

OSHA 300 Log Supplemental Form

This form is intended to assist personnel maintaining the OSHA 300 Log to determine whether or not a case is recordable as an injury or an illness. It is extremely important that all questions are answered. If you have questions, please contact the person who completes the OSHA 300 Log.

YES	NO	REQUIRED INFORMATION
		1. Was the employee considered <i>on the time clock</i> when the injury or illness occurred?
		2. Was the employee <i>on the premises</i> at the time of the injury?
		3. Was the employee performing <i>work related activities?</i>
		4. Was the accident considered an <i>INJURY?</i> If <i>NO</i> , go to question #5, if <i>YES</i> , skip question #5.
		A. Was there <i>loss of consciousness?</i>
		B. Was there <i>restriction of work or motion</i> placed on the employee as a result of the injury?
		C. Was the employee <i>transferred to another job</i> as a result of the injury?
		D. Did the employee receive <i>medical treatment</i> , not first aid? Please list medical treatment received by medically trained personnel. <div style="border-bottom: 1px solid black; width: 80%; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 80%; margin-bottom: 5px;"></div> <u>Date</u> <u>Received:</u> _____
		5. Was the accident considered an <i>illness?</i> If so, please identify the diagnosed illness and the medically trained personnel who diagnosed the illness? <div style="border-bottom: 1px solid black; width: 80%; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 80%; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 80%; margin-bottom: 5px;"></div>

Please identify any additional information that may provide assistance to the questions listed above. _____
