Michigan Department of Labor & Economic Growth

LOG OF WORK RELATED INJURIES AND ILLNESSES

Year 20 _____ _____

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.

Michigan Department of Labor and Economic Growth
Michigan Occupational Safety and Health Administration (MIOSHA)
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 Public Law of 1970 (P.L. 91-596) and Michigan Occupational Safety and Health Act 154 P.A. 1974, Part 11, Michigan Administrative Rule for Recording and Reporting of Injuries and Illnesses. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (MIOSHA 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 MIOSHA office for help. You may be fined for failure to comply.

ESTABLISHMENT NAME	
CITY	STATE

IDENTIFY THE PERSON			DESCRIBE THE CASE			CLASSIFY THE CASE													
(A) Case no.	(B) Employee's name	(C) Job title *(e.g. Welder)*	(D) Date of injury or onset of illness	(E) Where 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)*	Using these four categories, check ONLY the one most serious result for each case:				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:					
						Death	Days away from work	Remained at work: Job transfer or restriction	Remained at work: Other recordable cases	Away from work	On job transfer or restriction	(M) Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
			Month / Day /			☐	☐	☐	☐	____ Days	____ Days	☐	☐	☐	☐	☐	☐
			Month / Day /			☐	☐	☐	☐	____ Days	____ Days	☐	☐	☐	☐	☐	☐
			Month / Day /			☐	☐	☐	☐	____ Days	____ Days	☐	☐	☐	☐	☐	☐
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			Month / Day /			☐	☐	☐	☐	____ Days	____ Days	☐	☐	☐	☐	☐	☐

Page Totals ➧ ______ ______ ______ ______ ______ ______ ______ ______ ______ ______ ______ ______

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

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

Hearing Standard Threshold Shifts must be recorded under Column 5

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 for any other aspects of this data collection, contact:

Michigan Department of Labor & Economic Growth, MIOSHA, MTSD
7150 Harris Dr., P.O. Box 30643, Lansing, MI 48909-8143 • (517) 322-1848 • Do not send completed forms to this office.

Year 20 _____

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES

Michigan Department of Labor and Economic Growth
Michigan Occupational Safety and Health Administration (MIOSHA)
Form Approved OMB No. 1218-0176

All establishments covered by Public Law of 1970 (P.O. 91-596) and Michigan Occupational Safety and Health Act 154, P.A. 1974, Part 11, Michigan Administrative Rule for Recording and Reporting of Injuries and Illnesses, 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. You may be fined for failure to comply.

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 MIOSHA Form 300 in its entirety. They also have limited access to the MIOSHA Form 301 or its equivalent. See Part 11, R408.22135 Rule 1135, in MIOSHA'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	_____

Establishment Information

YOUR ESTABLISHMENT NAME		
STREET		
CITY	STATE	ZIP CODE
INDUSTRY DESCRIPTION (*e.g., Manufacture of motor truck trailers*)		
STANDARD INDUSTRIAL CLASSIFICATION (SIC), IF KNOWN (*E.G., SIC 3715*)		

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.

COMPANY EXECUTIVE	TITLE
PHONE NUMBER ( )	DATE

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

Michigan Department of Labor & Economic Growth

INJURY AND ILLNESS INCIDENT REPORT

Michigan Department of Labor and Economic Growth
Michigan Occupational Safety and Health Administration (MIOSHA)
Form Approved OMB No. 1218-0176

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.

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 MIOSHA 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 of 1970 (P.L. 91-596) and Michigan Occupational Safety and Health Act 154, P.A. 1974, Part 11, Michigan Administrative Rule for Recording and Reporting of Injuries and Illnesses, you must keep this form on file for 5 years following the year to which it pertains. You may be fined for failure to comply.

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 CODE

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 CODE

8. WAS EMPLOYEE TREATED IN AN EMERGENCY ROOM?
☐ YES ☐ NO

9. WAS EMPLOYEE HOSPITALIZED OVERNIGHT AS AN IN-PATIENT?
☐ YES ☐ NO

Information about the cases

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 sprayed 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," "sore." *Examples:* "Strained Back"; "Chemical Burn on 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 / /

MIOSHA-301 (Rev. 12/03) Effective 01/01/2004