Office of Public Employees Occupational Safety & Health
PO Box 386, Trenton, New Jersey 08625

RECORDING AND REPORTING OF OCCUPATIONAL INJURIES AND ILLNESSES

An Overview: Recording Work-related Injuries and Illnesses

The Occupational Safety and Health (OSH) Act of 1970 requires certain employers to prepare and maintain records of work-related injuries and illnesses. Use these definitions when you classify cases on the Log. OSHA's recordkeeping regulation (see 29CFR Part 1904) provides more information about the definitions below.

New Jersey requires all public employers regardless of size or SIC code to report all occupational injuries and illnesses.

The ***Log of Work-Related Injuries and Illnesses (NJOSH – 300)*** is used to classify work-related injuries and illnesses and to note the extent and severity of each case. When an incident occurs, use the ***Log*** to record specific details about what happened and how it happened.

The ***Summary (NJOSH – 300A)***, a separate form, shows the totals for the year in each category. At the end of the year, post the ***Summary*** in a visible location so that your employees are aware of the injuries and illnesses occurring in their workplace.

Employers must keep a ***Log*** for each establishment or site. If you have more than one establishment, you must keep a separate ***Log & Summary*** for each physical location that is expected to be in operation for one year or longer.

Note that your employees have the right to review your injury and illness records. For more information, see 29 CFR part 1904.35, ***Employee Involvement***.

Cases listed on the ***Log of Work-Related Injuries and Illnesses*** are not necessarily eligible for workers' compensation or other insurance benefits. Listing a case on the ***Log*** does not mean that the employer or worker was at fault or that a PEOSHA standard was violated.

When is an Injury or Illness considered work-related?

An injury or illness is considered work-related if an event or exposure in the work environment caused or contributed to the condition or significantly aggravated a preexisting condition. Work-

relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the workplace, unless an exception specifically applies. See 29 CFR Part 1904.5(b)(2) for the exceptions. The work environment includes the establishment and other locations where one or more employees are working or are present as a condition of their employment. See 29CFR1904.5(b)(1).

Which work-related Injuries and Illnesses should you record?

Record those work-related injuries and illnesses that result in:

- Death
- Loss of consciousness,
- Days away from work,
- Restricted work activity or job transfer, or
- Medical treatment beyond first aid.

You must also record work-related injuries and illnesses that are significant (as defined below) or meet any of the additional criteria listed below.

You must record any significant work-related injury or illness that is diagnosed by a physician or other licensed health care professional. You must record any work-related case involving cancer, chronic irreversible disease, a fractured or cracked bone, or a punctured eardrum, See 29CFR 1904.7.

What are the additional criteria?

You must record the following conditions when they are work-related:

- Any needlestick injury or cut from a sharp object that is contaminated with another person's blood or other potentially infectious material;

- Any case requiring an employee to be medically removed under the requirements of an OSHA health standard;

- Tuberculosis infection as evidenced by a positive skin test or diagnosis by a physician or other licensed health care professional after exposure to a known case of active tuberculosis.

- An employee's hearing test (audiogram) reveals 1) that the employee has experienced a Standard Threshold Shift (STS) in hearing in one or both ears (averaged at 2000, 3000, and 4000 Hz) and 2) the employee's total hearing level is 25 decibels (dB) or more above audiometric zero (also averaged at 2000, 3000, and 4000 Hz) in the same ear(s) as the STS.

What is medical treatment?

Medical treatment includes managing and caring for a patient for the purpose of combating disease or disorder. The following are not considered medical treatments and are **NOT** recordable:

- Visits to a doctor or health care professional solely for observation or counseling;

- Diagnostic procedures, including administering prescription medication that are used solely for diagnostic purposes; and,
- Any procedure that can be labeled first aid. (*See below for more information about first aid*.)

WHAT DO YOU NEED TO DO?

1. Within seven (7) calendar days after you receive information about a case, decide if the case is recordable under the PEOSHA recordkeeping requirements.
2. Determine whether the incident is a new case or a recurrence of an existing one.
3. Establish whether the case was work-related.
4. If the case is recordable, decide which form you will fill out as the injury and illness incident report.

   You may use ***NJOSH's – 301: Injury and Illness Incident Report*** or an equivalent form.

