1. PAGE OF LOG OF FEDERAL OCCUPATIONAL INJURIES AND ILLNESSES **PAGES** SEPARATE AND DESTROY THIS PORTION AT THE 2. NAME OF GSA ESTABLISHMENT 3. ADDRESS OF GSA ESTABLISHMENT END OF THE FISCAL YEAR OR NOT LATER THAN NOVEMBER 1. 10. INJURIES 11. ILLNESSES/DISEASES 5. DATE OF NO NO 9. DESCRIPTION OF 4. FILE INJURY OR 8. DEPART-6. NAME OF EMPLOYEE INJURY/ILLNESS AND BODY FATAL LOST LOST FATAL LOST LOST **NUMBER** ONSET OF OCCUPATION MENT CASES | TIME TIME CASES TIME TIME PART AFFECTED ILLNESS CASES CASES CASES CASES (A) (B) (C) (B) (C) (A)

TOTALS \_\_

			LOG OF FEDERAL OCCUPATIONAL INJURIES AND ILLINESSES									PAGES
			2. NAME OF GSA ESTABLISHMENT 3. ADDI			3. ADDR	RESS OF GSA ESTABLISHMENT					
							10. INJURIES			11. ILLNESSES/DISEASES		
4. FILE NUMBER	5. DATE OF INJURY OR ONSET OF ILLNESS	6. NAME OF EMPLOYEE	7. OCCUPATION	8. DEPART- MENT	9. DESCRIPTION OF INJURY/ILLNESS AND B PART AFFECTED	ODY	FATAL CASES	TIME	NO LOST TIME CASES (C)	FATAL CASES	LOST TIME CASES (B)	NO LOST TIME CASES (C)
			TOTALS									

1. PAGE OF

## **INSTRUCTIONS**

Title 29, Code of Federal Regulations, Part 1960.67(a) requires that a record or log of occupational injuries and illnesses be maintained at the establishment. As defined in Part 1960.2(h) the term "establishment" means a single physical location where business is conducted or where services or operations are performed. Where distinctly separate activities are performed at a single physical location, each activity is treated as a separate "establishment." Typically, an "establishment" as used in this part refers to a field office, regional office, distribution center, fleet management office, etc.

Each GSA facility or activity that is defined above as an "establishment" must maintain the Log of Federal Occupational Injuries and Illnesses. The log is maintained on a fiscal year basis. Logs (Copy 2 of form) are retained for a 5-year period.

Column 4 will contain a five digit number beginning with the last two digits of the current fiscal year, followed by a dash (-) and a three consecutive numbering system starting with 001. For example, if the number is 92-010, this means the report refers to the tenth injury/illness reported during fiscal year 1992.

Columns 5 through 6 are self-explanatory.

Column 7 refers to the specific occupation of the employee (e.g., Carpenter, Electrician, Secretary, Clerk Typist, Warehouseman).

Column 8 refers to the name of the office/shop/department where the employee works.

Column 9 is self-explanatory.

If the employee sustains a fatal injury, place an "X" in column 10(A).

If the employee receives medical treatment and is placed off work as listed on the CA-1, enter the number of lost workdays in Column 10(B). Do not count the day of injury or the day of return as lost workdays. If the actual number of days is not known at the time of log entry, estimate the number of days lost. When the employee returns to work, line out the estimate and enter the actual number of days lost. Workdays do not include days the employee is not scheduled to work (e.g., Saturdays, Sundays, holidays).

If the employee receives medical treatment by competent medical personnel, and is not placed off duty, place an "X" in Column 10(C).

Apply the same principles to columns 11(A), (B), and (C) for employee illnesses as was done for columns 10(A), (B) and (C).

First aid cases are not listed on the log.

At the end of the fiscal year, but no later than November 1, the total of all fiscal year recorded injuries/illnesses are entered in the correct columns at the bottom of the form. Copy 1 of all fiscal year forms with entries is separated between columns 6 and 7. The portion of copy 1 containing columns 4 through 6 is destroyed. The portion containing columns 7 through 11 is posted for a minimum of 30 calendar days in a location where employee notices are routinely posted. After the 30 day period, the copy posted may be destroyed. Copy 2 is filed.