LOG OF WORK RELATED INJURIES AND ILLNESSES

Year 20 _____ _____

Michigan Department of Labor and Economic Growth
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 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 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

IDENTIFY THE PERSON			DESCRIBE THE CASE			CLASSIFY THE CASE											
						Using these four categories, check ONLY the one most serious result for each case:				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:					
(A) Case no.	(B) Employee's name	(C) Job title (_e.g. Welder_)	(D) Date of injury or onset of illness	(E) Where event occurred (_e.g., Loading dock north end_)	(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_)	Death	Days away from work	Remained at work: Job transfer or restriction	Remained at work: Other recordable cases	Away from work	On job transfer or restriction	(M) Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
			Month / Day /			☐	☐	☐	☐	____ Days	____ Days	☐	☐	☐	☐	☐	☐
			Month / Day /			☐	☐	☐	☐	____ Days	____ Days	☐	☐	☐	☐	☐	☐
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Page Totals ➧ ______ ______ ______ ______ ______ ______ ______ ______ ______ ______ ______ ______

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

Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses
(1)	(2)	(3)	(4)	(5)	(6)

Hearing Standard Threshold Shifts must be recorded under Column 5

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.