

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 2017  
 U.S. Department of Labor  
 Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

**Establishment name:** NA-US-CA-Fremont-Factory  
**City/State:** Fremont, California

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 and 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.

Identify the Person			Describe the case			Classify the case											
(A)	(B)	(C)	(D)	(E)	(F)	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:					
Case No.	Employee's Name	Job Title (e.g., Welder)	Date of injury or onset of illness (mo./day)	Where the event occurred (e.g. Loading dock north end)	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)	Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
								Job transfer or restriction	Other recordable cases								
27464		Production Associate	08/26	Model S/X General Assembly > Trim > Door	Injury > Burns: chemical > Eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27473		Production Associate	08/28	Powertrain > Battery Module > Battery Module Cooling Tube	Injury > Cuts > Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27491		Production Associate	08/28	Powertrain > Small Drive Unit > SDU Inverter	Injury > Struck by > Wrist	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		98	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27488		Production Associate	08/28	Model S/X General Assembly > Trim > Trim 0.5C	Injury > Ergo: Force - Sustained effort > Fingers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27528		Manufacturing Technician	08/29	Body in White > Body Line 1 > Body GA and Paint	Injury > Ergo: Manual handling - Lifting, lowering, flipping > Back - Mid	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27513		Production Associate	08/29	Body in White > Body Line 1 > Rear Underbody	Injury > Ergo: Manual handling - Lifting, lowering, flipping > Wrist	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27521		Material Handler	08/29	Production Control > PWT Conveyance > PWT Conveyance - S/X	Injury > Fracture > Foot	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27547		Production Associate	08/30	Powertrain > Battery Module > Battery Module Line 2	Injury > Crushing > Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27548		Equipment Maintenance Technician	08/30	Press Center > Stamping > 6A	Injury > Slip, trip, fall - same level > Elbow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27786		Production Associate	08/30	Model S/X General Assembly > Chassis & Final > Final Line 1	Injury > Struck against > Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27772		Production Associate	08/31	Powertrain > Battery Pack > Battery Pack Line	Injury > Ergo: Force - Sustained effort > Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		83	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27570		Production Associate	08/31	Model S/X General Assembly > Trim > Trim 03	Injury > Struck by > Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27606		Production Associate	09/01	Paint Center > Body Paint > Inspection	Injury > Physical agents - heat/cold > Other body parts or systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27614		Production Associate	09/03	Body in White > Body Line 3 > Main Body	Injury > Foreign object / material > Eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27620		EOL Technician	09/04	End of Line > End of Line Repair > Final Repair	Injury > Ergo: Force - Momentary effort > Wrist	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Page Totals</b>						<b>0</b>	<b>146</b>	<b>280</b>	<b>69</b>	<b>5150</b>	<b>21977</b>	<b>491</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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.

**Be sure to transfer these totals to the Summary page (Form 300A) before you post it**

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

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Form approved OMB no. 1218-0176

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**City/State:** Fremont, California

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Case No.	Employee's Name	Job Title (e.g., Welder)	Date of injury or onset of illness (mo./day)	Where the event occurred (e.g. Loading dock north end)	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)	Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
								Job transfer or restriction	Other recordable cases								
28051		Production Associate	09/25	Body in White > Body Line 1 > Main Line	Injury > Bruising / Contusion > Fingers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28055		Process Technician	09/25	Powertrain > Small Drive Unit > SDU Rotor	Injury > Struck by > Fingers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28110		Production Associate	09/26	Powertrain > Battery Pack > Battery Pack Line	Injury > Ergo: Force - Sustained effort > Back - Mid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28145		Production Associate	09/26	Model S/X General Assembly > Trim > MO Transfer	Injury > Ergo: Force - Momentary effort > Back - Lower	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	116	7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28067		Production Associate	09/26	Model S/X General Assembly > Trim > Instrument Panel 1	Injury > Struck against > Fingers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23	104	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28103		Production Associate	09/27	Model S/X General Assembly > Chassis & Final > Final Line 1	Injury > Struck against > Head	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28140		Lead Production Associate	09/27	Model S/X General Assembly > Trim > Trim 02	Injury > Ergo: Force - Momentary effort > Back - Mid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28693		Quality Inspector	09/28	Product Excellence > Vehicle Product Excellence > N/A	Injury > Crushing > Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		101	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28125		Material Handler	09/28	Production Control > PWT Conveyance > PWT Conveyance - S/X	Injury > Foreign object / material > Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28230		Production Associate	09/28	Paint Center > Plastics Paint > Inspection and Polish	Injury > Ergo: Contact stress > Wrist	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		101	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30258		Production Associate	09/29	End of Line > End of Line Repair > Functional Test Repair	Injury > Muscular fatigue > Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28150		Material Handler	09/29	Production Control > PWT Dock > PWT Dock - S/X	Injury > Lacerations / Cuts > Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28160		Production Associate	09/29	Powertrain > Battery Module > Battery Module Line 1	Injury > Trapping / Caught between > Fingers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	125		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28190		Production Associate	09/29	Model S/X General Assembly > Trim > Instrument Panel 1	Injury > Ergo: Posture > Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28566		Staff Product Manager, Materials Management	09/30	Admin > Information Technology > N/A	Injury > Ergo: Manual handling - Lifting, lowering, flipping > Back - Lower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Page Totals</b>						<b>0</b>	<b>162</b>	<b>309</b>	<b>84</b>	<b>5599</b>	<b>24433</b>	<b>550</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>

