

OSHA's Form 300

Log of Work-Related Injuries and Illnesses

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 2002



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

Form approved OMB no. 1218-0176

You must record information 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. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must 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.

Establishment name Packaging Concepts, Ltd.

City Lincoln State RI

(A) Case no.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(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)	Classify the case				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
						Using these categories, check ONLY the most serious result for each case:				On job transfer or restriction (days)	Away from work (days)	Injury (1)	Skin Disorder (2)	Respiratory Condition (3)	Poisoning (4)	All other illnesses (5)	
						Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)								
1		Assembler	1/26/02	Warehouse	Right hand, cut index finger			X		10		X					
2		Saw Operator	2/21/02	Warehouse	Middle back strain			X		1		X					
3		Sample Maker	4/1/02	Warehouse	Middle back strain			X		14		X					
4		Sample Maker	4/24/02	Warehouse	Middle back strain			X		5		X					
5		A/R Clerk	5/20/02	Office	Bruised right arm				X			X					
6		Assembler	5/24/02	Warehouse	Left shoulder and arm sprain			X		10		X					
7		Assembler	7/19/02	Warehouse	Left hand, 5th finger contusion				X			X					
8		Saw Operator	7/19/02	Warehouse	Left hand, index finger contusion				X			X					
9		Assembler	8/15/02	Warehouse	Left eye irritation				X			X					
10		Maintenance	8/23/02	Warehouse	Right foot sprain, contusion		X				2	X					
11		Sample Maker	8/26/02	Warehouse	Right hand, 5th metacarpal		X				120	X					
12		Sample Maker	9/12/02	Warehouse	Lower back strain		X				4	X					
13		Assembler	11/20/02	Warehouse	Back of left leg, bruise				X			X					
14		Assembler	11/23/02	Warehouse	Left eye irritation				X			X					
15		Sample Maker	11/27/02	Warehouse	Nose, laceration				X			X					
16																	
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Page totals						0	3	5	7	40	126	15	0	0	0	0	0

Log of Work-Related Injuries and Illnesses

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.

Form approved OMB no. 1218-0176

You must 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. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must 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.

Establishment name PACKAGING CONCEPTS
 City _____ State _____

Identify the person		Describe the case			Classify the case				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:					
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(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)	Using these four categories, check ONLY the most serious result for each case:										
						Death	Days away from work	Remained at work		On job transfer or restriction	Away from work	(M)				
						(G)	(H)	Job transfer or restriction (I)	Other recordable cases (J)	(K)	(L)	Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	All other illnesses (5)
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