

City of Columbia Injury and Illness Report (OSHA 301)

Information about Employee

Employee Full Name: _____
 Social Security Number: _____
 Date of Birth (mm/dd/yyyy): _____
 Address: _____

 Home Phone: _____
 Male Female
 Marital Status: _____
 Job Title: _____
 Date Hired: _____
 Time Work Begins: _____
 Work Phone: _____

Employer's Information

Department/Division: _____
 Division Number: _____
 Physical Address: _____

 Mailing Address: _____

 Supervisor's Name: _____
 Supervisor's Wk. No.: _____

Information about the Case

Case number from the Log _____
(Transfer the case number for the Log after you record the case)
 Date of Injury or Illness ____/____/____
 Time of Event _____ AM / PM
 Check if Time cannot be determined
 Date & Time Reported to Supervisor: _____
 Were there any witnesses? Yes No
 Witnesses Name & Phone Number: _____

Information about Physician/Other Health Care Prof.

Name of physician or other health care professional: _____

 If treatment was given away from the worksite, where was it given? Facility Name - _____
 Street - _____
 City _____ State _____ ZIP _____
 Was Employee treated in an emergency room?
 Yes No
 Was Employee hospitalized overnight as an in-patient?
 Yes No

Case Information Continued

- 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."* _____

- 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."* _____

- 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."* _____

- 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.* _____

- What PPE was the employee wearing when the incident occurred? _____
- If the employee died, when did death occur? Date of death ____/____/____

Treatment

Treatment Description: _____
 Is further treatment expected? Yes No
 OSHA Recordable? Yes No
 Describe - Medical Treatment, Loss of Consciousness,
 Illness, Work Restriction, or Death
 Record on First Aid Log? Yes No
 Describe - First Aid Only, Remained on Duty or
 Other, describe: _____
 If recordable, has injury been recorded on OSHA 300 log?
 Yes No

Other

Did injury/illness involve lost time? Yes No
 Date returned to Work: _____
 Did injury or illness involve transitional duty? Yes No
 #of Lost time days: _____
 Date return to full duty: _____
 #of Transitional days: _____
 Injury/Illness Reported to PHT Services? Yes No
 Date reported to PHTS: _____
 Supervisor's Follow-up: Counseling, Training, or
 Other, describe: _____

Completed by:

Name: _____
 Title - _____

Date ____/____/____
 Phone: _____