

**SCOTTS VALLEY FIRE
PROTECTION DISTRICT**



STANDARD OPERATING PROCEDURES DATE APPROVED: APPROVED:	ARTICLE: II	SOP: 2121
	SECTION: Safety: 2100	
	SUBJECT: OSHA Reporting and Form 300	
	11/17/2009 <i>Milum P. Murray</i>	

Purpose

To assure compliance with Cal OSHA requirements for properly recording and reporting work place injuries.

Scope

These procedures will be adhered to by supervisors who are responsible for reporting and recording employee injuries based on the procedures herein.

Definitions

Illness	In the context of work related injuries, generally over a period of time and as a result of exposure to contagious disease or propagated by exposure to a toxin.
Injury	Results from an instantaneous event and/or accident in the work place. OSHA qualifies work related injuries based on specific circumstances as reportable or recordable.
Log	See definition for OSHA 300
OSHA	Occupational Safety and Health Administration. (Federal)
Cal OSHA	California Occupational Safety and Health Administration, which regulations are generally more restrictive than the federal regulations.
OSHA 300	Refers to the OSHA 300 form used to record workplace injuries and illnesses for the current calendar year. The term is also used to refer to the federal OSHA 1904.0 – 1904.46 standard requiring recording and reporting of occupational injuries and illnesses.
OSHA 300A	Refers to the OSHA Form 300A Summary of Work-Related Injuries and Illnesses. Also referred to as the summary or annual summary.

**SCOTTS VALLEY FIRE
PROTECTION DISTRICT**



STANDARD OPERATING PROCEDURES	ARTICLE: II	SOP: 2121
	SECTION: 2100 SAFETY	
	SUBJECT: Cal OSHA Form 300	

OSHA 301	Refers to the OSHA Form 301 Injury and Illness Incident Report, which must be filled out within seven (7) calendar days after receiving information that a work-related injury or illness has occurred. An equivalent form may be substituted such as the state workers' compensation first report of injury form, as long as it contains all the information included on the OSHA 301.
Work Related Injuries or Illnesses (OSHA Definitions)	Injuries or illnesses are work related if an event or exposure in the work environment either caused or contributed to the resulting condition or significantly aggravated a pre-existing injury or illness. It must also be something that the worker is not equally exposed to outside the work environment; such as a common cold.
Serious Injury	Any injury or illness occurring in a place of employment or in connection with any employment which requires inpatient hospitalization for a period in excess of 24 hours for other than medical observation or in which an employee suffers a loss of any member of the body or suffers any serious degree of permanent disfigurement. <u>This does not include any injury or illness or death caused by the commission of a Penal Code violation, except the violation of section 385 of the Penal Code, or an accident on a public street or highway.</u>

Procedure

An OSHA 300 log will be kept at the headquarters station for both locations operated by the District. It will be produced immediately by FAX or copy, if necessary, for the Glenwood Station. An OSHA 300 log will be completed for each calendar year (January 1 through December 31). The completed log from each calendar year will be retained for a minimum of five (5) years in the administrative office.

For each work related injury that is reportable or recordable, the supervisor will complete the workers compensation forms pursuant to the SOP on work related injuries, including an OSHA form 301 for each injury. Upon receipt of that paperwork, the administrative staff will make an entry on the OSHA Form 300 log. Such entry will be made within seven (7) days of the injury.

Recording an incident does not imply compensability, admission of wrongdoing, or that an OSHA standard has been violated.

**SCOTTS VALLEY FIRE
PROTECTION DISTRICT**



STANDARD OPERATING PROCEDURES	ARTICLE: II	SOP: 2121
	SECTION: 2100 SAFETY	
	SUBJECT: Cal OSHA Form 300	

Requirements for OSHA Form 300

OSHA Form 300, titled the "Log of Work-Related Injuries and Illnesses," is a log of injuries that have occurred. Data is taken from the OSHA Form 301. Form 300 must be completed within seven working days of an incident.

Work-related injuries/illnesses that must be recorded include, skin diseases and/or disorders caused by exposure to workplace chemicals or other substances, respiratory conditions associated with exposure to hazardous biological agents such as vapors, fumes, chemicals, gases or dust, poisoning caused by excessive exposure to toxic substances absorbed from workplace toxins, injuries that result in loss of consciousness, death, medical conditions requiring treatment beyond simple first aid, hearing loss induced by workplace noise and any work-related injury diagnosed by a health care professional.

