

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 2007

U.S. Department of Labor
Occupational Safety and Health Administration

You must record information about every work-related death and about every work-related injury or illness that involves the 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 Part 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 3010) 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 ABC Corporation
1234 Any Street, Any Town, CA 94086-3119

Identify the person		Describe the case				Classify the 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	(D) Date of injury or onset of illness	(E) Where the event occurred	(F) Describe the injury or illness, parts of body affected, and object/substance that directly injured or made person ill	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Away from work	On job transf. or restriction	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	Illnesses	
						Remained at Work												
						Death	Days away from work	Job Transfer or restriction	Other recordable cases									
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)	
9	Walter K Thornton	Secretary 1	3/16/2007	123 Bennet Street, San Jose, CA 95011	Inhaled toner.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[
8	Antonio E Rodriguez	Technician	6/8/2007	123 Bennet Street, San Jose, CA 95011	Strained back.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[
Totals:						0	1	0	2	1	0	1	0	1	0	0	1	

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