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

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Identify the Person			Describe the case			Classify the case											
(A)	(B)	(C)	(D)	(E)	(F)	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:					
Case No.	Employee's Name	Job Title (e.g., Welder)	Date of injury or onset of illness (mo./day)	Where the event occurred (e.g. Loading dock north end)	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)	Death	Days away from work	Remained at work Job transfer or restriction	Other recordable cases	Away From Work (days)	On job transfer or restriction (days)	(M) Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
28183		Production Associate	10/01	Body in White > Body Line 3 > Under Body	Injury > Contact with chemicals > Upper Arm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28203		Production Associate	10/02	Model S/X General Assembly > Trim > Door	Injury > Muscular fatigue > Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28218		Lead Production Associate	10/02	Press Center > Blanking > Blanking Line 2	Injury > Lacerations / Cuts > Fingers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28220		Equipment Maintenance Technician	10/02	Model S/X General Assembly > Chassis & Final > Final Line 1	Injury > Trapping / Caught between > Fingers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28338		Production Associate	10/03	Model S/X General Assembly > Trim > Door	Injury > Ergo: Force - Momentary effort > Back - Upper	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		60	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28253		Production Associate	10/04	Model S/X General Assembly > Chassis & Final > Chassis 02B	Injury > Ergo: Force - Momentary effort > Shoulder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	81	38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28295		Production Associate	10/04	Paint Center > Plastics Paint > Unload	Injury > Ergo: Manual handling - Lifting, lowering, flipping > Forearm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	101	13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28319		Production Associate	10/04	Powertrain > Small Drive Unit > SDU Final Assembly	Injury > Ergo: Force - Sustained effort > Back - Lower	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	57	62	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28408		Material Handler	10/04	Production Control > GA Dock > GA Dock - S/X	Injury > Ergo: Manual handling - Pushing, pulling > Back - Mid	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28248		Production Associate	10/04	Model S/X General Assembly > Trim > Trim 03	Injury > Muscular fatigue > Back - Upper	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	74	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28959		Production Associate	10/05	Powertrain > Electrics > Center Display	Injury > Ergo: Force - Sustained effort > Hand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	91		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28274		Production Associate	10/05	Model S/X General Assembly > Trim > Trim 03	Injury > Ergo: Posture > Wrist	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9	57	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28330		Material Handler	10/05	Plant Facilities > N/A > N/A	Injury > Slip, trip, fall - same level > Ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28392		Production Associate	10/06	Powertrain > Battery Pack > Battery Pack Line	Injury > Struck against > Hand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	109	3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28337		Production Associate	10/08	Press Center > Stamping > 6A	Injury > Foreign object / material > Eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Page Totals</b>						<b>0</b>	<b>170</b>	<b>314</b>	<b>86</b>	<b>6066</b>	<b>24779</b>	<b>565</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>

