**LOG OF WORK RELATED INJURIES AND ILLNESSES**

**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.

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 Public Law of 1970 (P.L. 91-596) and Michigan Occupational Safety and Health Act 154 P.A. 1974, Part 11, Michigan Administrative Rule for Recoding and Reporting of Injuries and Illnesses. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (MIOSHA 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 MIOSHA office for help. You may be fined for failure to comply.

### IDENTIFY THE PERSON

<table>
<thead>
<tr>
<th>(A) Case no.</th>
<th>(B) Employee’s name</th>
<th>(C) Job title (e.g. Welder)</th>
</tr>
</thead>
</table>

### DESCRIBE THE CASE

<table>
<thead>
<tr>
<th>(D) Date of injury or onset of illness</th>
<th>(E) Where event occurred (e.g., Loading dock north end)</th>
<th>(F) Describe injury or illness, parts of body affected, and object / substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)</th>
</tr>
</thead>
</table>

### CLASSIFY THE CASE

Using these four categories, check ONLY the one most serious result for each case:

- Death
- Days away from work
- Remained at work
- On job transfer or restriction
- Other recordable cases

Enter the number of days the injured or ill worker was:

- Days away from work
- Remained at work
- On job transfer or restriction
- Other recordable cases

Check the "Injury" column or choose one type of illness:

- Injury
- Skin disorder
- Respiratory condition
- Poisoning
- All other illnesses

**Page Totals**

Be sure to transfer these totals to the Summary Page (Form 300A) before you post it.

**Hearing Standard Threshold Shifts must be recorded under Column 5**

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Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates for any other aspects of this data collection, contact:

Michigan Department of Labor & Economic Growth, MIOSHA, MTSD
7150 Harris Dr., P.O. Box 30643, Lansing, MI 48909-8143 • (517) 322-1848 • Do not send completed forms to this office.

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