Cal/OSHA Form 300 (Rev. 7/2007) Appendix A

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.
See CCR Title 8 14300.29(b)(6)-(10)

Year 20__ __

Department of Industrial Relations
Division of Occupational Safety and Health

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 CCR Title 8 Section 14300.8 through 14300.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (Cal/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 Cal/OSHA office for help.

Establishment name _____

City _____ State _____

Identify the person			**Describe the case**			**Classify the case**															
						Using these four 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:**									
(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*)	**Death** (G)	**Days away from work** (H)	**Remained at work** Job transfer or restriction (I)	**Remained at work** Other record-able cases (J)	Away from work (K)	On job transfer or restriction (L)	(M) **Injury** (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing losss (5)	**All other illnesses** (6)				
____	_____	_____	month/day	_____	_____	☐	☐	☐	☐	____ days	____ days	☐	☐	☐	☐	☐	☐				
____	_____	_____	month/day	_____	_____	☐	☐	☐	☐	____ days	____ days	☐	☐	☐	☐	☐	☐				
____	_____	_____	month/day	_____	_____	☐	☐	☐	☐	____ days	____ days	☐	☐	☐	☐	☐	☐				
____	_____	_____	month/day	_____	_____	☐	☐	☐	☐	____ days	____ days	☐	☐	☐	☐	☐	☐				
____	_____	_____	month/day	_____	_____	☐	☐	☐	☐	____ days	____ days	☐	☐	☐	☐	☐	☐				
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____	_____	_____	month/day	_____	_____	☐	☐	☐	☐	____ days	____ days	☐	☐	☐	☐	☐	☐				
					Page totals ➤	____	____	____	____	____	____	____	____	____	____	____	____				

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

Injury (1) | Skin disorder (2) | Respiratory condition (3) | Poisoning (4) | Hearing loss (5) | All other Illnesses (6)

Page ___ of ___