

OSHA's Form 301 Injury and Illness Incident Report

Obtained via FOIA by Judicial Watch, Inc.

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.



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

Form approved OMB no. 1218-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by _____
Title _____
Phone _____
Date _____

Informant
1) Full name (b) (6), (b) (7)(C)
2) Street 245 Murray Lane
City Washington State DC ZIP 20593
3) Date of birth (b) (6), (b) (7)(C)
4) Date hired (b) (6), (b) (7)(C)
5) (b) (6), (b) (7)(C) Male (b) (6), (b) (7)(C) Female

Information about the physician or other health care professional

6) Name of physician or other health care professional (First, Middle, Last) _____
7) If treatment was given away from the worksite, where was it given?
Facility _____
Street _____
City _____ State _____ ZIP 000
8) Was employee treated in an emergency room?
 Yes No
9) Was employee hospitalized overnight as an in-patient?
 Yes No

Information about the case

10) Case number from the Log (b) (6), (b) (7)(C) (Transfer the case number from the Log after you record the case.)
11) Date of injury or illness 12/16/2022
12) Time employee began work 06:30 AM PM
13) Time of event 01:40 AM PM Check if time cannot be determined
14) What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
I was traveling from one post to another post.
15) What happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
I was walking across the complex and a dog bit my left arm.
16) 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."
Dog bite, superficial laceration, contusion, soreness, and bruising.
17) What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.
Dog.
18) If the employee died, when did death occur? Date of death _____