

To be completed by building administrator and sent to payroll within 24 hours of injury.

PERRRP Form 301P

Injury and Illness Incident Report (Rev. 07/2006)

Attention: This form for an equivalent must be completed by all OHIO PUBLIC EMPLOYERS which reports to the State of Ohio, either directly or through a political subdivision and their instrumentalities, including any county or special district, including public utility, village, township, park district, school district, state institutions of higher learning, public or special district, state agency, authority, commission, or board as defined in ORC 4167.01.

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 problems.

Ohio Bureau of Workers' Compensation
Division of Safety and Hygiene, PERRRP
13430 Yarmouth Drive
Pickerington, Ohio 43147

This Injury and Illness Incident Report is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the Log of Work-Related Injuries and Illnesses (300P Log) and the accompanying Summary (300AP), these forms help the employer and the Public Employment Risk Reduction Program (PERRRP) develop a picture of the extent and severity of work-related incidents. According to the PERRRP recordkeeping rule, you must fill out this form or an equivalent within six calendar days after you receive information that a recordable work-related injury or illness has occurred. (OAC 4167-6-02)

The Ohio Bureau of Workers' Compensation First Report of an Injury, Occupational Disease or Death (FROD) is an acceptable substitute. To be considered an equivalent form, any other substitute must contain all of the information asked for on this form. (OAC 4167-6-03) You must keep this form on file for five (5) years following the year to which it pertains. (OAC 4167-6-07)

If you need additional copies of this form, you may photocopy (or print) and use as many as you need. You may also download copies of the 301P by logging onto: ohiobwc.com



Completed by: _____
Title: _____
Phone: _____ Date: _____

Information about the employee

- 1) Full Name _____
- 2) Street _____
City _____ State _____ Zip _____
- 3) Date of birth _____
- 4) Date hired _____
- 5) Male
 Female

Information about the physician or other health care professional

- 6) Name of physician or other health care professional _____

- 7) If treatment was given away from the worksite, where was it given?
Facility _____
Street _____
City _____ State _____ Zip _____

- 8) Was employee treated in an emergency room?
 Yes
 No

- 9) Was employee hospitalized overnight as an in-patient?
 Yes
 No

Information about the case

- 10) Case number from the Log _____ (Transfer the case number from the Log after you record the case.)

- 11) Date of injury or illness _____

- 12) Time employee began work _____
 AM PM
Check if time cannot be determined

- 13) Time of event _____
 AM PM
- 14) What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry"

- 15) What happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

- 16) What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt", "pain", or "sore." Examples: "strained lower back"; "chemical burn, right hand"; "carpal tunnel syndrome, left wrist."

- 17) What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.

- 18) If employee died, when did death occur?
Date of death _____