

**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.

Year 2020

**U.S. Department of Labor**

Occupational Safety and Health Administration

You 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 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 or illnesses 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.

Form approved OMB no. 1218-0176

Establishment name This Old Horse, Inc.

Address 19025 COATES BLVD

City HASTINGS State MN

Identify the person			Describe the case			Classify the case				Enter the number of days the injured or ill worker was:							
(A) Location #	(B) Employee's Name	(C) Job Title (e.g Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) 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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Check the "injury" column or choose one type of illness:							
						Death	Days Away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M)					
								Job transfer or restriction	Other recordable cases			Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
	Toni Blaha	Stablehand	09/27/2020 8:00AM	Wishbone Hay Truck	Toni was standing on top of the third row of bales trying to pull a bale loose from the back fourth row using a hay hook. Once the hay was hooked Toni moved to the second row of the hay bales. When Toni pulled the hay the hay hook came loose from the bale of hay sending Toni backwards. Toni right side of her upper body fell to the bed of the truck scraping her elbow. As Toni's right leg came down it landed on a bale and Toni heard a loud crack. Once Toni was helped up she could not put any weight on her right leg.				X			X					
<b>Page Totals</b>						<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>			<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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 time to review the instruction, search and gather the data needed, and complete and review 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 aspects of this data collection, contact US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
(1)	(2)	(3)	(4)	(5)	(6)