

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 2005
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: AC ELECTRIC INC
Address: 729 S 330 W SALT LAKE CITY, UT 84101

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 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)	Using these four categories, check ONLY the most serious for each case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:						
						<input type="checkbox"/> Remained at work <input type="checkbox"/> Job transfer or Restriction <input type="checkbox"/> Days away from work <input type="checkbox"/> Death				<input type="checkbox"/> Away from work (K)	<input type="checkbox"/> On job transfer or restriction (L)	(M) Injury (1) Skin disorder (2) Respiratory condition (3) Poisoning (4) Hearing Loss (5) All other illnesses (6)						
200513675	BYARS, CODY	ELECTRICIAN	05/18	Christ United Methodist Church	EYE(S) FOREIGN BODY (R),				X	0 days	0 days	x						

Page totals -> 0 0 0 1 0 days 0 days 1 0 0 0 0 0

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

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

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.