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Manage all forms, for numerous locations, among multiple years, with ease and clarity.

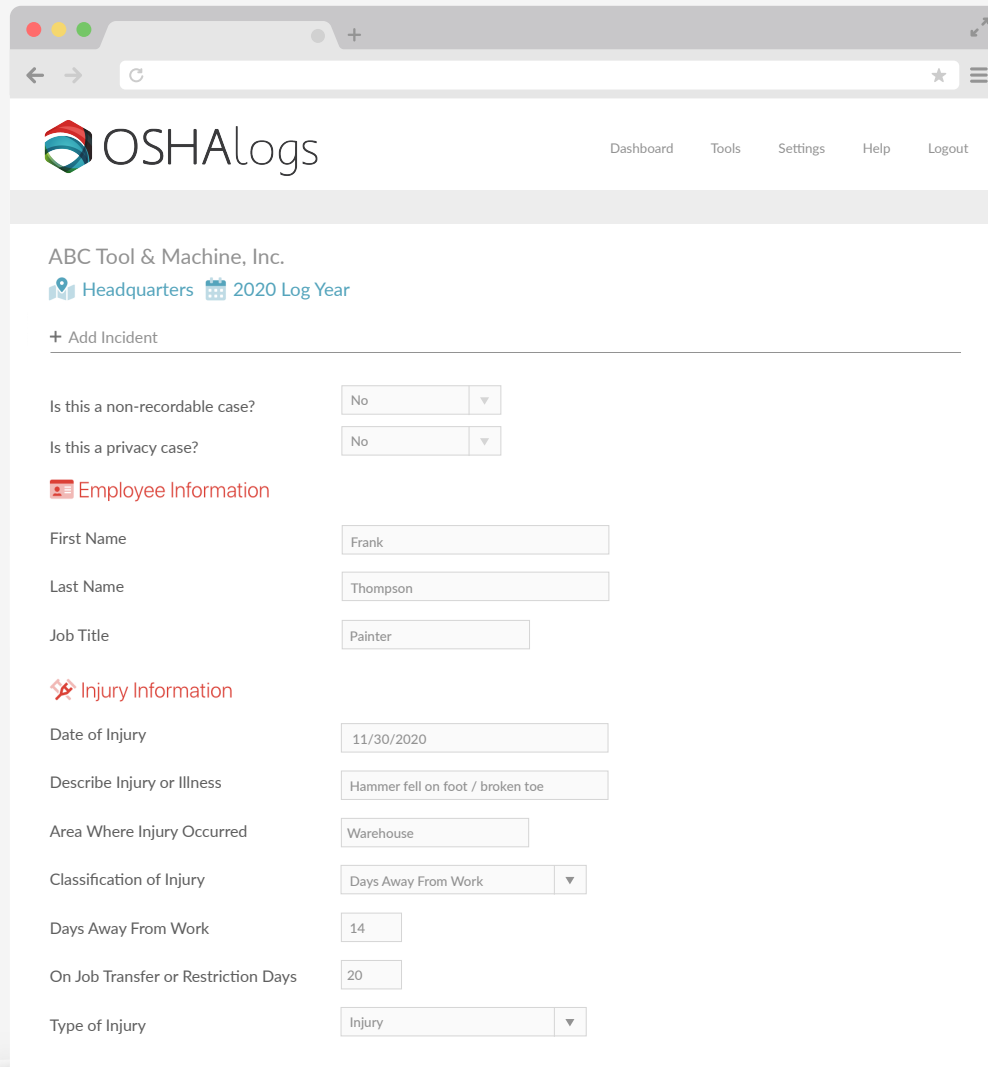**Ready to learn more? Reach out to Brian Roeder today!**

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- broeder@monteleoneins.com

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When Someone Gets Hurt, Complete One Simple Web Form

Add an injury in less than 4 minutes or less!

OSHAlogs

Dashboard   Tools   Settings   Help   Logout

ABC Tool & Machine, Inc.

📍 Headquarters   📅 2020 Log Year

+ Add Incident

Is this a non-recordable case?   No ▼

Is this a privacy case?   No ▼

🪪 **Employee Information**

First Name   Frank

Last Name   Thompson

Job Title   Painter

⚒ **Injury Information**

Date of Injury   11/30/2020

Describe Injury or Illness   Hammer fell on foot / broken toe

Area Where Injury Occurred   Warehouse

Classification of Injury   Days Away From Work ▼

Days Away From Work   14

On Job Transfer or Restriction Days   20

Type of Injury   Injury ▼

Works with all screen sizes, platforms, and is fully mobile enabled!

