OSHA Injury and Illness Incident Record

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

Form approved O.M.B. No. 1218-0000
See O.M.B. disclosure statement on back.

Public Law 91-596 and 29 CFR 1904 require you to update and retain completed form for three years.

Failure to complete this form can result in the issuance of citations and penalties.

Employees, former employees, and their representatives have the right to review all OSHA Injury and Illness Records, in their entirety, for this establishment.

This form is not an insurance form. Cases listed below are not necessarily eligible for Workers' Compensation or other insurance. Listing a case below does not necessarily mean that the employer or worker was at fault or that an OSHA Standard was violated.

______ Case number from OSHA Form 30

Employee

1. Last name ____ First name ____ MI ____
2. Male ☐ Female ☐ 3. Date of birth / /
4. Home address
5. Date hired / /

Health Care Provider

6. Name of health care provider
7. If treatment off-site, facility name and address

8. Hospitalized overnight as in-patient? (If emergency room only, mark "no") yes ☐ no☐

Employer Use (Optional)

Completed by

Name ____ Title ____

Phone ( ) ____ Date ____

Illness or Injury

9. Specific injury or illness
   (e.g. Second degree burn or Toxic hepatitis)
10. Body part(s) affected *(e.g. Lower right forearm)*
11. Date of injury or illness: / / 12. If employee died, date of death / /
13. If the case involved days away from work or restricted work activity, enter the date the employee returned to work at full capacity: / /
14. Time of event: (Specify a.m. or p.m.) 15. Time employee began work: (Specify a.m. or p.m.)
16. All equipment, materials, or chemicals employee was using when the event occurred.
    (e.g. Acetylene cutting torch, metal plate)
17. Specify activity the employee was engaged in when the event occurred
    (e.g. Cutting metal plate for flooring) Indicate if activity was part of normal job duties.
18. How injury or illness occurred. Describe the sequence of events and include any objects or substances that directly injured or made the employee ill.
    (e.g. Worker stepped back to inspect work and slipped on some scrap metal. As she fell, worker brushed against the hot metal)

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