

**Appendix E - Required Elements for the Cal/OSHA Form 300A,
Summary of Work-Related injuries and Illnesses equivalent form.**

A. Employers who are required to complete the Cal/OSHA Form 300A may use an equivalent form that provides all of the following information in the format described:

1. The number of cases:

- (G) The total number of deaths
- (H) The total number of cases with days away from work
- (I) The total number of cases with job transfers or restriction
- (J) The total number of other recordable cases

2. The number of days:

- (K) The total number of days of job transfer or restriction
- (L) The total number of days away from work
- (M) Injury and Illness Types, the total numbers of:

- 1. Injuries
- 2. Musculoskeletal disorders
- 3. Skin disorders
- 4. Respiratory conditions
- 5. Poisonings
- 6. Hearing loss cases
- 7. All other illnesses

3. Posting requirement statement: "Post this Summary from February 1 to April 30 of the year following the year covered by the form."

4. Establishment information:

- The establishment name
- Street address
- City, State, Zip
- Industry description
- The Standard Industry Classification Code, if known.

5. Employment information

- The annual average number of employees.
- The total hours worked by all employees last year.

(For assistance in calculating the annual average number of employees, and total hours worked, refer to Appendix G.)

6. Sign Here:

- Admonition: “Knowingly falsifying this statement may result in a fine.”
- Certification statement: “I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.”
- Space for the signature of the company executive, and title.
- Phone number of signatory.
- Date of the certification.

NOTE: Authority cited: Section 6410, Labor Code. Reference: Section 6410, Labor Code.