

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 2003



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	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)	Using these categories, check ONLY the most serious result for each case:				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness: (M)						
						G) Death	H) Days away from work	I) Job transfer or restriction		K) On job transfer or restriction (days)	L) Away from work (days)	1) Injury	2) Skin Disorder	3) Respiratory Condition	4) Poisoning	5) All other illnesses		
								Other recordable cases	J) Other recordable cases									
1		Saw Room	02/05/03	Saw room	Small cut, right index finger caused by slipped push stick			X				X						
2		Assembler	02/07/03	Outside of building	Slipped on snow, hit head and back		X				9	X						
3		Silk Screener	02/26/03	Warehouse	Left elbow; she hit a pole while pushing a cart			X		29		X						
4		Assembler	04/04/03	Warehouse	Right foot and ankle; walked over pallet, slipped		X			5	25	X						
		Rubidia initially returned to work the following week; then she was out of work from 4/14/03-5/16/03																
5		Supervisor	04/17/03	Warehouse	Left calf; pulled muscle while descending stairs			X		31		X						
6		Assembler	05/07/03	Warehouse	Right eye; methylene splashed, got in eye		X				5	X						
7		Supervisor	05/19/03	Warehouse	Right thumb; picked up board with staple in it				X			X						
8		Sample maker	06/18/03	Sample room	Right hand strain; picked up a unit from floor to bench			X		11		X						
9		Assembler	06/23/03	Warehouse	Right shoulder, hand; unit fell over onto her			X		6		X						
10		Assembler	07/15/03	Warehouse	Left thumb; sustained cut, then irritated with glue			X		10		X						
11		Saw Operator	08/12/03	Saw room	Amputation-R index finger to 1st knuckle; slipped into saw		X				40	X						
12		Silk Screener	08/22/03	Warehouse	Abdomen - tripped, falling onto fan, injuring prev. surgical site		X				8	X						
13		Assembler	9/16/03	Warehouse	Right middle finger irritation, from job performed 3rd wk of August			X		28		X						X
14		Assembler	12/11/03	Warehouse	Fourth finger, left hand - laceration				X	10		X						
<b>Page totals</b>						<b>0</b>	<b>5</b>	<b>7</b>	<b>2</b>	<b>130</b>	<b>87</b>	<b>13</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	

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

The reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Send comments regarding this burden estimate or any aspect of this data collection, including suggestions for reducing the burden, to Washington Headquarters Office, Paperwork Project Director, U.S. 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.

Injury (1)  
Skin Disorder (2)  
Respiratory Condition (3)  
Poisoning (4)  
All other illnesses (5)