## Cal/OSHA Form 300 (Rev. 7/2007) Appendix A Log of Work-Related Injuries and Illnesses

**Describe the case** 

Identify the person

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.

Classify the case

Using these four categories, check ONLY

See CCR Title 8 14300.29(b)(6)-(10)



Department of Industrial Relations Division of Occupational Safety and Health

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. Feel free 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.

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	City		State									
	Enter the n days the in ill worker w	jured or	Check					r				
			(M)	Skin disorder	atory	ning	Hearing losss	her ses				
d-	(K)	(L)	(1)	(2)	(Espiratory condition	(4)	( <b>5</b> )	(9) All other Illnesses				
	days	days										
	days	days										
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Case	Employee's name		Date of injury	Where the event occurred	Describe injury or illness, parts of body affected,	the most serious result for each case.			III WOINGI W		choose one type of liness.			3.		
no.		(e.g., Welder)	or onset of illness	(e.g., Loading dock north end)	and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	Death	Days away from work	Job transfer or restriction	Other recordable cases			Injury (S	Skin disorder	Respiratory condition	Poisoning Hearing losss	Hearing losss  All other  Illnesses
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