Other occupational incidents that must be recorded include heat exhaustion, frostbite, effects of ionizing radiation and the contraction of blood-borne pathogenic diseases including HIV, AIDS and hepatitis B or C.

Recordable Injuries/Illnesses on the OSHA 300 Log

A recordable incident is any work-related injury or illness that results in:

- Death (see next section specific to work-related deaths)
- Loss of consciousness
- Days away from work
- Restricted work or transfer to another job
- Medical treatment beyond first aid
- Diagnosis by a physician or other licensed health care professional
- Work-related case involving cancer
- Work related chronic irreversible disease
- Punctured eardrum or a fracture or cracked bone
- Needle stick or cut from a sharp object contaminated with another person's blood or other potentially infectious material (OPIM)
- Tuberculosis infection
- Hearing loss with significant threshold shift (STS)
- Any case requiring medical removal of an employee

**SCOTTS VALLEY FIRE
PROTECTION DISTRICT**



STANDARD OPERATING PROCEDURES	ARTICLE: II	SOP: 2121
	SECTION: 2100 SAFETY	
	SUBJECT: Cal OSHA Form 300	

Instructions for OSHA Form 301

OSHA Form 301, the "Injury and Illness Incident Report," requires comprehensive data regarding incidents logged onto Form 300. Information must include how and where the injury or illness occurred, the employer's name and location, and the employee's name, home address, sex, date of birth and workplace position. Form 301 must also give a comprehensive description of the injury or illness resulting from the incident, the name of the attending physician and the date of the incident. The position of the individual preparing Form 301 must also be included. Form 301 must be kept on file for five years. Failure to do so can result in fines and/or penalties.

Requirements for OSHA Form 300A

The OSHA 300A is a summary report of injuries and is required to be posted from February 1 through April 30 following the calendar year covered on the OSHA 300 log. It will be posted at each fire station and the administrative office consistent with the location of other required employee notices and postings. It will be maintained for the required period and removed on May 1.

This form summarizes information from Form 300 so that workers may be made aware of the number of workplace injuries that occurred the previous year. If there are no injuries for the previous year, the 300A will be posted stating "none". Zeros will be entered on the total line.

First Aid Only

Injuries resulting in "First aid only" are not recordable.

First aid is defined as:

- using non-prescription medications at non-prescription strength
- administering tetanus immunizations
- cleaning, flushing, or soaking wounds on the skin surface
- using wound coverings such as bandages, adhesive strips, gauze pads, butterfly bandages, etc.
- applying hot or cold therapy
- using non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc.
- using temporary immobilization devices while transporting an accident victim (splints, slings, neck collars, or back boards)

**SCOTTS VALLEY FIRE
PROTECTION DISTRICT**



STANDARD OPERATING PROCEDURES	ARTICLE: II	SOP: 2121
	SECTION: 2100 SAFETY	
	SUBJECT: Cal OSHA Form 300	

- drilling a fingernail or toenail to relieve pressure or draining fluids from blisters
- using eye patches
- using simple irrigation or a cotton swab to remove foreign bodies not embedded in or adhered to the eye
- using irrigation, tweezers, cotton swabs, or other simple means to remove splinters or foreign material from areas other than the eye
- using finger guards
- using massages
- drinking fluids to relieve heat stress.

OSHA considers this to be the complete list of non-recordable first aid treatments, thus any other injury should be recorded.

Updating or Change a Previous Year's OSHA 300

If new information is discovered regarding an injury or illness posted on a Form 300, the original copy should be updated to reflect the accurate information.

Cal/OSHA Forms for Recording Work-Related Injuries and Illnesses

What's Inside

In this package, you'll find information that will help you complete Cal/OSHA's *Log* and *Summary of Work-Related Injuries and Illnesses* for the next several years. On the following pages, you'll find:

- ▼ **An Overview: Recording Work-Related Injuries and Illnesses** — General instructions for filling out the forms in this package and definitions of terms you should use when you classify your cases as injuries or illnesses.
- ▼ **How to Fill Out the Log** — An example to guide you in filling out the *Log* properly.
- ▼ **Log of Work-Related Injuries and Illnesses** — Several pages of the *Log* (but you may make as many copies of the *Log* as you need.) Notice that the *Log* is separate from the *Summary*.
- ▼ **Annual Summary of Work-Related Injuries and Illnesses** — Removable *Annual Summary* pages for easy posting from February 1 through April 30. Note that you post the *Annual Summary* only, not the *Log*.
- ▼ **Worksheet to Help You Fill Out the Summary** — a worksheet for figuring the average number of employees who worked for your establishment and the total number of hours worked.
- ▼ **Cal/OSHA's 301: Injury and Illness Incident Report** — Several copies of the Cal/OSHA 301 to provide details about the incident. You may make as many copies as you need or use an equivalent form.

