## OSHA Form 301- Injury and Illness Incident Report

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

Claim #

## Information about the injured person

1) Full name:
2) Street
CityStateZip
3) Injured persons "A" #
4) Date of birth Date hired
5) Male 🗆 Female 🗆
6) Employee $\square$
Job title
Hrs/day Days/Wk Student □
Visitor
7) Program area Phone #
8) Injured persons Signature
9) Supervisor Phone #
Signature Date
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
CityStateZip
12) Was the Injured person treated in an emergency room? Yes $\square$ No $\square$
13) Was the Injured person hospitalized overnight as an in-patient?  Yes □ No □
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
Completed by:
Title:
Phone:
Date:

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."

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

19) Did injured person file a Labor & Industries report?

20) If the injured person died, Date of death: \_

Yes □ No □

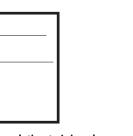
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21) Location 22) Witness:

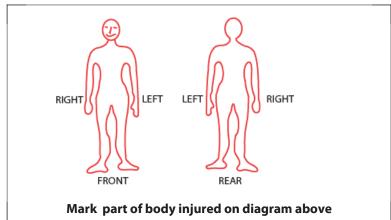
hand"; "carpal tunnel syndrome."

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,

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.



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 1125. The affected person keeps the remaining photocopy. This form should be completed within 24 hours of the incident.