**Section 350.340 Forms**

a) Basic Requirement

Use the OSHA Form 300 (Log of Work-Related Injuries and Illnesses), 300A (Summary of Work-Related Injuries and Illnesses) and 301 (Injury and Illness Incident Report), or equivalent forms for recorded injuries or illnesses.

b) Implementation

1) Enter information about the employer's business at the top of the OSHA Form 300, enter a one or two line description for each recordable injury or illness, and summarize this information on the OSHA Form 300A at the end of the year.

2) Complete an OSHA Form 301 (Injury and Illness Incident Report) or an equivalent form (i.e., IWCC Form 45) for each recordable injury or illness entered on the OSHA Form 300.

3) Enter each recordable injury or illness on the OSHA Form 300 and OSHA Form 301 (Injury and Illness Incident Report) within 7 calendar days after receiving information that a recordable injury or illness has occurred.

4) An equivalent form is one that has the same information, is as readable and understandable, and is completed using the same instructions as the OSHA form it replaces. Many employers use an insurance form instead of the OSHA Form 301 (Injury and Illness Incident Report) or supplement an insurance form by adding any additional information required.

5) Records may be kept on a computer if the computer can produce equivalent forms when they are needed, as described under Sections 350.390 and 350.420.

6) If there are privacy concerns, do not enter the employee's name on the OSHA Form 300. Instead, enter "privacy case" in the space normally used for the employee's name. This will protect the privacy of the injured or ill employee when another employee, a former employee, or an authorized employee representative is provided access to the OSHA Form 300 under Section 350.390(b)(2). Keep a separate, confidential list of the case numbers and employee names for privacy concern cases so the cases can be updated and provide the information to the government if asked to do so.

7) Consider only the following injuries or illnesses to be privacy concern cases:

A) An injury or illness to an intimate body part or the reproductive system;

B) An injury or illness resulting from a sexual assault;

C) Mental illnesses;

D) HIV infection, hepatitis, or tuberculosis;

E) Needlestick injuries and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material; and

F) Other illnesses, if the employee voluntarily requests that the employee's name not be entered on the log.

8) If the employer has a reasonable basis to believe that information describing the privacy concern case may be personally identifiable even though the employee's name has been omitted, the employer may use discretion in describing the injury or illness on both the OSHA 300 and 301 forms. Enter enough information to identify the cause of the incident and the general severity of the injury or illness, but do not include details of an intimate or private nature. EXAMPLE: A sexual assault case could be described as "injury from assault", or an injury to a reproductive organ could be described as "lower abdominal injury".

9) If the employer decides to voluntarily disclose the OSHA forms to persons other than government representatives, employees, former employees or authorized representatives, remove or hide the employees' names and other personally identifying information, except in the following instances. Disclose the forms with personally identifying information only to:

A) an auditor or consultant hired by the employer to evaluate the safety and health program;

B) the extent necessary for processing a claim for workers' compensation or other insurance benefits; or

C) a public health authority or law enforcement agency for uses and disclosures for which consent, an authorization, or opportunity to agree or object is not required under Department of Health and Human Services Standards for Privacy of Individually Identifiable Health Information (45 CFR 164.512).

c) Log of Injuries and Illnesses – OSHA Form 300

1) Each employer shall maintain in each workplace an OSHA Form 300 of all recordable occupational injuries and illnesses for that workplace. The name of the establishment, the city and state where the establishment is located, and the year must be designated at the top of the log. Within 7 calendar days after receiving information about a case, the employer shall:

A) Decide if the case is recordable under the recordkeeping provisions of Section 350.220.

B) Determine whether the incident is a new case or a recurrence of an existing one.

C) Establish whether the case was work-related.

E) Decide which form to fill out as the injury/illness incident report form required under Section 350.340(a), OSHA Form 301 (Injury and Illness Incident Report), IWCC Form 45, or a suitable substitute that contains the same information as either of those two forms.

2) The OSHA Form 300 shall contain the following information for each recordable injury and illness:

A) A unique case number assigned by the employer to this specific illness or injury to facilitate comparisons with the supplementary record of the illness or injury;

B) The name of the affected employee, unless protected as a privacy case due to the nature of the injury or illness;

C) The job title of the employee;

D) The date of the injury or onset of illness;

E) Location where the event occurred;

F) A description of the injury or illness, parts of the body affected, and object or substance that directly injured or made the person ill (e.g., second degree burns on right forearm from acetylene torch);

G) The most serious result from each case:

i) Death;

ii) Days away from work;

iii) Remained at work; job transfer or restriction (see federal form);

iv) Remained at work; other recordable cases (see federal form);

H) The designation of injury or the type of illness (e.g., skin disorder, respiratory condition, poisoning, hearing loss, all other illnesses);

I) The number of days the injured or ill worker was either on job transfer or restriction or away from work.

3) The OSHA Form 300 and its supplementary information must be retained by the employer for five years.

d) Injury and Illness Incident Report – OSHA Form 301

1) In addition to the OSHA Form 300 of injuries and illnesses, each employer shall maintain in each workplace a supplementary record of each recordable occupational injury and illness for that workplace. The employer shall complete the incident report and make it available as early as practicable, but no later than 7 calendar days after receiving information that a recordable injury or illness has occurred. The OSHA Form 301, IWCC Form 45, or a suitable substitute that contains the same information as either of those two forms may be used as the supplementary record. Records shall be available to any agency requesting them pursuant to Section 60 of the Act.

2) The OSHA Form 301 (Injury and Illness Incident Report) shall contain the following information for each recordable injury and illness:

A) Information about the employee:

i) Full name and address.

ii) Date of birth and date of hire.

iii) Gender.

B) Information about the physician or other health care professional:

i) Name of physician or health care professional.

ii) Location where treatment was administered.

iii) If an emergency room was visited or if the employee was hospitalized overnight as an in-patient.

C) Information about the case:

i) Case number corresponding to the Log of Injuries/Illnesses.

ii) Date of Injury or Illness.

iii) Time employee began work and time of event, if known.

iv) What the employee was doing just before the incident occurred.

v) What happened.

vi) What was the injury or the illness.

vii) What object or substance directly harmed the employee.

viii) If the employee died, date of death.

3) The name and title of the individual who completed the form, along with the telephone number and the date of completion.

4) This form must be kept on file for 5 years following the year to which it pertains. The Incident Report Form has to be completed within 7 calendar days after notice of the injury or illness. These forms shall be maintained for at least 5 years.

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