

Total number of days away from work _____

Total number of days of job transfer or restriction _____

Work-related Illness Types

Total number of _____

(a) _____

(b) Skin Disorder _____

(c) Respiratory _____

(d) _____

(e) Hearing Loss _____

(f) Other Illnesses _____

Over the Summary year from February 1 to April 30 of the year immediately following the year covered by the form

With reporting under this classification, employers are required to assign the worker an injury or illness only if the worker meets all criteria for the classification and the injury or illness was caused by the worker's work. Information required is required on the classification of the injury or illness only if the worker meets all criteria for the classification and the injury or illness was caused by the worker's work. Information required is required on the classification of the injury or illness only if the worker meets all criteria for the classification and the injury or illness was caused by the worker's work. Information required is required on the classification of the injury or illness only if the worker meets all criteria for the classification and the injury or illness was caused by the worker's work.

Annual number of days of restriction _____

Annual number of days away from work _____

Other form

OSHA 300-RT-100 (Rev. 10-2016)

County, State and ZIP Code of the establishment _____

Total Expenses