- ✅ Computers
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Create All OSHA Forms With No Dual Entry

Save, print or email OSHA Forms just like any other PDF.

OSHA Form 301

OSHA Form 300

OSHA Form 300A

Print

Download

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Instantly Generate OSHA's Form 301

Within 7 calendar days after you receive information that a
recordable work-related injury or illness has occurred, you must fill out this form.

www.oshalogs.com/osha301

OSHA's Form 301
Injury and Illness 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.

Information about the employee

1) Full name Fred Thompson

2) Street 9600 Industrial Parkway

City Plain City   State OH ZIP 43064

3) Date of birth 05 / 27 / 93

4) Date hired 06 / 24 / 14

5) ☒ Male
   ☐ Female

Information about the physician or other health care professional

6) Name of physician or other health care professional

Dr. Ron Simpson

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

Facility Spectrum Health

Street 93993 Main St.

City Jenison   State CA ZIP 39390

8) Was employee treated in an emergency room?
   ☒ Yes
   ☐ No

9) Was employee hospitalized overnight as an in-patient?
   ☐ Yes
   ☒ No

Completed by Jackie Lange

Title HR Manager

Phone (616) 635 – 7313   Date 06 / 28 / 18

Information about the case

10) Case number from the *Log* 78321756 *(Transfer the case number from the Log after you record the case.)*

11) Date of injury or illness 11 / 30 / 20

12) Time employee began work 8:00 am AM / PM

13) Time of event 9:00 pm 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."
Was preparing worksite and sorting tools

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."
Dropped large hammer on foot

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."
Broken foot

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.*
Hammer

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 Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

PDF

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Update the OSHA Form 300 Automatically

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.

www.oshalogs.com/osha300

OSHA's Form 300 (Rev. 01/2004)

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 **2 0**

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

Form approved OMB no. 1218-0176

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 (OSHA 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 OSHA office for help.

Establishment name **ABC Tool and Machine, Inc.**

City **Holland**   State **MI**

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:

(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(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)	Remained at Work — Job transfer or restriction (I)	Remained at Work — Other recordable cases (J)	Away from work (K)	On job transfer or restriction (L)	Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
54290625	Mary Miller	Production	01 / 03	Parking Lot	Slipped on ice / fell / twisted ankle	☐	☒	☐	☐	2 days	14 days	☒	☐	☐	☐	☐	☐
82616154	Robert Williamson	Painter	01 / 18	Jobsite	Back strain / lifting large supply crate	☐	☐	☒	☐	0 days	5 days	☒	☐	☐	☐	☐	☐
90840158	Katy Pamel	Painter	02 / 20	Jobsite	Tripped on blanket / fell / broken wrist	☐	☒	☐	☐	5 days	100 days	☒	☐	☐	☐	☐	☐
81636937	Jeffrey Mills	Worker	03 / 05	Loading Dock	Bruised right elbow from forklift	☐	☒	☐	☐	12 days	9 days	☒	☐	☐	☐	☐	☐
52944396	Heather Vitale	Painter	03 / 09	Jobsite	Fainted / Heat Exhaustion	☐	☐	☐	☒	0 days	0 days	☒	☐	☐	☐	☐	☐
55225180	Ben Jones	Painter	03 / 09	Jobsite	Fell from ladder / sore back	☐	☒	☐	☐	5 days	5 days	☒	☐	☐	☐	☐	☐
50960809	Sarah Swanston	Worker	04 / 01	Warehouse	Using box cutter / finger laceration	☐	☐	☐	☒	0 days	0 days	☒	☐	☐	☐	☐	☐
14450530	Mike Smith	Painter	04 / 15	Warehouse	Fall from ladder / broken leg	☐	☒	☐	☐	12 days	45 days	☒	☐	☐	☐	☐	☐
78321654	Fred Thompson	Worker	11 / 30	Warehouse	Hammer fell on foot / broken toe	☐	☒	☐	☐	12 days	11 days	☐	☐	☒	☐	☐	☐
										days	days	☐	☐	☐	☐	☐	☐
										days	days	☐	☐	☐	☐	☐	☐
										days	days	☐	☐	☐	☐	☐	☐
										days	days	☐	☐	☐	☐	☐	☐

Page totals ▶ 0   6   1   2   48   189   8   0   1   0   0   0

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. 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 or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Page 1 of 1

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

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Easily Produce an OSHA 300A Summary

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.