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Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
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Identify the Person			Describe the case			Classify the case											
(A)	(B)	(C)	(D)	(E)	(F)	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:							
Case No.	Employee's Name	Job Title (e.g., Welder)	Date of injury or onset of illness (mo./day)	Where the event occurred (e.g. Loading dock north end)	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)	Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	Injury (M)	Skin Disorder (2)	Respiratory Condition (3)	Poisoning (4)	Hearing Loss (5)	All other illnesses (6)
								Job transfer or restriction (I)	Other recordable cases (J)								
(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)						
28485		Production Associate	10/08	Press Center > Stamping > 3D Laser 1	Injury > Ergo: Manual handling - Lifting, lowering, flipping > Back - Lower	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28342		Production Associate	10/09	Powertrain > Battery Pack > Battery Pack Line	Injury > Slip, trip, fall - same level > Forearm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28344		Production Associate	10/09	Model 3 General Assembly > Marriage > Front Subassembly Build	Injury > Ergo: Manual handling - Pushing, pulling > Back - Mid	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28456		Manufacturing Technician	10/09	Body in White > Body Line 1 > Main Line	Injury > Ergo: Manual handling - Pushing, pulling > Back - Lower	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28386		Production Associate	10/10	Body in White > Body Line 3 > Main Body	Injury > Struck against > Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28418		Production Associate	10/11	Production Control > GA Conveyance > GA Conveyance - S/X	Injury > Ergo: Manual handling - Lifting, lowering, flipping > Back - Upper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28459		Production Associate	10/11	Model S/X General Assembly > Trim > Trim 0.5B	Injury > Slip, trip, fall - from height > Ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28488		Metal Finisher	10/12	Body in White > Body Line 1 > Body GA and Paint	Injury > Struck against > Toe	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28495		Production Associate	10/13	Model S/X General Assembly > Chassis & Final > Sub Frame 1	Injury > Struck against > Hand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	73	24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28545		Production Associate	10/16	Product Excellence > Vehicle Product Excellence > N/A	Injury > Bruising / Contusion > Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28663		Equipment Maintenance Technician	10/16	Production Control > PC-Equipment > Equipment	Injury > Bruising / Contusion > Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28539		Production Associate	10/16	Powertrain > Battery Pack > Battery Pack Line	Injury > Ergo: Posture > Back - Mid	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28514		Production Associate	10/16	Powertrain > Battery Pack > High Voltage Cable	Injury > Ergo: Force - Momentary effort > Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28524		Production Associate	10/16	Model S/X General Assembly > Trim > Trim 02	Injury > Struck by > Head	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28521		Production Associate	10/16	Model S/X General Assembly > Trim > Instrument Panel 1	Injury > Ergo: Posture > Wrist	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Page Totals</b>						<b>0</b>	<b>174</b>	<b>323</b>	<b>88</b>	<b>6161</b>	<b>25047</b>	<b>580</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>

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**Be sure to transfer these totals to the Summary page (Form 300A) before you post it**

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

OSHA's Form 300 (Rev. 01/2004)  
**Log of Work-Related Injuries and Illnesses**

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Year 2017  
 U.S. Department of Labor  
 Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

**Establishment name:** NA-US-CA-Fremont-Factory

**City/State:** Fremont, California

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 and 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.

Identify the Person			Describe the case			Classify the case											
(A)	(B)	(C)	(D)	(E)	(F)	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:					
Case No.	Employee's Name	Job Title (e.g., Welder)	Date of injury or onset of illness (mo./day)	Where the event occurred (e.g. Loading dock north end)	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)	Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
								Job transfer or restriction	Other recordable cases								
29662	██████████	Production Associate	11/23	Model S/X General Assembly > Chassis & Final > Sub Frame 2	Injury > Ergo: Posture > Forearm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29454	██████████	Production Associate	11/27	Model S/X General Assembly > Chassis & Final > Final Line 1	Injury > Ergo: Force - Sustained effort > Wrist	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29411	██████████	Production Associate	11/27	Model S/X General Assembly > Chassis & Final > Chassis 02A	Injury > Ergo: Contact stress > Wrist	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	64		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29452	██████████	Production Associate	11/28	Body in White > Body Line 1 > Main Line	Skin Disorder > Contact with chemicals > Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		15	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29438	██████████	Production Associate	11/28	Model S/X General Assembly > Chassis & Final > Chassis 02A	Injury > Muscular fatigue > Wrist	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	58	6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29479	██████████	Material Handler	11/28	Production Control > PWT Conveyance > PWT Conveyance - S/X	Injury > Bruising / Contusion > Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29480	██████████	Production Associate	11/29	Model S/X General Assembly > Chassis & Final > Final Line 1	Injury > Ergo: Manual handling - Pushing, pulling > Fingers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14	46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29488	██████████	Material Handler	11/30	Production Control > GA Dock > GA Dock - Model 3	Injury > Ergo: Manual handling - Pushing, pulling > Forearm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29558	██████████	Lead Welder	12/01	Body in White > Body Line 2 > Main Line Underbody	Injury > Struck against > Fingers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29751	██████████	Production Associate	12/01	Model S/X General Assembly > Trim > Door Handles	Injury > Muscular fatigue > Whole body	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	59		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29508	██████████	Production Associate	12/01	Model 3 General Assembly > Pre-marriage > MN - 1	Injury > Struck by > Back - Lower	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29631	██████████	Production Associate	12/01	Model S/X General Assembly > Trim > Trim 0.5B	Injury > Ergo: Contact stress > Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29550	██████████	EOL Technician	12/02	End of Line > End of Line Repair > Final Repair	Injury > Ergo: Force - Momentary effort > Back - Lower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29563	██████████	Production Associate	12/04	Model S/X General Assembly > Trim > Trim 0.5C	Injury > Trapping / Caught between > Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29565	██████████	Production Associate	12/04	Body in White > Body Line 3 > Main Body	Injury > Lacerations / Cuts > Fingers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Page Totals</b>						<b>0</b>	<b>205</b>	<b>374</b>	<b>111</b>	<b>7397</b>	<b>28125</b>	<b>683</b>	<b>6</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>

