INVESTIGATION OF INJURY/ILLNESS

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.

Employee Name:	Job Title:	
Location of incident (Bldg, floor, room, street):	Date of Injury:	Time of Injury:
# days lost beyond date of injury per doctor's orders:	# days restrictions beyond date of injury per doctor's orders:	
Nature of Injury (body part affected, appearance, diagnosis):		Was injury reported promptly? Yes No
Was medical treatment administered? If so, what?		□Yes □No
Describe incident and contributing hazards/deficiencies or circumstances in detail:		Work/Service Order Number:
		Completed? Yes No
Was employee wearing/using all appropriate and job-related safety equipment? If not, explain:		□Yes □No
Were all safety precautions, policies, and directives adhered to? If not, explain:		□Yes □No
Was all safety equipment in good working order? If not, explain:		□Yes □No
What corrective actions were taken?		
Signature of Employee:		Date:
Signature of Supervisor:		Date:
Signature of Investigating Official:		Date: