Specialized Carriers & Rigging Association

Work-Related Injuries and Illnesses Log

Company Name _____ Year _____

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 must be included on this log. Additionally, significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional must also be recorded on this log. This form must be completed and signed by a company official and accompany SC&RA's Crane & Rigging Group Safety Awards Program application to be considered for a safety award. Failure to complete this form will be cause for disqualification.

Employee Name	Job Title	Date of injury or onset of illness	Where the event occurred (i.e. loading dock south corner)	Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (i.e. 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.				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
					G	H	I	J	K	L	1	2	3	4	5	6
					Death	Days away from Work	Job transfer or restriction	Other recordable cases	Away from Work	On job transfer or restriction	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
				Page Totals	0	0	0	0	0	0	0	0	0	0	0	0

I certify that to the best of my knowledge the information contained herein is true, accurate and complete.

Signature: _____ Date: _____