OSHA's Form 301
Injury and Illness Incident Report

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.

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

Information about the employee:

1. _____
Full Name

2. 123 Testing Address
Street
Testing City, TX
City, State, Zip

3. **Date of birth** 9/26/1988

4. **Date hired** 9/5/2002

5. [ ] **Male**
[X] **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

8. **Was employee treated in an emergency room?**
[X] **Yes** [ ] **No**

9. **Was employee hospitalized overnight as an in-patient?**
[X] **Yes** [ ] **No**

Information about the case:

10. **Case number from the 300 Log** 2016-53

11. **Date of Injury or Illness** 5/17/2016

12. **Time employee began work** 6:30AM

13. **Time of event** 1:15PM
[ ] **Check if time cannot be determined**

14. ***What was the employee doing just before the injury 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."
Osha Testing -ActivityDuringInjury- Value - lost

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."
Osha Testing -HowInjuryOccurred- Value

16. ***What was the injury or illness?*** Tell us the part of 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."
Radiation
Multiple Trunk (side - N/A)

17. ***What object or substance directly harmed the employee?*** *Examples:* "concrete floor"; "chlorine"; "radial arm saw." Leave blank if not applicable.
Osha Testing -SourceOfInjury- Value

18. ***If the employee died, when did death occur?*** Date of death _____

BLS SOII Case Details

Employer Name: Lorien, Inc.
Location Name: CT Location
Report Number: 2016-53
FROL ID: 1008015

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate or any other aspects of this data collection, including suggestions for reducing this burden, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210 Do not send the completed forms to this office.