Take a few minutes to review this package. If you have any questions, refer to the last page of this overview for internet and telephone assistance.

Cal/OSHA Recordkeeping Website:

www.californiaosha.info

An Overview: Recording Work-Related Injuries and Illnesses

The Occupational Safety and Health (OSHA) Act of 1970 requires certain employers to prepare and maintain records of work-related injuries and illnesses. Use these definitions when you classify cases on the Log. Cal/OSHA's recordkeeping regulation (see CCR Title 8 14300) provides more information about the definitions below.

The *Log of Work-Related Injuries and Illnesses* (Cal/OSHA Form 300) is used to classify work-related injuries and illnesses and to note the extent and severity of each case. When an incident occurs, use the *Log* to record specific details about what happened and how it happened. The Summary — a separate form (Cal/OSHA 300A) — shows the totals for the year in each category. At the end of the year, post the *Summary* in a visible location so that your employees are aware of the injuries and illnesses occurring in their workplace.

Employers must keep a *Log* for each establishment or site. If you have more than one establishment, you must keep a separate *Log* and *Summary* for each physical plant that is expected to be in operation for one year or longer.

Note that your employees have the right to review your injury and illness records. For more information, see CCR Title 8 14300, *Employee Involvement*.

Cases based on the *Log of Work-Related Injuries and Illnesses* are not necessarily eligible for workers' compensation or other insurance benefits. Listing a case on the *Log* does not mean that the employer or worker was at fault or that an Cal/OSHA standard was violated.

When is an injury or illness considered work-related?

An injury or illness is considered work-related if an event or exposure in the work environment caused or contributed to the condition or significantly aggravated a preexisting condition. Work-relatedness is

presumed for injuries and illnesses resulting from events or exposures occurring in the workplace, unless an exception specifically applies. See CCR Title 8 14300.5(b)(2) for the exceptions. The work environment includes the establishment and other locations where one or more employees are working or are present as a condition of their employment. See CCR Title 8 14300.5(b)(1).

Which work-related injuries and illnesses should you record?

Record those work-related injuries and illnesses that result in:

- ▼ death,
- ▼ loss of consciousness,
- ▼ days away from work,
- ▼ substituted work activity or job transfer, or medical treatment beyond first aid.

You must also record work-related injuries and illnesses that are significant (as defined below) or meet any of the additional criteria listed below.

You must record any significant work-related injury or illness that is diagnosed by a physician or other licensed health care professional. You must record any work-related case involving cancer, chronic irreversible disease, a fractured or cracked bone, or a punctured eardrum. See CCR Title 8 14300.7.

What are the additional criteria?

You must record the following conditions when they are work-related:

- ▼ any needlestick injury or cut from a sharp object that is contaminated with another person's blood or other potentially infectious material;
- ▼ any case requiring an employee to be medically removed under the requirements of an Cal/OSHA health standard;
- ▼ tuberculosis infection as evidenced by a positive skin test or diagnosis by a physician or other licensed health care professional after exposure to a known case of active tuberculosis;
- ▼ an employee's hearing test (audiogram) reveals 1) that the employee has experienced a Standard Threshold Shift (STS) in hearing in one or both ears (averaged at 2000, 3000, and 4000 Hz) and 2) the employee's total hearing level is 25 decibels (dB) or more above audiotetric zero (also averaged at 2000, 3000, and 4000 Hz) in the same ear(s) as the STS.

What is medical treatment?

Medical treatment includes managing and caring for a patient for the purpose of combating disease or disorder. The following are not considered medical treatments and are NOT recordable:

- ▼ visits to a doctor or health care professional solely for observation or consulting;

What do you need to do?