   Some state workers compensation, insurance, or other reports may be acceptable substitutes, as long as they provide the same information as the ***NJOSH – 301.***

How To Work With The Log

1. Identify the employee involved unless it is a privacy concern case as described below.
2. Identify when and where the case occurred.
3. Describe the case, as specifically as you can.
4. Classify the seriousness of the case by recording the **most serious outcome** associated with the case, with column J (Other recordable cases) being the least serious and column G (Death) being the most serious.
5. Identify whether the case is an injury or illness. If the case is an injury, check the injury category. If the case is an illness, check the appropriate illness category.

What Is First Aid?

If the incident required only the following types of treatment, consider it first aid. Do **NOT** record the case if it involves only:

- Using non-prescription medications at non-prescription strength;
- Administering tetanus immunizations;
- Cleaning, flushing, or soaking wounds on the skin surface;
- Using wound coverings, such as bandages, BandAids ™, gauze pads, etc; or using SteriStrips™, or butterfly closures;
- Using hot or cold therapy;
- Using any totally non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc.;
- Using temporary immobilization devices while transporting an accident victim (splints, slings, neck collars, or backboards).
- Drilling a fingernail or toenail to relieve pressure, or draining fluids from blisters;
- Using eyepatches;
- Using simple irrigation or a cotton swab to remove foreign bodies not embedded in or adhered to the eye;
- Using irrigation, tweezers, cotton swab or other simple means to remove splinters or

foreign material from areas other than the eye;
- Using finger guards;
- Using massages;
- Drinking fluids to relieve heat stress.

How Do You Decide If The Case Involved Restricted Work

Restricted work activity occurs when, as the result of a work-related injury or illness, an employer or health care professional keeps, or recommends keeping, an employee from doing the routine functions of his or her job or from working the full workday that the employee would have been scheduled to work before the injury or illness occurred.

How Do You Count The Number Of Days Of Restricted Work Activity Or The Number Of Days Away From Work?

Count the number of calendar days the employee was on restricted work activity or was away from work as a result of the recordable injury or illness. Do not count the day on which the injury or illness occurred in this number. Begin counting days from the day **after** the incident occurs. If a single injury or illness involved both days away from work and days of restricted work activity, enter the total number of days for each. You may stop counting days of restricted work activity or days away from work once the total of either or the combination of both reaches 180 days.

Under What Circumstances Should You NOT Enter The Employee's Name On The NJOSH – 300?

You must consider the following types of injuries or illnesses to be privacy concern cases:

- An injury or illness to an intimate body part or to the reproductive system,
- An injury or illness resulting from a sexual assault,
- A mental illness,
- A case of HIV infection, hepatitis or tuberculosis,
- A needlestick injury or cut from a sharp object that is contaminated with blood or other potentially infectious material (see 29CFR Part 1904.8 for definition), and
- Other illnesses, if the employee independently and voluntarily requests that his or her name not be entered on the log.

You must not enter the employee's name on the NJOSH 300 ***Log*** for these cases. Instead, enter "privacy case" in the space normally used for the employee's name. You must keep a separate, confidential list of the case numbers and employee names for the establishment's privacy concern cases so that you can update the cases and provide information to the government if asked to do so.

If you have a reasonable basis to believe that information describing the privacy concern case may be personally identifiable even though the employee's name has been omitted, you may use discretion in describing the injury or illness on both the NJOSH 300 and 301 forms. You must enter enough information to identify the cause of the incident and the general severity of the injury or illness, but you do not need to include details of an intimate or private nature.

What If The Outcome Changes After You Record The Case?

If the outcome or extent of an injury or illness changes after you have recorded the case, simply draw a line through the original entry or, if you wish, delete or white-out the original entry. Then write the new entry where it belongs. Remember, you need to record the most serious outcome for each case.

Classifying Injuries

An injury is any wound or damage to the body resulting from an event in the work environment.

Examples: Cut, puncture, laceration, abrasion, fracture, bruise, contusion, chipped tooth, amputation, insect bite, electrocution, or a thermal, chemical, electrical or radiation burn. Sprain and strain injuries to muscles, joints, and connective tissues are classified as injuries when they result from a slip, trip, fall or other similar accidents.

Classifying Illnesses

Skin diseases or disorders
Skin diseases or disorders are illnesses involving the worker's skin that are caused by work exposure to chemicals, plants, or other substances.

> ***Examples:*** Contact dermatitis, eczema, or rash caused by primary irritants and sensitizers or poisonous plants, oil acne, friction blisters, chrome ulcers, inflammation of the skin.

Respiratory conditions
Respiratory conditions are illnesses associated with breathing hazardous biological agents, chemicals, dust, gases, vapors, or fumes at work.

