

## RECORD OF INJURY

**Authority:** Title 10 U.S.C. Section 3013, Privacy Act Statement 5 U.S.C. 552a.

**Purpose:** To collect required information according to OSHA law in maintaining an OSHA 300 injury log.

**Routine:** Medical information resulting in death, days away from work, and days of restricted duty provided on this form is entered on the OSHA 300 log.

**Storage:** It will remain with Installation Safety Office and only be used as supplemental documentation for each entry on the OSHA 300 log. This form will be kept for five years and then destroyed.

**Disclosure:** Under section 1904.35(b)(2), employees, former employees, their personal representatives, and their authorized employee representatives have the right to access the OSHA 300 Log Form and the OSHA 300-A Summary Form.

<b>SECTION I</b> - To be completed by Supervisor and delivered to patient, if possible, to dispensary or first aid station					
1. NAME: (FIRST,MIDDLE,LAST) (person injured)		2. GRADE:		3. AGE:	
4. OCCUPATION OR DUTY WHEN INJURED:	5. INJURY:		5. RETURN TO DUTY:		6. EXACT LOCATION WHERE INJURY OCCURRED:
	HOUR:	DATE:	HOUR:	DATE:	
7. HOW INJURY OCCURRE:					
8. UNIT OR ORGANIZATION:		10. NAME OF SUPERVISOR, MILITARY OR CIVILIAN:		11. TELEPHONE:	
<b>SECTION II</b> To be completed by Medical Officer or attendant for information of Supervisor and others, as appropriate					
1. NATURE AND EXTENT:					
2. DISPOSITION (Check One): <input type="checkbox"/> RETURN TO REGULAR DUTY <input type="checkbox"/> RETURN TO WORK OD LIGHT NATURE <input type="checkbox"/> HOSPITAL <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> SEND HOME OR TO QUARTERS					
3. ESTIMATE ABSENCE IN DAYS BEYOND WHICH INJURY OCCURRED			4. NAME OF MEDICAL OFFICER OR ATTENDANT:		5. TELEPHONE

**FT LEE FORM 1051-E, REV JUN 2014**

(Please check appropriate copy)

- COPY 1 - SAFETY COPY
- COPY 2 - SUPERVISOR'S COPY
- COPY 3 - MEDICAL COPY