www.oshalogs.com/osha300a

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 **2 0**

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

Form approved OMB no. 1218-0176

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

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA 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
0	6	1	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
48	189
(K)	(L)

Injury and Illness Types

Total number of . . .
(M)

(1) Injuries	8	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditions	1	(6) All other illnesses	0

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 58 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 or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name **ABC Tool and Machine, Inc. Grand Rapids**

Street **1010 Tyler St.**

City **Holland** State **MI** ZIP **49422**

Industry description (e.g., Manufacture of motor truck trailers)
Other General Government Support

Standard Industrial Classification (SIC), if known (e.g., 3715)
2 5 2 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)
9 2 1 1 9 0

Employment information (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees **555555**

Total hours worked by all employees last year **80200**

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.

PDF

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Create Any State's Work Comp First Report in Half the Time

Piggyback off information already entered on the OSHA Forms.

All 50 State Forms Available
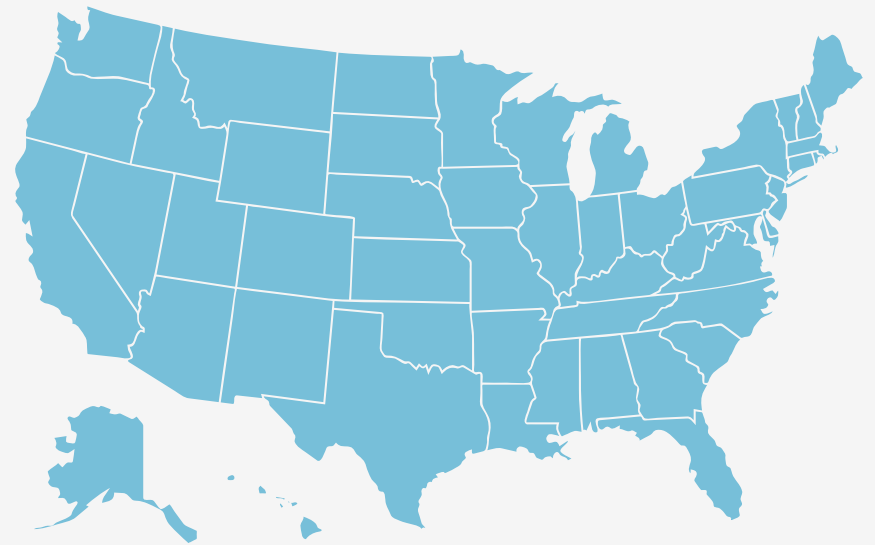
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Need to Make a Change? It's Easy to Update!

Make a change to one form, and all other forms are updated instantly.
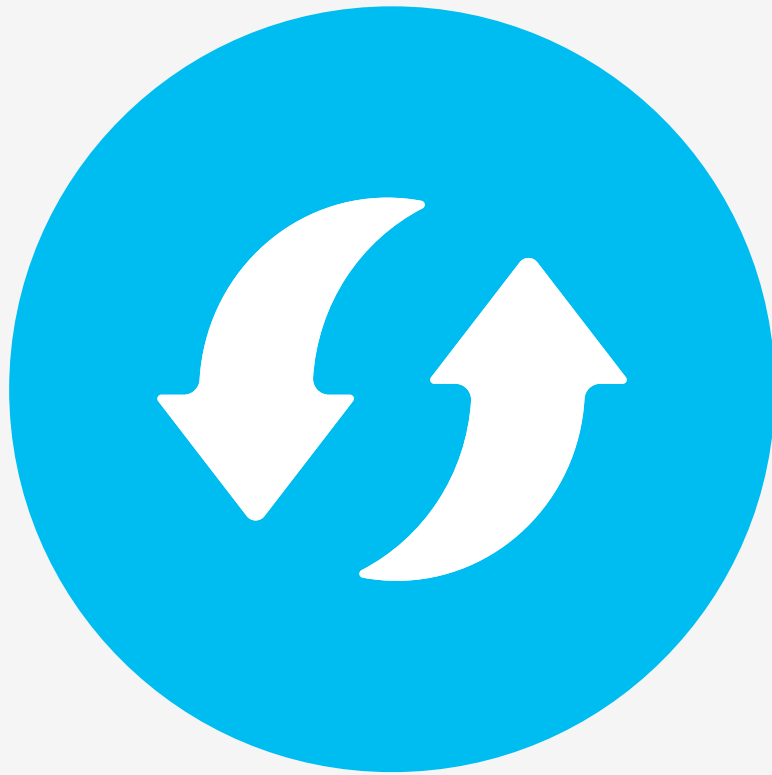
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We Receive Instant Notification When an Incident Occurs

