NJOSH – 300 (EXAMPLE of how to fill out)

Log of Work-Related Injuries and Illnesses

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.

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		

originally recorded for the case. Cross out, erase,

(2)

or white-out the original entry.



Public Employees Occupational Safety and Health

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 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									State	Employer.							
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 illne whether a case is recordable, call the Office of Public Employees Occupational Safety and Health for help.				ess recorded on this form. If you're not sure		County			/:		Other						
Identify the person (A) (B) (C)		Describe the case (D) (E) (F)			Classify the case CHECK ONLY ONE box for each based on the most serious outcomes that case:					umber of days or ill worker	Check the "injury" column or choose one type of illness: (M)						
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)	Sunful (1)	(S) Skin Disorder	Respiratory condition	Boisoning (4)	(5) Hearing loss	All other illnesses
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	2 nd floor storeroom	Broken left foot, fell over box		×			7	30	×	-		F		
4	Ralph Boccella	Laborer	9/12	Packaging dept.	Back strain, lifting boxes		×				3	×	4				
5	Jarod Daniels	Machine Opr.	10/23	Production floor	Dust in eye				×			×		\Box			
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					Be as specific as possible. You				u \	\				es an inj	he case ury to		
					can use two lines if you need more room.					\			——	·			
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	Be surer				remarker these t	otals to the Sumr	mary page (Form		ı post it.		4 Aunful	in Disorder	y condition C	Poisoning	earing loss C	or illnesses C	
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.			Choose ONE of these categories. Class recording most serious outcome of the column J (Other recordable cases) bein	case with		Revise the lo	g if the injury ome is more s			7	Š	Respirator		Ĭ	All othe		

serious and column G (Death) being the most

serious.