1. Within 7 calendar days after you receive information about a case, decide whether the case is recordable under the Cal/OSHA recordkeeping requirements.
2. Determine whether the incident is a new case or a recurrence of an existing one.
3. Establish whether the case was work-related.
4. If the case is recordable, decide which form you will fill out as the injury and illness incident report.
You may use *Cal/OSHA's 301: Injury and Illness Incident Report* or an equivalent form. Some state workers' compensation, insurance, or other reports may be acceptable substitutes, as long as they provide the same information as Cal/OSHA 301, including privacy warnings.
5. Identify when and where the case occurred.
6. Describe the case, as specifically as you can.
7. Classify the seriousness of the case by recording the **most serious outcome** associated with the case, with column G (Death) being the most serious and column J (Other recordable cases) being the least serious.
8. Identify whether the case is an injury or illness. If the case is an injury, check the injury category. If the case is an illness, check the appropriate illness category.



- ▼ diagnostic procedures, including administering prescription medications that are used solely for diagnostic purposes; and any procedure that can be labeled first aid.
(See below for more information about first aid.)

What is first aid?

If the incident required only the following types of treatment, consider it first aid. Do NOT record the case if it involves only:

- ▼ using non-prescription medications at non-prescription strength;
- ▼ administering tetanus immunizations;
- ▼ cleaning, flushing, or soaking wounds on the skin surface;
- ▼ using wound coverings, such as bandages, BandAids™, gauze pads, etc., or using SteriStrips™ or butterfly bandages.
- ▼ using hot or cold therapy;
- ▼ using any totally non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc.;
- ▼ using temporary immobilization devices while transporting an accident victim (splints, slings, neck collars, or back boards).
- ▼ drilling a fingernail or toenail to relieve pressure, or draining fluids from blisters;
- ▼ using eye patches;
- ▼ using simple irrigation or a cotton swab to remove foreign bodies not embedded in or adhered to the eye;
- ▼ using irrigation, tweezers, cotton swab or other simple means to remove splinters or foreign material from areas other than the eye;

How do you count the number of days of restricted work activity or the number of days away from work?

Restricted work activity occurs when, as the result of a work-related injury or illness, an employer or health care professional keeps, or recommends keeping, an employee from doing the routine functions of his or her job or from working the full workday that the employee would have been scheduled to work before the injury or illness occurred.

How do you count the number of days of restricted work activity or the number of days away from work?

Count the number of calendar days the employee was on restricted work activity or was away from work as a result of the recordable injury or illness. Do not count the day on which the injury or illness occurred in this number. Begin counting days from the day after the incident occurs. If a single injury or illness involved both days away from work and days of restricted work activity, enter the total number of days for each. You may stop counting days of restricted work activity or days away from work once the total of either or the combination of both reaches 180 days.

Under what circumstances should you NOT enter the employee's name on the Cal/OSHA Form 300?

You must consider the following types of injuries or illnesses to be privacy concern cases:

- ▼ an injury or illness to an intimate body part or to the reproductive system,
- ▼ an injury or illness resulting from a sexual assault,
- ▼ a mental illness,
- ▼ a case of HIV infection, hepatitis, or tuberculosis,
- ▼ a needlestick injury or cut from a sharp object that is contaminated with blood or other potentially infectious material (see CCR Title 8 14300.8 for definition), and
- ▼ other illnesses, if the employee independently and voluntarily requests that his or her name not be entered on the log.

What if the outcome changes after you record the case?
If the outcome or extent of an injury or illness changes after you have recorded the case, simply draw a line through the original entry or, if you wish, delete or white-out the original entry. Then write the new entry where it belongs. Remember, you need to record the most serious outcome for each case.

Classifying injuries
An injury is any wound or damage to the body resulting from an event in the work environment.

Examples: Cut, puncture, laceration, abrasion, fracture, bruise, contusion, chipped tooth, amputation, insect bite, electrocution, or a thermal, chemical, electrical, or radiation burn. Sprain and strain injuries to muscles, joints, and connective tissues are classified as injuries when they result from a slip, trip, fall or other similar accidents.

If you have a reasonable basis to believe that information describing the privacy concern case may be personally identifiable even though the employee's name has been omitted, you may use discretion in describing the injury or illness on both the Cal/OSHA 300 and 301 forms. You must enter enough information to identify the cause of the incident and the general severity of



Classifying illnesses

Skin diseases or disorders

Skin diseases or disorders are illnesses involving the worker's skin that are caused by work exposure to chemicals, plants, or other substances.

