

OSHA Form 301- Injury and Illness Incident Report

Case # _____
 Recordable Non-recordable
To be completed by EH&S

Information about the injured person

- 1) Full name: _____
- 2) Street _____
 City _____ State WA Zip _____
- 3) Injured persons "A" # _____
- 4) Date of birth _____ Date hired _____
- 5) Male Female
- 6) Employee
 Job title _____
 Hrs/day _____ Days/Wk _____
 Student
 Visitor
- 7) Program area _____ Phone # _____
- 8) Injured persons Signature _____
- 9) Supervisor _____ Phone # _____
 Signature _____ Date _____

- 19) Did injured person file a Labor & Industries report? Claim # _____
 Yes No
- 20) If the injured person died, Date of death: _____
- 21) Location _____
- 22) Witness: _____
- 23) What was the injured person doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the injured person was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
- 24) What happened? Tell us how the injury occurred. Examples: "When the ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness of wrist over time."

Information about the Medical Treatment

- 10) Extent of treatment: None First Aid Medical Treatment
- 11) If treatment was given away from the worksite, where was it given?
 Dr. Name _____
 Facility _____
 Street _____
 City _____ State WA Zip _____
- 12) Was the Injured person treated in an emergency room?
 Yes No
- 13) Was the Injured person hospitalized overnight as an in-patient?
 Yes No

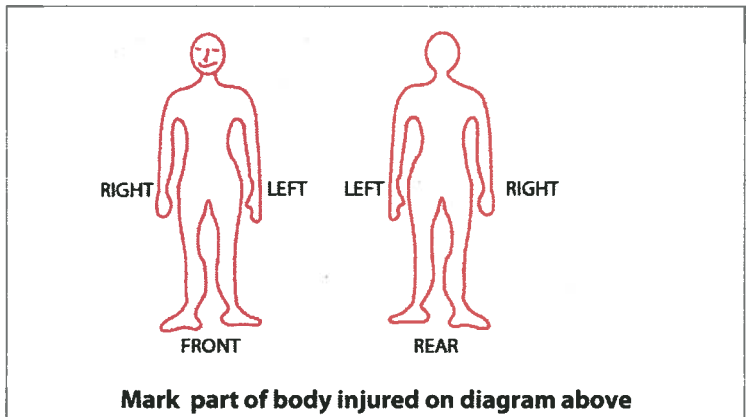
25) What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

Information about the case

- 14) Date of injury or illness _____
- 15) Time of event: _____ AM PM Unknown
- 16) Time Injured person began work _____ AM PM
- 17) Dates lost from work: _____ to _____
- 18) Dates on restricted duty: _____ to _____

26) What object or substance directly harmed the injured person? Examples: "concrete floor"; "chlorine"; "radial arm saw". If this question does not apply to the incident, leave it blank.

Completed by: _____
Title: _____
Phone: _____
Date: _____



Attention: This form contains information relating to injured persons health and must be used in a manner that protects the confidentiality of the information while being used for occupational safety and health purposes to the extent possible.

Complete this form for all injuries and illnesses. When complete, print form, get necessary signatures, & make two photocopies. Forward the original to the EH&S Coordinator in 1254 LAB II and forward a photocopy to Business Services L 1113. The affected person keeps the remaining photocopy. This form should be completed within 24 hours of the incident.