Eliminate communication lag and address difficult claims quickly to reduce work comp related costs.
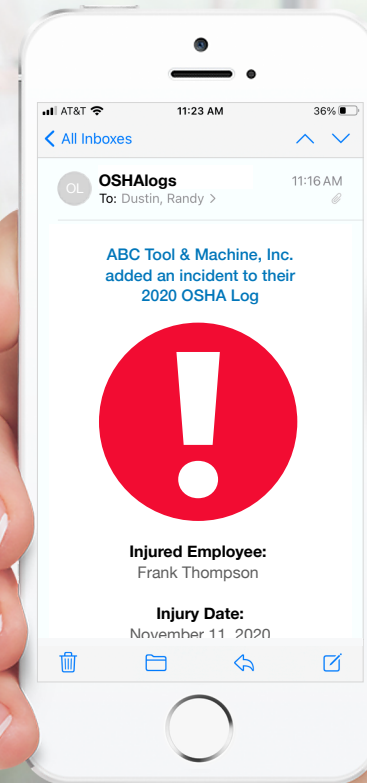
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Have an OSHA Recordkeeping Question?

Connect with our team experts! No question too big or small.

I have an employee who was injured and off work for several days, and has been on restricted duty for a few months. When recording the number of days for each, do I count Saturday's, Sunday's and holidays?

Mary H | ABC Tool & Machine, Inc.

4:06 PM

Yes. According to OSHA, you must count the number of CALENDAR DAYS the employee was unable to work as a result of the injury or illness, regardless of whether or not the employee was scheduled to work on those day(s).

Josh B | OSHALogs Support

4:09 PM

Thanks for the quick response!

Mary H | ABC Tool & Machine, Inc.

4:10 PM

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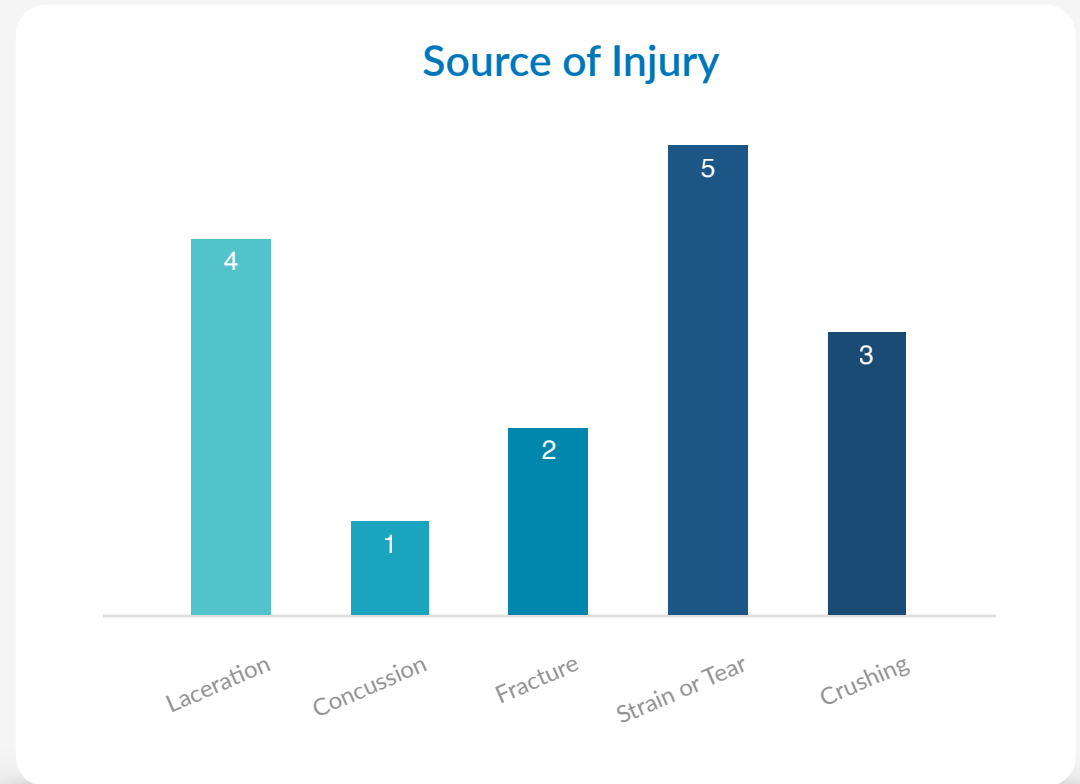
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Reveal Injury Trends with Instant Metrics

Proactively look for injury patterns and fix hazards before serious incidents occur.