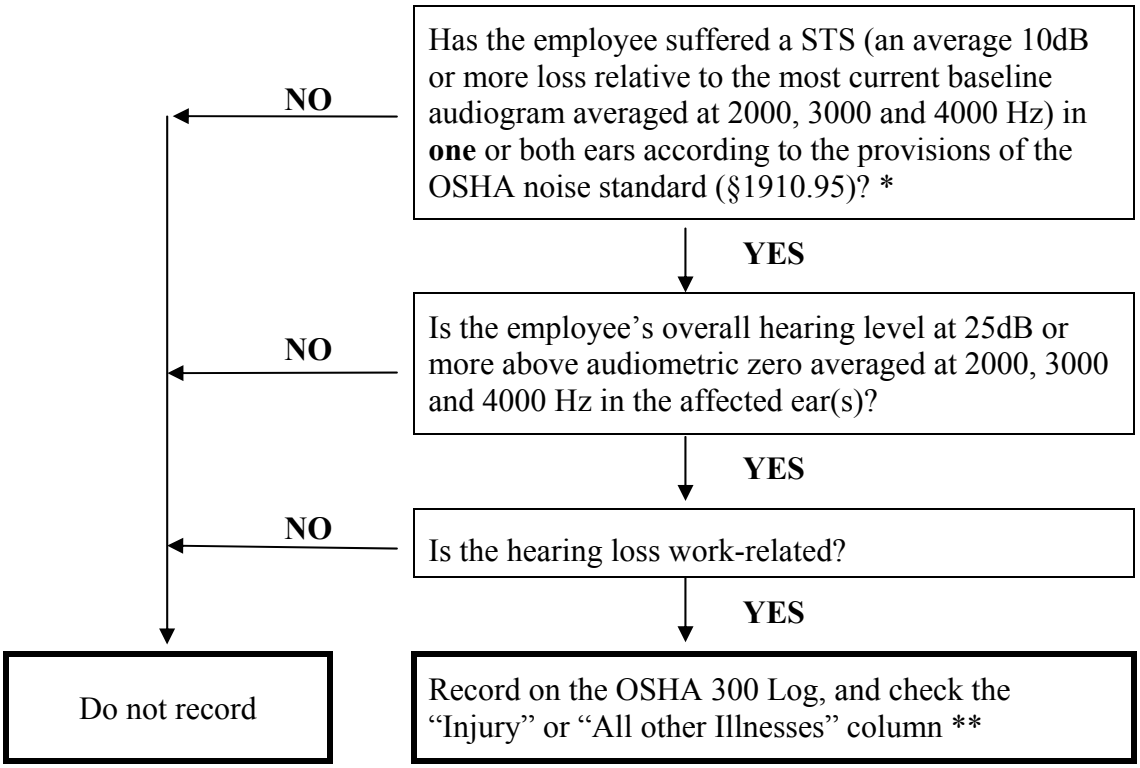
> ***Examples:*** Silicosis, asbestosis, pneumonitis, pharyngitis, rhinitis, or acute congestion; farmer's lung, beryllium disease, tuberculosis, occupational asthma, reactive airways dysfunction syndrome (RADS), chronic obstructive pulmonary disease (COPD), hypersensitivity pneumonitis, toxic inhalation injury, such as metal fume fever, chronic obstructive bronchitis, and other pneumoconiosis.

Poisoning
Poisoning includes disorders evidenced by abnormal concentrations of toxic substances in blood, other tissues, other bodily fluids, or the breath that are caused by the ingestion or absorption of toxic substances into the body.

> ***Examples:*** Poisoning by lead, mercury, cadmium, arsenic, or other metals; poisoning by carbon monoxide, hydrogen sulfide, or other gases; poisoning by benzene, carbon tetrachloride, benzol, or other organic solvents; poisoning by insecticide sprays, such as parathion or lead arsenate; poisoning by other chemicals such as formaldehyde.

Hearing Loss
Noise-induced hearing loss is defined for recordkeeping purposes as a change in hearing threshold relative to the baseline audiogram of an average of 10 dB or more in either ear at 2000, 3000 and 4000 hertz, and the employee's total hearing level is 25 decibels (dB) or more above audiometric zero (also averaged at 2000, 3000, and 4000 hertz) in the same ear(s).

Use this "decision tree" to determine whether the results of the audiometric exam given on or after January 1, 2003 reveal a recordable STS.



