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## LOG OF WORK-RELATED INJURIES AND ILLNESSES

Michigan Department of Licensing and Regulatory Affairs Michigan Occupational Safety and Health Administration (MIOSHA)

Form Approved OMB No. 1218-0176

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 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 Recording 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.

ESTABLISHMENT NAME	
CITY	STATE

(A) (B) (C) (D) Date of injury or onset of illness (month/day) (e.g. Loading dock north end) where the event occurred the end occurred the e		IDENTIFY THE PERSON DESCRIBE THE CASE									CLASSIFY 7	ГНЕ СА	SE						
Month/day   Second degree burns on right forearm from acetylene torch   Death from acetylene torch	Case	(B)	(C) (D) (E) (F)  Job Title (e.g., Welder) Date of injury or onset of illness (e.g. Loading dock north end) (month/day) (E) (E) (F)  Where the event occurred of the event occurred affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm	Date of injury or	(E) Where the event occurred (e.g. Loading dock north	(F) Describe injury or illness, parts of body affected, and object/substance that	Using these four categories, check <b>ONLY</b> the one most serious result for each case:					days the	injured or ill	choose one type of illness:					
				Death	away				From	transfer or restriction			Disorder iratory ition		ing Loss	ther illness			
											Other recordable cases	(days)		Injury			Poisc		All o
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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 current valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact:

Michigan Department of Licensing and Regulatory Affairs, MIOSHA, TSD, 530 West Allegan Street, P.O. Box 30643, Lansing MI 48909-8143. (517) 284-7788 Do not send the completed forms to this office.

MIOSHA-300 (rev. 12/16) Effective 01/01/2004

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

Skin Disorder
Respiratory
Condition
Poisoning
Hearing Loss
All other illnesses

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