OSHA's Form 300 (Rev. 04/2004)

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 2026

Equivalent of OSHA's Form 300, 29 CFR 1904.29(b)(4)

Please 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.
- Significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional.
- Work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12.

Reminders:

- 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.
- Feel free to use two lines for a single case if you need to.
- Complete the 5 steps for each case.

Establishment name: Sample Manufacturing Co., Inc. · Plan

City: Fort Worth State: TX

Step 1. Identify the person			Step 2. Describe the case			Step 3. Classify the case				Step 4.		Step 5.					
						SELECT ONLY ONE circle based on the most serious outcome:				Enter the number of days the injured or ill worker was:		Select one column:					
								Remained at Work				(M)	Illness				
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(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)	Job transfer or restriction (I)	Other record-able cases (J)	Away from work (K)	On job transfer or restriction (L)	Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
26-01	Sam Patel	Forklift operator	1 / 20 month / day	Shipping dock · aisle B	Lumbar strain; evaluated at urgent care the same morning; restricted duty 6 days (no lifting over 20 lb, no pallet-jack work). Part of body: lower back	○	○	◉	○	___ days	6 days	◉	○	○	○	○	○
26-02	Jamal Pierce	Line operator	6 / 11 month / day	Line 3 · slitter	Laceration, left index finger, during a slitter blade change; 4 sutures at the occ-med clinic (medical treatment)	○	○	○	◉	___ days	___ days	◉	○	○	○	○	○
			/ month / day			○	○	○	○	___ days	___ days	○	○	○	○	○	○
			/ month / day			○	○	○	○	___ days	___ days	○	○	○	○	○	○
			/ month / day			○	○	○	○	___ days	___ days	○	○	○	○	○	○
			/ month / day			○	○	○	○	___ days	___ days	○	○	○	○	○	○
			/ month / day			○	○	○	○	___ days	___ days	○	○	○	○	○	○
			/ month / day			○	○	○	○	___ days	___ days	○	○	○	○	○	○
			/ month / day			○	○	○	○	___ days	___ days	○	○	○	○	○	○
			/ month / day			○	○	○	○	___ days	___ days	○	○	○	○	○	○
			/ month / day			○	○	○	○	___ days	___ days	○	○	○	○	○	○
					Page totals ▸	0 (G)	0 (H)	1 (I)	1 (J)	0 (K)	6 (L)	2 (1)	0 (2)	0 (3)	0 (4)	0 (5)	0 (6)