Note: In all cases, use the most current baseline to determine recordability as you would to calculate a STS under the hearing conservation provisions of the noise standard (§1910.95). If an STS occurs in only one ear, you may only revise the baseline audiogram for that ear.

* The audiogram may be adjusted for presbycusis (aging) as set out in §1910.95.
** A separate hearing loss column on the OSHA 300 Log beginning in calendar year 2004.

All Other Illnesses
All other occupational illnesses.

Examples: Heatstroke, sunstroke, heat exhaustion, heat stress and other effects of environmental heat; freezing, frostbit, and other effects of exposure to low temperatures; decompression sickness; effects of ionizing radiation (isotopes, x-rays, radium); effects of nonionizing radiation (welding flash, ultra-violet rays, lasers); anthrax; bloodborne pathogenic diseases, such as AIDS, HIV, hepatitis B or hepatitis C; brucellosis, malignant or benign tumors, histoplasmosis, coccidioidomycosis.

When Must You Post The Summary?

You must post the ***Summary*** only – not the ***Log*** – by February 1 of the year following the year covered by the form and keep it posted until April 30 of that year.

How Long Must You Keep The Log And Summary On File?

You must keep the ***Log*** and ***Summary*** for 5 years following the year to which they pertain.

Do You Have To Send These Forms To The OPEOSH At The End Of The Year?

No, you do not have to send the completed forms to the OPEOSH unless specifically asked to do so.

CALCULATING INJURY AND ILLNESS INCIDENCE RATES

What is an incidence rate?
An incidence rate is the number or recordable injuries and illnesses occurring among a given number of full-time workers (usually 100 full-time workers) over a given period of time (usually one year). To evaluate your public entity's injury and illness experience over time or to compare your public entity's experience with that of the public sector as a whole, you need to compute your incidence rate. Because a specific number of workers and specific period of time are involved, these rates can help you identify problems in your workplace and/or progress you may have made in preventing work-related injuries and illnesses.

How do you calculate an incidence rate?
You can compute an occupational injury and illness incidence rate for all recordable cases that involved days away from work quickly and easily. The formula requires that you follow instructions in paragraph (a) below for the total recordable cases or those in paragraph (b) for cases that involved days away from work, and for both rates the instructions paragraph (c).

a) *To find out the total number of recordable injuries and illnesses that occurred during the year,* count the number of line entries on your NJOSH form 300, or refer to NJOSH form 300A and sum the entries for columns (G), (H), (I), and (J).

b) *To find out the number of injuries and illnesses that involved days away from work,* count the number of line entries on your NJOSH Form 300 that received a check mark in column (H), or refer to the entry for column (H) on the NJOSH form 300A.

c) *The number of hours all employees actually worked during the year.* Refer to NJOSH form 300A and optional worksheet to calculate this number.

You can compute the incidence rate for all recordable cases of injuries and illnesses using the following formula:

Total number of injuries and illnesses divided by the Number of hours worked by all employees times 200,000 hours = Total recordable case rate.

(The 200,000 figure in the formula represents the number of hours 100 employees working 40 hours per week, 50 weeks per year would work, and provides the standard base for calculating incidence rates).

You can compute the incidence rate for recordable cases involving days away from work, days of restricted work activity or job transfer (DART) using the following formula:

(Number of entries in column H + Number of entries in column I) divided by the Number of hours worked by all employees times 200,000 hours = DART incidence rate.

You can use the same formula to calculate incidence rates for other variables such as cases involving restricted work activity (column (I) on Form 300A), cases involving skin disorders (column (M-2) on Form 300A), etc. Just substitute the appropriate total for these cases, from Form 300A, into the formula in place of the total number of injuries and illnesses.

What can I compare my incidence rate to?

The Bureau of Labor Statistics (BLS) conducts a survey of occupational injuries and illnesses each year and publishes incidence rate data by various classifications (e.g., by industry, by employer size, etc.). You can obtain these published data at www.bls.gov or by calling a BLS Regional Office.

Worksheet

Total number of recordable injuries and illnesses for your Public Entity.

Total recordable cases Incidence rate

÷ **X** 200,000 =

Hours worked by all your employees

Total number of recordable injuries And illnesses with a checkmark in Column H or column I

DART incidence rate

÷ **X** 200,000 =

Hours worked by all your employees

Worksheet to Help You Fill Out the Summary

At the end of the year, the OPEOSH requires you to enter the average number of employees and the total hours worked by your employees on the summary. If you don't have these figures, you can use the information on this page to estimate the numbers you will need to enter on the ***Summary*** page at the end of the year.