- ✓ Incident Rate
- ✓ DART Rate
- ✓ Lost Time Case Rate
- ✓ Severity Rate
- ✓ Body Parts Affected
- ✓ Nature of Injury
- ✓ Source of Injury

Source of Injury

Laceration	Concussion	Fracture	Strain or Tear	Crushing
4	1	2	5	3

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Comply with New OSHA Submission Requirements

Most employers are required to digitally submit injury data directly to OSHA on an annual basis
Comply with a few simple clicks with our Electronic Submission Wizard!
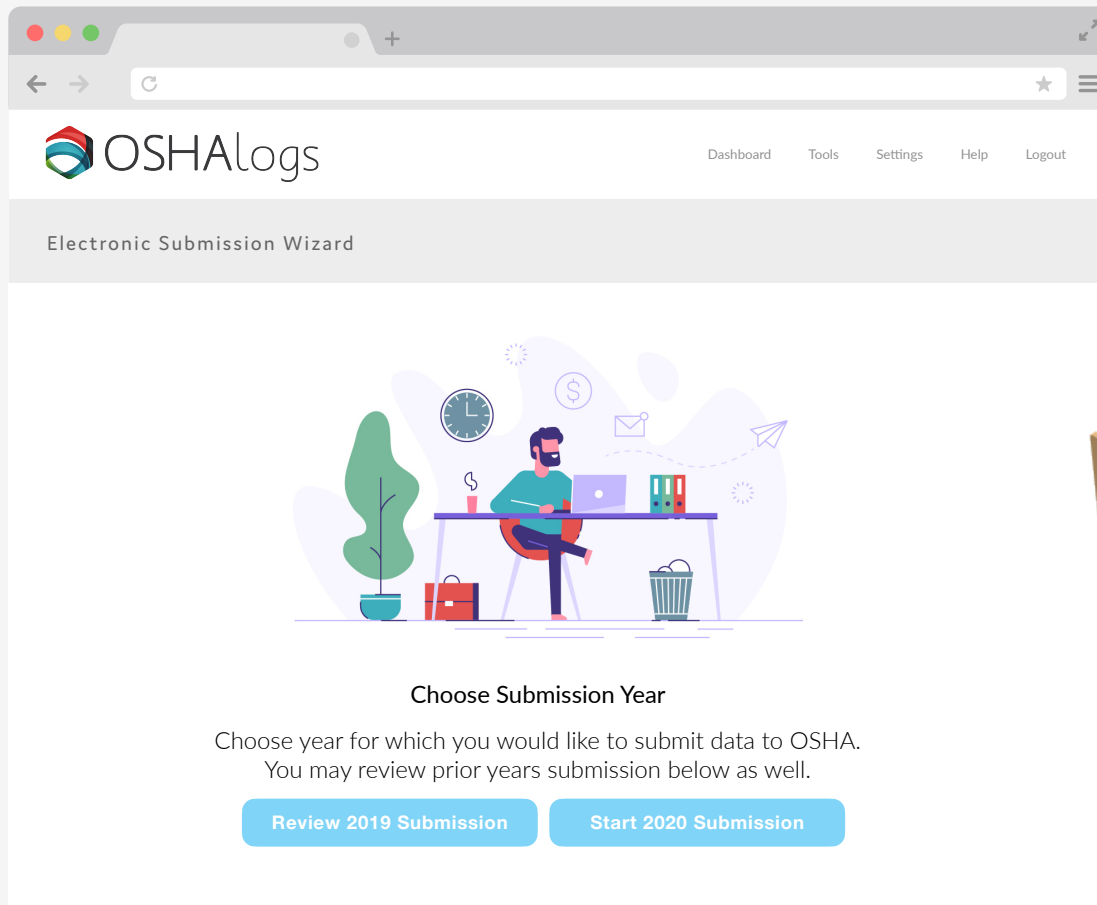
OSHAlogs

Dashboard   Tools   Settings   Help   Logout

Electronic Submission Wizard

Choose Submission Year

Choose year for which you would like to submit data to OSHA.
You may review prior years submission below as well.

Review 2019 Submission   **Start 2020 Submission**

Data Due March 2nd Each Year

Employers Must Submit or Face Costly Fines and Surprise OSHA Inspections

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