year 2000

Case or File Number. Enter a nonduplicating number which will facilitate comparisons with supplementary records. (A)	Date of Injury or Onset of Illness. Enter Mo./day. (B)	Employee's Name. Enter first name or initial, middle initial, last name. (C)	Occupation. Enter regular job title, not activity employee was performing when injured or at onset of illness. In the absence of a formal title, enter a brief description of the employee's duties. (D)	Department. Enter department in which the employee is regularly employed or a description of normal workplace to which employee is assigned, even though temporarily working in another department at the time of injury or illness. (E)	Description of Injury or Illness. Enter a brief description of the injury or illness and indicate the part or parts of body affected. Typical entries for this column might be: Amputation of 1st joint right forefinger; Strain of lower back; Contact dermatitis on both hands; Electrocution—body. (F)
					PREVIOUS PAGE TOTALS →
1	1/7		machine Opin.	Production	Back Sprain
2	1/17		Customer Service	Office	multiple Contusions
3	2/2		Assembler	Production	Back Strain
4	2/10		Assembler	Production	Puncture R-middle finger
5	2/16		Sample Maker	Sample Room	Puncture R-Palm
6	2/21	7C	Assembler	Production	Contusion Knees, Chest, Back
7	3/2		Assembler	Production	Puncture L-Thumb
8	3/14		Saw Operator	Saw Room	
9	4/16		Saw Grinder	Saw Room	laceration Middle finger
10	4/22		Saw Operator	Saw Room	laceration L-index
11	4/19		Forklift Operator	Warehouse	puncture - R-Foot
12	4/27		Forklift Opin.	Warehouse	Knee Strain
13	5/3		Assembler	Assembly	ganglion cyst R-wrist
14	5/17		Shipping Clerk	Office	Slipped on floor - knee, ankle
15	6/16		Assembler	Assembly	foreign body R-eye
16	6/19		Saw Operator	Saw Room	corneal abrasion R-eye
17	6/22		Jig Maker	Saw Room	foreign body R-eye
18	5/22		Saw Operator	Saw Room	Contusion L-hand
					TOTALS (Instructions on other side of form.) →

Extent of and Outcome of INJURY: Fatalities. Enter DATE of death. Mo./day/yr. (1)	Nonfatal Injuries: Injuries With Lost Workdays. Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both. (2)	Enter a CHECK if injury involves days away from work. (3)	Enter number of DAYS away from work. (4)	Enter number of DAYS of restricted work activity. (5)	Injuries Without Lost Workdays. Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above. (6)
	✓			10	
					✓
	✓	✓	236		
					✓
					✓
	✓				
	✓			2	
					✓
					✓
	✓			3	
	✓				
	✓				
	✓				
					✓
					✓
					✓
					✓
					✓
	8	1	236	15	10

Type, Extent of, and Outcome. Type of Illness. CHECK Only One Column for Each Il (See other side of form for terminatio or permanent transfers.) (7)	Occupational skin diseases or disorders (a)	Dust diseases of the lungs (b)	Respiratory conditions due to toxic agents (c)	Poisoning (systemic effects of toxic materials) (d)	Disorders due to physical agents (e)	Disorders associated with repeated trauma (f)

Certification of Annual Summary Totals By _____ Title _____

(A) Case number	(B) Date of injury or onset of illness (Enter Mo./day.)	(C) Employee name (Enter first name or initial, middle initial, last name.)	(D) Occupation (Enter regular job title, not activity employee was performing when injured or at onset of illness. In the absence of a formal title, enter a brief description of the employee's duties.)	(E) Department (Enter department in which the employee is regularly employed or a description of normal workplace to which employee is assigned, even though temporarily working in another department at the time of injury or illness.)	(F) Description of Injury or Illness (Enter a brief description of the injury or illness and indicate the part or parts of body affected. Typical entries for this column might be: Amputation of 1st joint right forefinger; Strain of lower back; Contact dermatitis on both hands; Electrocution—body.)
					PREVIOUS PAGE TOTALS →
19	5/26		Maintenance	Factory	Contusion R-elbow
20	8/22		[redacted]	[redacted]	Crush - L-Index Finger
21	9/22		Supervision Assembly	Assembly	Pull - R-Wrist
22	9/3		[redacted]	[redacted]	Cut - R-Middle Finger
23	9/8		Prod. Supervisor	Production	Pain - Both Shoulders L-Knee
24	9/19		Assembler	Production	Staple - L. Index Finger
25	9/19		Assembler	Production	Lac - L Hand
26	[redacted]		[redacted]	[redacted]	Puncture - R Thumb
27	[redacted]		Machine Operator	[redacted]	Dislocation - R Shoulder
28	9/25		Sample Maker	Production	Nail Ripped Off - R-Toe
29	10/4		Sample Maker	Production	Contusion - Groin
30	10/6		Maintenance	Factory	Cut - L Index Finger
32	10/8		Driver	Stockroom	Hurt - Lower Back
33	11-18		Driller		Bruse - Right Wrist
34	12-11		Assembler	Production	Strain - Right Arm
35	12-14		Assembler	Production	Twisted - Right Shoulder
36	12-27		Sample Maker	Production	Dust - Right Eye
					TOTALS (Instructions on other side of form) →

7C

(1) Enter DATE of death. (Mo./day/yr.)	(2) Injuries With Lost Workdays: Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both.	(3) Injuries With Lost Workdays: Enter a CHECK if injury involves days away from work.	(4) Injuries With Lost Workdays: Enter number of DAYS away from work.	(5) Injuries With Lost Workdays: Enter number of DAYS of restricted work activity.	(6) Injuries Without Lost Workdays: Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above.
	8	1	236	15	10
					✓
					✓
					✓
	✓	✓	1		
					✓
					✓
					✓
					✓
	✓	✓	2		
					✓
	✓	✓	5		
	✓	✓	1		
	2	✓	36		
					✓
					✓
					✓
					✓
	13	6	281	15	22

INJURIES

ILLNESS

Type of Illness — CHECK Only One Column for Each Illness (See other side of form for terminations or permanent transfers.)

(a) Occupational skin diseases or disorders	(b) Dust diseases of the lungs	(c) Respiratory conditions due to toxic agents	(d) Poisoning (systemic effects of toxic materials)	(e) Disorders due to physical agents	(f) Disorders associated with repeated trauma	(g) All other occupational illnesses

(7)

(8) Fatalities: Illness Related — Enter DATE of death. (Mo./day/yr.)	(9) Nonfatal Illnesses: Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both.

OSHA No. 200

Certification of Annual Summary Total