How to figure the average number of employees who worked for you during the year:

❶ **Add** the total number of employees you paid in all pay periods during the year. Include all employees: full-time, part-time, temporary seasonal, salaried, and hourly.

The number of employees paid in all pay periods = ❶ _____

❷ **Count** the number of pay periods you had during the year. Be sure to include any pay periods when you had no employees.

The number of pay periods during the year = ❷ _____

❸ **Divide** the number of employees by the number of pay periods.

❶_____ / ❷ = ❸_____

❹ **Round the answer** to the next highest whole number. Write the rounded number in the blank marked *Annual average number of employees.*

The number rounded = ❹___

For example, the Township of Able figured its average employment this way:

For pay period….	Able paid this number of employees…
1	10
2	0
3	15
4	30
5	40
↓	↓
24	20
25	15
26	+10
	830

Number of employees paid = 830 ❶

Number of pay periods = 26 ❷

$\frac{830}{26} = 31.92$ ❸

31.92 rounds to 32 ❹

32 is the annual average number of employees

How to figure the total hours worked by all employees:

Include hours worked by salaried, hourly, part-time and seasonal workers, as well as hours worked by other workers subject to day to day supervision by you. Do not include vacation, sick leave, holidays, or any other non-work time, even if employees were paid for it. If you keep records of only the hours paid or if you have employees who are not paid by the hour, please estimate the hours that the employees actually worked.

If this number isn't available, you can use this optional worksheet to estimate it.

OPTIONAL WORKSHEET

Find the number of full-time employees for the year.	_____
Multiply by the number of work hours for a full-time employee in a year.	x _____
This is the number of full-time hours worked.	_____
Add the number of any overtime hours as well as the hours worked by other employees (part-time, temporary, seasonal).	+ _____
Round the answer to the next highest whole number. Write the rounded number in the blank marked *Total hours worked by all employees last year.*	_____

HOW TO FILL OUT THE LOG:

The *Log of Work-Related Injuries and Illnesses* is used to classify work-related injuries and illnesses and to note the extent and severity of each case. When an incident occurs, use the *Log* to record specific details about what happened and how it happened.

If your public entity has more than one worksite, you must keep separate records for each physical location that is expected to remain in operation for one year or longer.

Copies of this *Log* are available from our website at:

(http://www.nj.gov/labor/lsse/lspeosh.html)

If you need more than one, you may photocopy and use as many as you need.

The *Summary* – a separate form – shows the work-related injury and illness totals for the year in each category. At the end of the year, count the number of incidents in each category and transfer the totals from the *Log* to the *Summary*. Then post the *Summary* in a visible location so that your employees are aware of injuries and illnesses occurring in their workplace.

You do not post the *Log*. You post only the *Summary* at the end of the year.

NJOSH – 300 *(EXAMPLE of how to fill out)*

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 20 _____

NEW JERSEY DEPARTMENT OF LWD LABOR AND WORKFORCE DEVELOPMENT nj.gov/labor

N.J. Department of Labor & Workforce Development
Public Employees Occupational Safety and Health

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 29 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 (NJOSH 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call the Office of Public Employees Occupational Safety and Health for help.

Public Employer:
State _____

County: _____ Other _____

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: (M)					
(A)	(B)	(C)	(D)	(E)	(F)			Remained at work									
Case no.	Employee's name	Job title *(e.g., Welder)*	Date of injury or onset of illness *(month/day)*	Where the event occurred *(e.g. Loading dock north end)*	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 (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)	Away from work (days) (K)	On job transfer or restriction (days) (L)	Injury (1)	Skin Disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
1	Mark Bagin	Welder	5/25	Basement	Fracture, left arm and left leg, fell from ladder	☐	☒	☐	☐	12	15	☒	☐	☐	☐	☐	☐
2	Shana Alexander	Foundry man	7/2	Pouring deck	Poisoning from lead fumes	☐	☒	☐	☐		30	☐	☐	☐	☒	☐	☐
3	Sam Sander	Electrician	8/5	2nd floor storeroom	Broken left foot, fell over box	☐	☒	☐	☐	7	30	☒	☐	☐	☐	☐	☐
4	Ralph Boccella	Laborer	9/12	Packaging dept.	Back strain, lifting boxes	☐	☒				3	☒	☐	☐	☐	☐	☐
5	Jarod Daniels	Machine Opr.	10/23	Production floor	Dust in eye	☐	☐	☐	☒			☒	☐	☐	☐	☐	☐
						☐	☐	☐	☐			☐

NJOSH – 300

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 20 _____

N.J. Department of Labor & Workforce Development
Public Employees Occupational Safety and Health

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 29 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 (NJOSH 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call the Office of Public Employees Occupational Safety and Health for help.

