File Number (A)	Injury or Onset of Illness (B)	Employee's Name (C)	Job Title (D)	Department (E)	Description (F)	Fatalities: Injury Related (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)	Type of Illness: CHECK Only One Column for Each Illness (See other side of form for terminations or permanent transfers.) (7)							Fatalities: Illness Related (8)
Entries nonduplicating number which will facilitate comparisons with supplementary records.	Enter Mo./day.	Enter first name or initial, middle initial, last name.	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.	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.	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.	Enter DATE of death. Mo./day/yr.						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)	All other occupational illnesses (g)	Enter DATE of death. Mo./day/yr.
					PREVIOUS PAGE TOTALS →														
1	[illegible]		Assembler	Production	Cut - Left index finger						✓								
2	[illegible]		Assembler	Production	Cut - Right forearm						✓								
3	1-5		Inspector	Production	Strain - Left shoulder						✓								
4	1-29-00		Assembler	Production	Bruise - Right foot			✓	14			notified as of 1-29							
5	1-10		Assembler	Production	Cut - Left thigh						✓								
6	1-22		Assembler	Production	Fall - Left shoulder						✓								
7	1-17		Assembler	Production	Hit - Right foot				35										
8	1-24		Machine Operator	Production	Burn - Eye						✓								
9	11-3-00		Assembler	Production	Puncture - Left index finger						✓	notified as of 2-13							
10	[redacted]		[redacted]	[redacted]	[redacted]						✓								
11	2-6-01		Graphic Arts		Cut - Left middle finger						✓								
12	2-7-01		Assembler	Production	Bruise - Pelvis			✓	38										
13	2-8-01		Assembler	Production	Hit - Left eye						✓								
14	[redacted]		[redacted]	[redacted]	[redacted]			✓	2										
15	2-28-01		Machine Operator	Production	Puncture - Left thumb						✓								
16	3-19-01		Sample maker	Sample Room	Puncture - Left palm						✓								
17	3-19		Jig maker	Production	Pain - Chest						✓								
18	4-14		Sample Maker	Sample room	Pain - Ball of left foot						✓								
					TOTALS (Instructions on other side of form.) →			4	139		14								

1

70

1

INJURIES

ILLNESS

OSHA No. 200

FOLD

Certification of Annual Summary Totals By _____ Title _____

POST 2

(A)	(B)	(C)	(D)	(E)	(F)	Extent of and Outcome of INJURY: Fatalities — Injury Related (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)	Occupational skin diseases or disorders (a)	(10)
					PREVIOUS PAGE TOTALS			4	139		14		
19	[redacted]		Band Saw Operator	Saw Room	[redacted]						✓		
[redacted]	5-23		Assembler	Production	Pain - back & legs						✓		
21	6-19		Stockroom Clerk	Stockroom	Pain - chest		✓	✓	33				
[redacted]	6-28		Saw Operator	Saw Room	FELL - LEFT SHOULDER LEFT WRIST						✓		
[redacted]	7-10		Saw Operator	Saw Room	Cut - RIGHT PINKY FINGER						✓		
[redacted]	7-12		Saw Operator	Saw Room	[redacted] - left eye			✓					
25	7-17	7C	Assembler	Production	Cut - left hand						✓		
26	7-24		Receiver	Receiving	Sprain - left wrist						✓		
[redacted]	9-6		Saw Operator	Saw Room	Strain - right leg						✓		
28	10-19		machine Operator	Production	Bruise - left forearm						✓		
29	10-27		Assembler	Production	Sanded - right index finger nail			✓					
[redacted]	10-28		Maintenance	Maint	Cut - left thumb			✓					
31													
32													
					TOTALS (Instructions on other side of form)			6	173		22		

INJURIES

Certification of Annual Summary Totals By

OSHA No. 200