# OSHA's Form 301

## Injury and Illness Incident Report

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 in which it pertains.

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

<table>
<thead>
<tr>
<th>Completed by ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title ____________________________</td>
</tr>
<tr>
<td>Phone ____________________________ Date <strong>/</strong>/____</td>
</tr>
</tbody>
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**Information about the employee**

1. Full name ____________________________
2. Street ____________________________
3. City ____________________________ State __ ZIP __
4. Date of birth __/__/____
5. Date hired __/__/____
6. Male □ Female □

**Information about the case**

7. Case number from the Log ________ (Transfer the case number from the Log after you record the case.)
8. Date of injury or illness __/__/____
9. Time of employees began work AM/PM
10. Time of event AM/PM □ Check if time cannot be determined
11. 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."
12. What happened? Tell us how the injury occurred. Examples: "when ladder slipped on wet floor, worker fell 20 feet." "Work was sprayed with chlorine when gasket broke during replacement." "Worker developed scabies in wrist over time."
13. 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 "burn," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
14. 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.
15. If the employee died, when did death occur? Date of death __/__/____

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Public reporting burden for this collection of information is estimated to average 21 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to a collection of information unless it displays a currently valid OMB control number. If you have any comments about this estimate or any other aspect of this data collection, including suggestions for reducing this burden, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N3504, 200 Constitution Avenue, NW Washington, DC 20210. Do not send the completed form to this office.