

# OSHA Injury and Illness Record

## 1. Employee Information

Employee Name:

Job Title:

Department:

## 2. Injury/Illness Information

Date of Injury/Illness:

Time of Injury/Illness:

Location of Incident:

Description of Injury/Illness:

How did the injury/illness occur?

## 3. Outcome

Treatment Provided:

Number of Days Away from Work:

Number of Days on Restricted Duty:

## 4. Reporter's Information

Name of Person Completing Form:

Date:

Submit Record