Agency _____ Bureau _____ Establishment _____

Log of Federal Occupational Injuries and Illnesses

Case or File Number	Date of Injury or Onset of Illness	Employee's Name	Occupation	Department	Description of Injury/Illness and Body Part Affected	INJURIES			ILLNESSES/DISEASES		
						Fatal Cases	Lost Time Cases	No Lost Time Cases	Fatal Cases	Lost Time Cases	No Lost Time Cases
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
TOTALS (if used as annual summary in compliance with 29 CFR 1960.69(b))											

Appendix A