

OSHA's Form 301
Injuries and Illnesses Incident Report

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.

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. 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. 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 and use as many as you need.

Form section for completion details: Completed by, Title, Phone, Date.

Information about the employee

- 1) Full Name
2) Street, City, State, Zip
3) Date of birth
4) Date hired
5) Male/Female checkboxes

Information about the physician or other health care professional

- 6) Name of physician or other health care professional
7) If treatment was given away from the worksite, where was it given? (Facility, Street, City, State, Zip)

- 8) Was employee treated in an emergency room? (Yes/No checkboxes)
9) Was employee hospitalized overnight as an in-patient? (Yes/No checkboxes)

Information about the case

- 10) Case number from the Log
11) Date of injury or illness
12) Time employee began work
13) Time of event
*14) What was the employee doing just before the incident occurred?
*15) What happened?
*16) What was the injury or illness?
*17) What object or substance directly harmed the employee?
18) If the employee died, when did death occur?

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate or any other aspects of this data collection, including suggestions for reducing this burden, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.