OSHA's Form 300 (Rev 01/2004)

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.

Year 2008
U. S. Department of Labor
Occupational Safety and Health Administration
Form approved OMB no. 1218-0176

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 in29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (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 OSHA office for help.

Establishment Name: 0616
City: 0616 State: OR

Identify the person / Describe the case / Classify the case

(A) Case Number	(B) Employee's Name	(C) Job Title	(D) Date of Injury or onset of illness	(E) Where the event occurred	(F) Describe Injury or Illness, parts of body affected, and object/substance that directly injured or made person ill.	(G) Death	(H) Days away from work	(I) Remained at work: Job Transfer or restriction	(J) Remained at work: Other record-able cases	(K) Away from work	(L) On job transfer or restriction	(M) Injury (1)	(M) Skin Disorder (2)	(M) Respiratory condition (3)	(M) Poisoning (4)	(M) Hearing Loss (5)	(M) All other illnesses (6)
08002/1	Michael O'Brien	Laborer	01/03/08	0616 0616	Broken/swelling of thumb.			X				X					
08008/1	Craig Jenkins	Laborer	02/13/08	0616 0616	pain in lower back			X			15 days	X					
08012/1	Herbert Welch	Laborer	04/28/08	0616 0616					X			X					
08013/1	Tami Daily	Carpenter	06/09/08	0616 0616				X			38 days	X					
08022/1	Gordon Guenther		09/22/08	0616 0616	punctured by nail in right foot				X			X					
08027/1			12/11/08	0616 0616	PRIVACY CASE			X			19 days	X					
Totals						0	0	4	2	0	72	6	0	0	0	0	0

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

OSHA's Form 300 (Rev 01/2004)

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.

Year 2007
U. S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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 in29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (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 OSHA office for help.

Establishment Name: 0616
City: 0616 State: OR

Identify the person		*Describe the case*				*Classify the case* *CHECK ONLY ONE box for each case based on the most serious outcome for that case:*				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
(A) Case Number	(B) Employee's Name	(C) Job Title	(D) Date of Injury or onset of Illness	(E) Where the event occurred	(F) Describe Injury or Illness, parts of body affected, and object/substance that directly injured or made person ill	(G) Death	(H) Days away from work	(I) Remained at work: Job Transfer or restriction	(J) Remained at work: Other record-able cases	(K) Away from work	(L) On job transfer or restriction	(M) Injury (1)	Skin Disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing Loss (5)	All other illnesses (6)
07008/1	David Hotchkiss	Laborer	08/01/07	0616 0616	Scorpin Bite			X				X					
07009/1	David Hotchkiss	Laborer	08/06/07	0616 0616				X				X					
07013/1	Michael O'Brien	Laborer	11/12/07	0616 0616	poison oak			X			4 days		X				
07016/1	Thomas Miley	Operator	07/20/07	0616 0616					X							X	
Totals						**0**	**0**	**3**	**1**	**0**	**4**	**2**	**1**	**0**	**0**	**1**	**0**

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