IBEW Local 701 / N.E. NECA Safety Committee <u>Modified</u> Form. This form has been modified in order to remain <u>compliant with IBEW Local 701 Agreement Article VI Section 6.08</u>, provides employee confidentiality and shall <u>NOT</u> be used to substitute your compliance with current OSHA standard forms. Do <u>NOT</u> post this modified version of the standard form. In the event there are more than 8 incidents reported; please provide multiple forms.

OSHA's Form 300 (Rev. 01/2004) Log of Work-Related Injuries and Illnesses

Attention: This form contains 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.

RETURN FORM VIA FAX: 630.393.3497 ATTENTION: SAFETY COMMITTEE OR VIA EMAIL: Info@PowerForwardDuPage.com

Year

U.S. Department of Labor Occupational Safety and Health

Your	fou must record information 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																	F	orm approve	d OMB r	no. 1218	8-0176						
aid.	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																Establishme	nt name										
that meet any of the specific recording criteria listed in 29 CFR 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're not sure whether a case is recordable, call your local OSHA office for help.												report	City					State										
L IC	lentify the	e person	Describe the Case														CI	assify the	e case									
(A)	(B)	(C) Job Title	(D) Date of	(E) Where the	(F)									-				Enter the										
Case No.	Employee' s Name													t	СНЕ		Y ONE box for each		number of		Check the "injury" column							
	Do <u>NOT</u> Provide	(e.g., Welder)	injury or onset of directly injured or made person ill or you may select a catego												case based on the most serious outcome for that case:					days the injured or ill			or choose one type of illness:					
		,	illness	(e.g. Loading checkboxes that best describes the injury.												outcom	worke											
			dock north												Death Days away Ren			d at work	Away	On job	(M)	der			ss			
				end)											from work	Job transfer or Other record-		From Work	transfer or restriction	≥	Disore	Respiratory Condition	oisoning	ring Lo	All other illnesses			
					Describe Injury or Illness below OR select a category from the checkbox	Chemical	Caught Between	Struck By	Strain or Sprain	Slips, Trips and Falls	Shock or ArcFlash	Eye	Cut, Abrasion or Puncture	Other	(G)	(H)	restriction (I)	able cases	(days) (K)	(days) (L)	Anníu (1)	Skin (2)	(3)	90 d (4)	еа Н (5)	() () () () () ()		
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Public reporting burden for this collection of information is												0	0	0	0	0	0	0	0	0	0							
estimated to average 14 minutes per response, including time to review the instruction, search and gather the data needed, and complete and preview the cliciton of information. Persons are not															≥	in rder	rator ition	ning	ing ss	ther								
required to respond to the collection of information. Persons are not displays a currently valid OMB control number. If you have any														Injury	Diso K	Respi y Cond	Poiso	Hear	All o illnes									
co	mments abo	ut these estimate	es or any aspects nent of Labor, OS	of this data													Page	1 of 1		(1)	(2)	(3)	(4)	(5)	(6)			
Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.																												
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Annual average number of employees: Total hours worked by <u>all</u> employees last year (not just field employees):