

OSHA LOG 300

UCLA Labor Occupational
Safety & Health Program
(LOSH)



Documenting Work-Place Injuries


(310) 794-5964

Workers and union representatives have a right to request a copy of the employer's record of work-related injuries and illnesses. This record is known as the Log 300, and is kept on a federal form. Employers are required to list the name of injured workers, job classification, department, number of days away from work, and nature of the injury or illness. A copy of the log must be posted in the workplace every February.

Call OSHA Form 300
Log of Work-Related Injuries and Illnesses

Appendix A

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(d)(6)-(10)

Year 20 
Department of Industrial Relations
Division of Occupational Safety and Health

Establishment name: _____
City: _____ State: _____

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. Fill true 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.

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 (e.g., Helper)	(D) Date of injury or onset of illness (e.g., month/day)	(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 acrylonitrile tank)	Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)	On job transfer or restriction (K)	Away from work (L)	(M) Injury (1)	Skin disease (2)	Respiratory condition (3)	Emotional (4)	All other (Illness) (5)
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