	1	0	0	1	0	0	0	0	0

Add a Form Page

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Injury (1) | Skin disorder (2) | Respiratory condition (3) | Poisoning (4) | Hearing loss (5) | All other illnesses (6)

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.