

OSHA Form 200

U.S. Department of Labor

For Calendar Year 19__ of __ Page __ of __

Company Name, Establishment Name, Establishment Address, Form Approved O.M.B. No. 1220-0029

Table with columns for Injuries With Lost Workdays, Type of Illness, and Illnesses With Lost Workdays. Includes sub-columns for fatal and nonfatal categories and specific illness types.

Certification of Annual Summary Totals By _____ Title _____ Date _____

Bureau of Labor Statistics
 Log and Summary of Occupational
 Injuries and Illnesses

NOTE: This form is required by Public Law 91-596 and must be kept in the establishment for 5 years. Failure to maintain and post can result in the issuance of citations and assessments of penalties. (See *posting requirements on the other side of form.*)

RECORDABLE CASES: You are required to record information about every occupational **death**, every nonfatal occupational **illness**, and those nonfatal occupational **injuries** which involve one or more of the following: loss of consciousness, restriction of work or motion, transfer to another job, or medical treatment (other than first aid). (See *definitions on the other side of form.*)

Case or File Number	Date of Injury or Onset of Illness	Employee's Name	Occupation	Department	Description of Injury or Illness
Enter a nonduplicating number which will facilitate comparisons with supplementary records.	Enter Mo./day.	Enter first name or initial, middle initial, last name.	Enter regular job title, not activity employee was performing when injured or at onset of illness. In the absence of a formal title, enter a brief description of the employee's duties.	Enter department in which the employee is regularly employed or a description of normal workplace to which employee is assigned, even thought temporarily working in another department at the time of the injury or illness	Enter a brief description of the injury or illness and indicate the part or parts of body affected. Typical entries for this column might be: Amputation of 1 st joint right forefinger; Strain of lower back; Contact dermatitis on both hands; Electrocutation—body.
(A)	(B)	(C)	(D)	(E)	(F)
					PREVIOUS PAGE TOTALS
					TOTALS (Instructions on other side of form)