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**Be sure to transfer these totals to the Summary page (Form 300A) before you post it**

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

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 2017  
 U.S. Department of Labor  
 Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

**Establishment name:** NA-US-CA-Fremont-Factory  
**City/State:** Fremont, California

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 and 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.

Identify the Person			Describe the case			Classify the case											
(A) Case No.	(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:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
						Death	Days away from work	Remained at work Job transfer or restriction	Other recordable cases	Away From Work (days)	On job transfer or restriction (days)	(M) Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
29659		Production Associate	12/05	Model S/X General Assembly > Trim > Trim 01	Injury > Muscular fatigue > Wrist	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29622		Material Handler	12/06	Production Control > BIW Conveyance > BIW Conveyance - S/X	Injury > Ergo: Manual handling - Lifting, lowering, flipping > Back - Mid	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30054		Production Associate	12/07	Paint Center > Body Paint > Manifest	Injury > Struck by > Back - Mid	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29738		Lead Production Associate	12/07	Model S/X General Assembly > Trim > Trim 0.5B	Injury > Muscular fatigue > Elbow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29670		Quality Inspector	12/07	Body in White > Battery Enclosure > Battery Enclosure 2.0	Injury > Ergo: Manual handling - Lifting, lowering, flipping > Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29722		Production Associate	12/11	Model S/X General Assembly > Chassis & Final > Chassis 03	Injury > Muscular fatigue > Hand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29783		Production Supervisor, General Assembly	12/11	Model S/X General Assembly > Trim > Trim 0.5A	Injury > Muscular fatigue > Back - Lower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30088		Production Associate	12/11	Model S/X General Assembly > Trim > Door	Injury > Lacerations / Cuts > Ear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30018		Production Associate	12/13	Body in White > Body Line 3 > End of Line	Injury > Ergo: Manual handling - Lifting, lowering, flipping > Back - Upper	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30296		Production Associate	12/13	Press Center > Stamping > 5A	Injury > Muscular fatigue > Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29890		Recycling Services Truck Driver	12/13	Environmental Sustainability > Building Services > N/A	Injury > Industrial vehicle collision > Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29819		Lead Production Associate	12/14	Powertrain > Small Drive Unit > SDU Inverter	Injury > Lacerations / Cuts > Fingers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29845		Production Associate	12/15	Body in White > Body Line 1 > Main Line Underbody	Injury > Muscular fatigue > Hand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30410		Production Associate	12/15	Paint Center > Plastics Paint > Inspection and Polish	Injury > Struck against > Leg	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29844		Production Associate	12/15	Body in White > Body Line 1 > Main Line	Injury > Muscular fatigue > Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Page Totals</b>						<b>0</b>	<b>212</b>	<b>377</b>	<b>116</b>	<b>7559</b>	<b>28277</b>	<b>698</b>	<b>6</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>

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

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Year 2017  
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Form approved OMB no. 1218-0176

