OSHA 300 log

Company _____ **Establishment** _____

City and state _____ **Year** _____

Log of work-related injuries and illnesses

Class: G death, H days away from work, I job transfer or restriction, J other recordable. Type: 1 injury, 2 skin disorder, 3 respiratory condition, 4 poisoning, 5 hearing loss, 6 all other illnesses. For a privacy concern case, write privacy case in place of the name.

Case no.	Employee name	Job title	Date	Where it happened	What happened and body part	Class (G H I J)	Days away	Days restricted	Type (1 to 6)