Examples: Contact dermatitis, eczema, or rash caused by primary irritants and sensitizers or poisonous plants; oil acne; friction blisters, chrome ulcers; inflammation of the skin.

Respiratory conditions

Respiratory conditions are illnesses associated with breathing hazardous biological agents, chemicals, dust, gases, vapors, or fumes at work.

Examples: Silicosis, asbestosis, pneumonitis, pharyngitis, rhinitis or acute congestion; farmer's lung; beryllium disease, tuberculosis, occupational asthma, reactive airways dysfunction syndrome (RADS), chronic obstructive pulmonary disease (COPD), hypersensitivity pneumonitis, toxic inhalation injury, such as metal fume fever, chronic obstructive bronchitis, and other pneumoconioses.

Poisoning

Poisoning includes disorders evidenced by abnormal concentrations of toxic substances in blood, other tissues, other bodily fluids, or the breath that are caused by the ingestion or absorption of toxic substances into the body.

Example: Poisoning by lead, mercury.

When must you post the Summary?

You must post the **Summary** only — not the **Log** — by February 1 of the year following the year covered by the form and keep it posted until April 30 of that year.

How long must you keep the Log and Summary on file?

You must keep the **Log** and **Summary** for 5 years following the year to which they pertain.

Do you have to send these forms to Cal/OSHA at the end of the year?

No. You do not have to send the completed forms to Cal/OSHA unless specifically asked to do so.

How can we help you?

If you have a question about how to fill out the **Log**,

- visit us online at www.dir.ca.gov/dash/, or
- call your local DOSH Consultation office.

Optional

Calculating Injury and Illness Incidence Rates



What is an incidence rate?

An incidence rate is the number of recordable injuries and illnesses occurring among a given number of full-time workers (usually 100 full-time workers) over a given period of time (usually one year). To evaluate your firm's injury and illness experience over time or to compare your firm's experience with that of your industry as a whole, you need to compute your incidence rate. Because a specific number of workers and a specific period of time are involved, these rates can help you identify problems in your workplace and/or progress you may have made in preventing work-related injuries and illnesses.

How do you calculate an incidence rate?

You can compute an occupational injury and illness incidence rate for all recordable cases or for cases that involved days away from work for your firm quickly and easily. The formula requires that you follow instructions in paragraph (a) below for the total recordable cases or those in paragraph (b) for cases that involved days away from work, and for both rates the instructions in paragraph (c).

(a) *To find the total number of recordable injuries and illnesses that occurred during the year, count the number of line entries on your Cal/OSHA Form 300, or refer to the Cal/OSHA Form 300A and sum the entries for columns (G), (H), (I), and (J).*

(b) *To find out the number of injuries and illnesses that involved days away from work, count the number of line entries on your Cal/OSHA Form 300 that received a check mark in column (H), or refer to the entry for column (H) on the Cal/OSHA Form 300A.*

(c) *The number of hours all employees actually worked during the year. Refer to Cal/OSHA Form 300A and optional worksheet to calculate this number.*

You can compute the incidence rate for all recordable cases of injuries and illnesses using the following formula:

$$\frac{\text{Total number of injuries and illnesses} \div \text{Number of hours worked by all employees} \times 200,000 \text{ hours}}{\text{Total recordable cases rate}}$$

(The 200,000 figure in the formula represents the number of hours 100 employees working 40 hours per week, 50 weeks per year would work, and provides the standard base for calculating incidence rates.)

You can compute the incidence rate for recordable cases involving days away from work, days of restricted work activity or job transfer (DART) using the following formula:

$$\frac{(\text{Number of injuries in column H} \div \text{Number of entries in column J}) \div \text{Number of all employees} \times 200,000 \text{ hours}}{\text{DART incidence rate}}$$

You can use the same formula to calculate incidence rates for other variables such as cases involving restricted work activity (column (1) on Form 300A, cases involving skin disorders (column (M-2) on Form 300A), etc. Just substitute the appropriate total for these cases, from Form 300A, into the formula in place of the total number of injuries and illnesses.

What can I compare my incidence rate to?

