**NJOSH – 300**

**Log of Work-Related Injuries and Illnesses**

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.

**Identify the person**

<table>
<thead>
<tr>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case no.</td>
<td>Employee’s name</td>
<td>Job title (e.g., Welder)</td>
</tr>
</tbody>
</table>

**Describe the case**

<table>
<thead>
<tr>
<th>(D)</th>
<th>(E)</th>
<th>(F)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of injury or onset of illness (month/day)</td>
<td>Where the event occurred (e.g., Loading dock north end)</td>
<td>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)</td>
</tr>
</tbody>
</table>

**Classify the case**

CHECK ONLY ONE box for each case based on the most serious outcome for that case:

<table>
<thead>
<tr>
<th>(G)</th>
<th>(H)</th>
<th>(I)</th>
<th>(J)</th>
<th>(K)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days away from work (days)</td>
<td>On job transfer or restriction (days)</td>
<td>Other recordable cases (days)</td>
<td>Death</td>
<td>Days away from work (days)</td>
</tr>
</tbody>
</table>

**Enter the number of days the injured or ill worker was**

- Away from work (days)
- On job transfer or restriction (days)
- Other recordable cases (days)
- Death
- Days away from work (days)

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, P.O. Box 386, Trenton, New Jersey 08625.
NJOSH – 300A

Summary of Work-Related Injuries and Illnesses

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

<table>
<thead>
<tr>
<th>Total number of deaths</th>
<th>Total number of cases with days away from work</th>
<th>Total number of cases with job transfer or restriction</th>
<th>Total number of other recordable cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>(G)</td>
<td>(H)</td>
<td>(I)</td>
<td>(J)</td>
</tr>
</tbody>
</table>

Number of Days

<table>
<thead>
<tr>
<th>Total number of days of job transfer or restriction</th>
<th>Total number of days away from work</th>
</tr>
</thead>
<tbody>
<tr>
<td>(K)</td>
<td>(L)</td>
</tr>
</tbody>
</table>

Injury and Illness Types

<table>
<thead>
<tr>
<th>Total number of…</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Injuries</td>
</tr>
<tr>
<td>(2) Skin disorders</td>
</tr>
<tr>
<td>(3) Respiratory conditions</td>
</tr>
<tr>
<td>(4) Poisonings</td>
</tr>
<tr>
<td>(5) Hearing loss</td>
</tr>
<tr>
<td>(6) All other illnesses</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Department or Agency</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>ZIP</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Annual average number of employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total hours worked by all employees last year</td>
</tr>
</tbody>
</table>

Sign Here

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**

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.

**Information about the employee**

1. Full Name ____________________________
2. Street ____________________________ 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

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.