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Identify the Person			Describe the case			Classify the case											
(A)	(B)	(C)	(D)	(E)	(F)	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:					
Case No.	Employee's Name	Job Title (e.g., Welder)	Date of injury or onset of illness (mo./day)	Where the event occurred (e.g. Loading dock north end)	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)	Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
								Job transfer or restriction	Other recordable cases								
29910		Production Associate	12/15	Paint Center > Plastics Paint > Inspection and Polish	Injury > Ergo: Manual handling - Pushing, pulling > Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29951		Material Handler	12/16	Production Control > GA Conveyance > GA Conveyance - Model 3	Injury > Ergo: Manual handling - Lifting, lowering, flipping > Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29996		Production Associate	12/17	Body in White > Body Line 1 > Main Line	Injury > Muscular fatigue > Hand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29903		Lead Material Handler	12/18	Production Control > GA Conveyance > GA Conveyance - S/X	Injury > Ergo: Manual handling - Lifting, lowering, flipping > Back - Mid	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29899		Lead Production Associate	12/18	Model S/X General Assembly > Trim > Instrument Panel 1	Injury > Lacerations / Cuts > Forearm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29937		Production Associate	12/19	Powertrain > Battery Module > Battery Module Cooling Tube	Injury > Ergo: Standing / walking > Foot	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29926		Production Associate	12/19	Model S/X General Assembly > Chassis & Final > Final Line 1	Injury > Slip, trip, fall - same level > Back - Lower	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29919		Production Associate	12/19	Model S/X General Assembly > Trim > Door	Injury > Muscular fatigue > Upper Arm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29966		Production Associate	12/20	Model S/X General Assembly > Chassis & Final > Final Line 1	Injury > Ergo: Posture > Wrist	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29998		Production Associate	12/21	Model S/X General Assembly > Trim > Trim 0.5A	Injury > Struck against > Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29997		Production Associate	12/21	Paint Center > Body Paint > Inspection	Injury > Ergo: Force - Sustained effort > Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30005		Production Associate	12/21	Powertrain > Battery Module > Battery Module Line 2	Injury > Lacerations / Cuts > Eye	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30068		Production Associate	12/22	Paint Center > Body Paint > Wet Sand	Injury > Ergo: Vibration > Forearm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30039		Production Associate	12/22	Model 3 General Assembly > Post-marriage > MN - 1	Injury > Slip, trip, fall - same level > Back - Mid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30038		Production Associate	12/22	Model 3 General Assembly > Post-marriage > MN - 1	Injury > Bruising / Contusion > Fingers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Page Totals</b>						<b>0</b>	<b>217</b>	<b>382</b>	<b>121</b>	<b>7619</b>	<b>28478</b>	<b>713</b>	<b>6</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>

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.

Be sure to transfer these totals to the Summary page (Form 300A) before you post it

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

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 2017  
 U.S. Department of Labor  
 Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

<b>Establishment name:</b> NA-US-CA-Fremont-Factory	<b>City/State:</b> Fremont, California
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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 and 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.

Identify the Person		Describe the case			
(A)	(B)	(C)	(D)	(E)	(F)
Case No.	Employee's Name	Job Title (e.g., Welder)	Date of injury or onset of illness (mo./day)	Where the event occurred (e.g. Loading dock north end)	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)
30023	██████████	Tool and Die Specialist	12/22	Tool & Die > Tool & Die Press > N/A	Injury > Lacerations / Cuts > Fingers
30107	██████████	Production Associate	12/27	Model S/X General Assembly > Trim > Trim 02	Injury > Fracture > Fingers
<b>Page Totals</b>					

Classify the case											
CHECK ONLY ONE box for each case based on the most serious outcome for that case:											
Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	Check the "injury" column or choose one type of illness:					
		Job transfer or restriction	Other recordable cases			(M) Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
0	217	382	121	7619	28478	713	6	1	0	0	0
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>0</b>	<b>217</b>	<b>383</b>	<b>122</b>	<b>7619</b>	<b>28514</b>	<b>715</b>	<b>6</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Be sure to transfer these totals to the Summary page (Form 300A) before you post it</b>						<b>Injury</b>	<b>Skin Disorder</b>	<b>Respiratory Condition</b>	<b>Poisoning</b>	<b>Hearing Loss</b>	<b>All other illnesses</b>
						<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>	<b>(6)</b>

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