The Bureau of Labor Statistics (BLS) conducts a survey of occupational injuries and illnesses each year and publishes incidence rate data by

various classifications (e.g., by industry, by employer size, etc.). You can obtain these published data at www.bls.gov or by calling a BLS Regional Office.

Worksheet

Total number of recordable injuries and illnesses in your establishment

X 200,000 =

Hours worked by all your employees

+

Total recordable cases incidence rate

X 200,000 =

Hours worked by all your employees

+

Total recordable cases incidence rate

How to Fill Out the Log

The *Log of Work-Related Injuries and Illnesses* is used to classify work-related injuries and illnesses and to note the extent and severity of each case. When an incident occurs, use the *Log* to record specific details about what happened and how it happened.

If your company has more than one establishment or site, you must keep separate records for each physical location that is expected to remain in operation for one year or longer.

We have given you several copies of the *Log* in this package. If you need more than we provide, you may photocopy and use as many as you need.

The *Annual Summary* — a separate form — shows the work-related injury and illness totals for the year in each category. At the end of the year, count the number of incidents in each category and transfer the totals from the *Log* to the *Annual Summary*. Then post the *Annual Summary* in a visible location so that your employees are aware of injuries and illnesses occurring in their workplace.

You don't post the *Log*. You post only the *Annual Summary* at the end of the year.

Cal/OSHA Form 300 (Rev. 4/2004)

Log of Work-Related Injuries and Illnesses

Attention! This form contains information required by California law
and must be used in a manner that reflects the confidentiality of
information to be retained (including medical information) listed
for occupational safety and health purposes.
See Cal/OSHA Title 8, section 14205, 14207, 14210.

Identifying information	Description of case	Date of injury		Date of onset		Cause of injury or illness	Severity of injury or illness			Type of outcome	Date of outcome
		Day	Month	Year	Month		Year	How severe was the injury or illness? (check all that apply)	When did the injury or illness start?		
1. Name _____ Case _____ Job title _____ Date _____	Worksite _____ Establishment _____ Business name _____ Address _____ City _____ State _____ Zip _____	5/21	5/22	5/23	5/24	Severely injured or disabled for more than 1 week	May 21	May 24	Worksite _____ Establishment _____ Business name _____ Address _____ City _____ State _____ Zip _____	Worksite _____ Establishment _____ Business name _____ Address _____ City _____ State _____ Zip _____	5/25
2. _____	Shuttle bus accident	Wednesday	9:00 AM	Wednesday	9:00 AM	bruised left arm & left leg, left shoulder sprained, left knee sprained, left elbow sprained, left forearm sprained, left hand sprained	May 21	May 24	Worksite _____ Establishment _____ Business name _____ Address _____ City _____ State _____ Zip _____	Worksite _____ Establishment _____ Business name _____ Address _____ City _____ State _____ Zip _____	5/26
3. _____	Sun stroke	Friday	12:00 PM	Friday	12:00 PM	heat exhaustion, heat stroke	May 21	May 24	Worksite _____ Establishment _____ Business name _____ Address _____ City _____ State _____ Zip _____	Worksite _____ Establishment _____ Business name _____ Address _____ City _____ State _____ Zip _____	5/27
4. _____	Fall from height	Wednesday	10:00 AM	Wednesday	10:00 AM	bruised right knee, sprained right wrist	May 21	May 24	Worksite _____ Establishment _____ Business name _____ Address _____ City _____ State _____ Zip _____	Worksite _____ Establishment _____ Business name _____ Address _____ City _____ State _____ Zip _____	5/28
5. _____	Hives from latex glove	Wednesday	10:00 AM	Wednesday	10:00 AM	severe allergic reaction	May 21	May 24	Worksite _____ Establishment _____ Business name _____ Address _____ City _____ State _____ Zip _____	Worksite _____ Establishment _____ Business name _____ Address _____ City _____ State _____ Zip _____	5/29
6. _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____



Department of
Occupational Safety & Health

Using three lines of handwriting, describe the
injury or illness in detail. Be as specific as
possible. You can use two lines if you
need more room.

Note whether
the case
involves an
injury or illness.

Choose ONE of these
categories. Classify the case by
recording the most serious
outcome of the case, with
column J (Other recordable
cases) being the least serious
and column G (Death) being the
most serious.

