# OSHA's Form 301 (Rev. 04/2004)

# Injury and Illness Incident Report

**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 301, 29 CFR 1904.29(b)(4)

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by _____

Title _____

Phone _____ Date _____

## *Information about the employee*

**1) Full name**
Sam Patel

**2) Street**
4410 Pecan Ridge Dr

**City** Fort Worth **State** TX **ZIP** 76133

**3) Date of birth** 9 (Month) 3 (Day) 1988 (Year)

**4) Date hired** 11 (Month) 15 (Day) 2021 (Year)

**5)** (●) **Male** ( ) **Female**

## *Information about the physician or other health care professional*

**6) Name of physician or other health care professional**
Dr. A. Okafor

**7) If treatment was given away from the worksite, where was it given?**

**Facility** Texas Health Urgent Care

**Street** 2900 W 7th St

**City** Fort Worth **State** TX **ZIP** 76107

**8) Was employee treated in an emergency room?**
( ) **Yes**
(●) **No**

**9) Was employee hospitalized overnight as an in-patient?**
( ) **Yes**
(●) **No**

## *Information about the case*

**10) Case number from the Log** 26-01 *(Transfer the case number from the Log after you record the case.)*

**11) Date of injury or illness** 1 (Month) 20 (Day) 2026 (Year)

**12) Time employee began work** (HH:MM) 6:00 (●) **AM** ( ) **PM**

**13) Time of event** (HH:MM) 7:15 (●) **AM** ( ) **PM**

( ) **Check if time cannot be determined**

*** Re fields 14 to 17:** Please do not include any personally identifiable information (PII) pertaining to worker(s) involved in the incident (e.g., no names, phone numbers, or Social Security numbers).

**14)* *What was the employee doing just before the incident occurred?*** Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. *Examples:* "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

Pulling a loaded pallet (about 900 lb) on a manual pallet jack from dock door 3 to aisle B; the jack's left front wheel had been reported stiff the week before

**15)* *What Happened? Tell us how the injury occurred.*** *Examples:* "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

Low back strain pulling a pallet jack with a seized wheel; restricted duty 6 days (no lifting over 20 lb)

**16)* *What was the injury or illness?*** Tell us the part of the body that was affected and how it was affected. *Examples:* "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

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. Part of body: Lower back

**17)* *What object or substance directly harmed the employee?*** *Examples:* "concrete floor"; "chlorine"; "radial arm saw." *If this question does not apply to the incident, leave it blank.*

Manual pallet jack with a seized front wheel, loaded pallet

**18) If the employee died, when did death occur?** Date of death _____ (Month) _____ (Day) _____ (Year)

# Incident file, case 2026-001

On the OSHA 300 log as case 26-01. Status: Closed. Outcome: Job transfer or restriction.

**Sample Manufacturing Co.**

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## Where and how

| | |
|---|---|
| Where the event occurred | Plant 2, packaging line 3, Shipping dock · aisle B |
| Employee's job title | Forklift operator |
| Treatment | Medical treatment beyond first aid |
| Conditions | Indoor, dock door 3 open, 41°F at the dock, dry floor |
| Classification | Job transfer or restriction, injury, 0 days away, 6 days of job transfer or restriction |
| Immediate actions taken | Sat down and iced; driven to urgent care at 8:00 AM by Priya Natarajan. Pallet jack tagged out and the wheel replaced the same day; weekly pallet-jack check added to the forklift pre-shift route |
| Reported by and when | Priya Natarajan, Jan 20, 2026, 7:40 AM |
| Reported to OSHA | Not required as classified |

## Sign-offs

No sign-offs recorded yet.

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Scan to open the live case in 29Safety (sign-in required)