

OSHA 301 Incident Report

Information about the employer:

Company name: _____

Completed by: _____

Title: _____

Mailing address: _____

Phone: _____

Date of report: _____

Information about the employee:

Full name: _____

Job title: _____

Home address: _____

Date of birth: _____

Information about the incident:

Date of injury: _____

Time shift started: _____

Time shift ended: _____

Time of injury: _____

The specific location where the injury occurred: _____

What happened:

What object, substance, or motion was involved:

What was the injury/incident:

Information about the physician/health care professional:

Full name: _____

Facility (if the treatment was provided away from the workplace)

Facility name: _____

Address: _____

Information about the witness(es):

Witness 1:

Name: _____

Telephone: _____

Witness 2:

Name: _____

Telephone: _____

For the supervisor:

1. Has the employee lost more than 4 hours of work? _____
2. Has the employee returned to work? _____
3. The date you found out about the incident _____
4. If the employee died, write the date of death _____

Date: _____

Signature: _____