Revise the log if the injury or illness
progresses and the outcome is more
serious than you originally recorded
for the case. Cross out, erase or
white-out the original entry.

Cal/OSHA Form 300 (Rev. 7/2007) **Appendix A** **Log of Work-Related Injuries and Illnesses**

You must record information about every work-related death and 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 CCR Title 8 Section 14300.6 through 14300.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (Cal/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 Cal/OSHA office for help.

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.
See CCR Title 8 14300.29(b)(6)-(10)

**Department of Industrial Relations
Division of Occupational Safety and Health**



Year 20 _____

Establishment name _____
City _____ State _____

You must record information about every work-related death and 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 CCR Title 8 Section 14300.6 through 14300.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (Cal/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 Cal/OSHA office for help.

Identify the person

(A) Case no. (B) Employee's name

Job title (e.g., Worker)

(C) Date of injury or onset of illness

(D) Where the event occurred (e.g., Loading dock north end) and object/substance that directly injured or made person ill

(E) Describe injury or illness, parts of body affected, (e.g., Second degree burns on right forearm from acetylene torch)

(F) Describe injury or illness, parts of body affected, (e.g., Landing dock north end)

(G) Death

(H) Days away from work

(I) Remained at work

(J) Job transfer or restriction

(K) Other recordable cases

(L) Days away from work

(M) On job transfer or restriction

(N) Illnesses lost

(O) All other losses

(P) Days away from work

(Q) On job transfer or restriction

(R) Illnesses lost

(S) All other losses

(T) Days away from work

(U) On job transfer or restriction

(V) Illnesses lost

(W) All other losses

(X) Days away from work

(Y) On job transfer or restriction

(Z) Illnesses lost

(AA) All other losses

(BB) Days away from work

(CC) On job transfer or restriction

(DD) Illnesses lost

(EE) All other losses

(FF) Days away from work

(GG) On job transfer or restriction

(HH) Illnesses lost

(II) All other losses

(JJ) Days away from work

(KK) On job transfer or restriction

(LL) Illnesses lost

(MM) All other losses

(NN) Days away from work

(OO) On job transfer or restriction

(PP) Illnesses lost

(QQ) All other losses

Classify the case

Using these four categories, check ONLY the most serious result for each case:

Enter the number of days the injured or ill worker was:
Establishment name _____
City _____ State _____

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

Cal/OSHA Form 300A (Rev. 7/2007)

Annual Summary of Work-Related Injuries and Illnesses

Year _____

Department of Industrial Relations
Division of Occupational Safety & Health

All establishments covered by CCR Title 8 Section 14300 must complete this Annual Summary, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the Cal/OSHA Form 300 in its entirety. They also have limited access to the Cal/OSHA Form 301 or its equivalent. See CCR Title 8 Section 14300.35, in Cal/OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
(K)	(L)

Injury and Illness Types

Total number of . . .	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
(1) Injuries	_____	(4) Poisonings	_____	(5) Hearing loss	_____	(6) All other illnesses	_____	
(2) Skin disorders	_____							
(3) Respiratory conditions	_____							

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive _____
Title _____

Phone _____
Date _____

t

Post this Annual Summary from February 1 to April 30 of the year following the year covered by the form.

Optional

Appendix G

Worksheet to Help You Fill Out the Annual Summary

At the end of the year, Cal/OSHA requires you to enter the average number of employees and the total hours worked by your employees on the Annual Summary. If you don't have these figures, you can use the information on this page to estimate the numbers you will need to enter on the Annual Summary at the end of the year.

How to figure the average number of employees who worked for your establishment during the year:

- ① Add the total number of employees your establishment paid in all pay periods during the year. Include all employees; full-time, part-time, temporary, seasonal, salaried, and hourly.
- ② Count the number of pay periods your establishment had during the year. Be sure to include any pay periods when you had no employees.
- ③ Divide the number of employees by the number of pay periods.

The number of employees ① _____
Paid in all pay periods ≈ ② _____

- ④ Round the answer to the next highest whole number. Write the rounded number in the blank marked *Annual average number of employees*.
- For example, Acme Construction figured its average employment this way:

For pay period... Acme paid this number of employees...
1 10
2 0
3 15
4 30
5 40
▼ 20
24 20
25 15
26 +10
830

- The number rounded = ④ _____
Annual average number of employees: _____

For pay period...	Acme paid this number of employees...	Number of employees paid = 830	①	Number of pay periods = 26	②	_____
1	10					
2	0					
3	15					
4	30					
5	40					
▼	20					
24	20					
25	15					
26	+10					
		32 is the annual average number of employees	③			

Department of Industrial Relations



How to figure the total hours worked by all employees:

Include hours worked by salaried, hourly, part-time and seasonal workers, as well as hours worked by other workers subject to day to day supervision by your establishment (e.g., temporary help services workers).