Public Employer:
State _____

County: _____ Other _____

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: (M)					
								Remained at work									
(A) Case no.	(B) Employee's name	(C) Job title *(e.g., Welder)*	(D) Date of injury or onset of illness *(month/day)*	(E) Where the 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 (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)	Away from work (days) (K)	On job transfer or restriction (days) (L)	Injury (1)	Skin Disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
						❑	❑	❑	❑			❑	❑	❑	❑	❑	❑
						❑	❑	❑	❑			❑	❑	❑	❑	❑	❑
						❑	❑	❑	❑			❑	❑	❑	❑	❑	❑
						❑	❑	❑	❑			❑	❑	❑	❑	❑	❑
						❑	❑	❑	❑			❑	❑	❑	❑	❑	❑
						❑	❑	❑	❑			❑	❑	❑	❑	❑	❑
						❑	❑	❑	❑			❑	❑	❑	❑	❑	❑
						❑	❑	❑	❑			❑	❑	❑	❑	❑	❑
						❑	❑	❑	❑			❑	❑	❑	❑	❑	❑
						❑	❑	❑	❑			❑	❑	❑	❑	❑	❑
						❑	❑	❑	❑			❑	❑	❑	❑	❑	❑
						❑	❑	❑	❑			❑	❑	❑	❑	❑	❑
						❑	❑	❑	❑			❑	❑	❑	❑	❑	❑
						❑	❑	❑	❑			❑	❑	❑	❑	❑	❑
					Page total ➢	_____	_____	_____	_____	_____	_____	_____ Injury (1)	_____ Skin Disorder (2)	_____ Respiratory condition (3)	_____ Poisoning (4)	_____ Hearing loss (5)	_____ All other illnesses (6)

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

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. Questions regarding this form should be directed to the Office of Public Employees Occupational Safety and Health, New Jersey Department of Labor and Workforce Development, PO Box 386, Trenton, New Jersey 08625.

NJOSH – 300A

Year 20_____

Summary of Work-Related Injuries and Illnesses

N.J. Department of Labor & Workforce Development
Public Employees Occupational Safety and Health

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing the summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0".

Employers, former employees and their representatives have the right to review the NJOSH Form 300 in its entirety. They also have limited access to the NJOSH Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
_____	_____	_____	_____
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
_____	_____
(K)	(L)

Injury and Illness Types

Total number of…
(M)

(1) Injuries	_____	(4) Poisonings	_____
(2) Skin disorders	_____	(5) Hearing loss	_____
(3) Respiratory conditions	_____	(6) All other illnesses	_____

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Comments regarding this form should be sent to the Office of Public Employees Occupational Safety and Health, NJ Department of Labor and Workforce Development, PO Box 386, Trenton, NJ 08625.

Public Employer

Department or Agency _____

Street _____

City _____ State _____ ZIP _____

Industry description (e.g. Police, DPW, Sewerage Treatment, School)

_____

Standard Classification (SIC), if known (e.g., 3715)

_____ _____ _____ _____

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

_____ _____ _____ _____ _____ _____

Employment Information

Annual average number of employees _____

Total hours worked by all employees last year _____

Sign Here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

_____
Public Employer Management Representative Title

(____) _____
Phone Date

OSHA's Form 301
Injuries and Illnesses Incident Report

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 _____

Information about the employee

1) Full Name _____

2) Street _____

City _____ State _____ Zip _____

3) Date of birth _____

4) Date hired _____

5) ☐ Male
☐ Female

Information about the physician or other health care professional

6) Name of physician or other health care professional

_____

_____

7) If treatment was given away from the worksite, where was it given?

Facility _____

Street _____

City _____ State _____ Zip _____

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 _____ *(Transfer the case number from the Log after you record the case.)*

11) Date of injury or illness _____

12) Time employee began work _____ AM/PM

13) Time of event _____ 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."

15) **What happened?** Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was spayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

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."

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.

18) **If the employee died, when did death occur?** Date of death

Public reporting burden for this collection of information is estimated to average 22 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 the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate or any other aspects of this data collection, including suggestions for reducing this burden, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.