

4 SQUARE

Log of Work-Related Injuries and Illnesses

Access to this form confers 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.



Year 2013

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

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you are not sure whether a case is recordable, call your local OSHA office for help.

Form approved OMB no. 1218-0176

4Square
Establishment name: NEW YORK
City: NEW YORK State: NEW YORK

Identify the person			Describe the case				Classify the case						Enter the number of days the injured or ill worker was:						Check the "Injury" column or choose one type of illness:					
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)	(M)	(1)	(2)	(3)	(4)	(5)	(6)
Case no.	Employee's name	Job title (e.g., Welder)	Date of injury or onset of illness	Where the event occurred (e.g., Loading dock north end)	Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	Days away from work	Job transfer or restriction	Remained at work	Other recordable cases	Away from work	On job transfer or restriction	Death	Skin Disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses	Injury	Skin Disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses	
20130500001	[REDACTED]	Background Actor	5/11	Walker St & Broadway	Laceration, Left Eyelid, slippery ground					0 days	0 days													
20130500002	[REDACTED]	Parking PA	5/31	Broadway Ave / Whyte	Contusion, Left Face, street sign					0 days	0 days													
20130600001	[REDACTED]	Key Rigging Grip	6/13	127 Middleneck Rd	Fracture, Right Ankle, plastic tarp					0 days	0 days													
20130600002	[REDACTED]	Stuntman	6/6	127 Middleneck Rd	Laceration, Left Eyelid, blunt trauma					0 days	0 days													
20130700001	[REDACTED]	Set Dressing	7/23	Steiner Studio	Laceration, Left Thumb, metal couch					0 days	0 days													
20130800001	[REDACTED]	Grip	8/14	Steiner Studio	Laceration, Left Finger, Index, Grinder					0 days	0 days													

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Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including reviewing instructions, searching existing data sources, gathering the data, reviewing the collection of information, persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact US Department of Labor, OSHA Office of Statistics, Room N1-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.