Do not include vacation, sick leave, holidays, or any other non-work time, even if employees were paid for it. If your establishment keeps records of only the hours paid or if you have employees who are not paid by the hour, please estimate the hours that the employees actually worked.

If this number isn't available, you can use this optional worksheet to estimate it.

Optional Worksheet

Find the number of full-time employees in your establishment for the year.

X _____

Multiply by the number of work hours for a full-time employee in a year.

+

This is the number of full-time hours worked.

Add the number of any overtime hours as well as the hours worked by other employees (part-time, temporary, seasonal)

Number of employees paid = 830

Number of pay periods = 26

830 ÷ 26 = 31.92

31.92 rounds to 32

32 is the annual average number of employees

*Round the answer to the next highest whole number:
Write the rounded number in the blank marked *Total hours worked by all employees last year*.*

Cal/OSHA Form 301

Appendix C

Injury and Illness Incident Report

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.

See CCR Title 8 14300.29(b)(6)-(10)



Department of Industrial Relations
Division of Occupational Safety & Health

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with *Log of Work-Related Injuries and Illnesses* and the accompanying *Annual Summary*, these forms help the employer and Cal/OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the instructions and information asked for on this form.

According to CCR Title 8 Section 14300.33 Cal/OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Information about the employee

- 1) Full name _____
- 2) Street _____
- City _____ State _____ ZIP _____
- 3) Date of birth _____ / _____ / _____
- 4) Date hired _____ / _____ / _____
- 5) Male Female

Information about the case
(Transfer the case number from the Log _____.)

- 10) Case number from the Log _____
- 11) Date of injury or illness _____ / _____ / _____
- 12) Time employee began work _____ AM / PM
- 13) Time of event _____ AM / PM Check if time cannot be determined
- 14) What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
- 15) What happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
- 16) What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or sore." Examples: "strained back"; "chemical burn"; "carpal tunnel syndrome."
- 17) Was employee treated in an emergency room?
 Yes No
- 18) If the employee died, when did death occur? Date of death _____ / _____ / _____

Information about the physician or other health care professional

- 6) Name of physician or other health care professional _____
- 7) If treatment was given away from the worksite, where was it given?
Facility _____
- Street _____
- City _____ State _____ ZIP _____

- 8) Was employee hospitalized overnight as an in-patient?
 Yes No
- Completed by _____
- Title _____
- Phone (_____) _____ - _____ Date _____ / _____ / _____

17) What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.

If You Need Help...

- ♦ Visit us online at www.dir.ca.gov/DOSH/dosh1.html or
 - ♦ Send us e-mail at infocons@dir.ca.gov or
 - ♦ Call your local DOSH Consultation Office and ask for record keeping information.
- Headquarters – 2424 Arden Way, Suite 485, Sacramento CA 95825
(916) 263-5765
- Fresno-Central Valley – 1901 North Gateway Blvd., Suite 102, Fresno CA 93777
(559) 454-1295
- Oakland-San Francisco Bay Area – 1515 Clay Street, Suite 1103, Oakland CA 94612
(510) 622-2891
- Sacramento-Northern California – 2424 Arden Way, Suite 410, Sacramento CA 95825
(916) 263-0704
- San Bernardino-Inland Empire – 464 West 4th Street, Suite 339, San Bernardino CA 92401
(909) 383-4567
- San Diego-Imperial & San Diego counties – 7575 Metropolitan Drive, Suite 204,
San Diego CA 92108
(619) 767-2060
- San Fernando Valley-Santa Barbara & NW Los Angeles county – 6150 Van Nuys Blvd.,
Suite 307, Van Nuys CA 91401
(818) 901-5754
- Santa Fe Springs- Los Angeles Metro Area & Orange Co. – 10350 Heritage Dr., Suite 201,
Santa Fe Springs CA 90670
(562) 944-9366

