

**Amend Section 14300.10, Section 14300. 12, Section 14300.29, Appendix D and Appendix E to read:**

**§14300.10. Recording Criteria for Cases Involving Occupational Hearing Loss.**

(a) Basic requirement. If an employee's hearing test (audiogram) reveals that the employee has experienced a work-related Standard Threshold Shift (STS) in hearing in one or both ears, and the employee's total hearing level is 25 decibels (dB) or more above audiometric zero (averaged at 2000, 3000, and 4000 Hz) in the same ear(s) as the STS, you must record the case on the Cal/OSHA Form 300.

(b) Implementation.

\* \* \* \*

(7) How do I complete the Form 300 for a hearing loss case?

When you enter a recordable hearing loss case on the Cal/OSHA Form 300, you must check the 300 Log column for Hearing loss ~~Other Illness~~.

NOTE

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

**§14300.12. Recording Criteria for Cases Involving Work-Related Musculoskeletal Disorders.**

~~From January 15, 2002 until December 31, 2003 y~~ You are required to record work-related injuries and illnesses involving muscles, nerves, tendons, ligaments, joints, cartilage and spinal discs in accordance with the requirements applicable to any injury or illness under Sections 14300.5, 14300.6, 14300.7, and 14300.29. For entry (M) on the Cal/OSHA Form 300, you must check either the entry for “injury” or for “all other illnesses.”

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

**§14300.29. Forms.**

(a) Basic requirement. You must use Cal/OSHA 300, 300A, and 301 forms, or equivalent forms, for recordable injuries and illnesses. The Cal/OSHA Form 300 is called the Log of Work-Related Injuries and Illnesses, the Cal/OSHA Form 300A is called the Summary of Work-Related Injuries and Illnesses, and the Cal/OSHA Form 301 is called the Injury and Illness Incident Report. Appendices A through C give samples of the Cal/OSHA forms. Appendices D through F provide elements for development of equivalent forms consistent with Section 14300.29(b)(4) requirements. Appendix G is a worksheet to assist in completing the Cal/OSHA Form 300A.

(b) Implementation.

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(7) How do I determine if an injury or illness is a privacy concern case?

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

(A) An injury or illness to an intimate body part or the reproductive system;

(B) An injury or illness resulting from a sexual assault;

(C) Mental illnesses;

(D) HIV infection, hepatitis, or tuberculosis;

(E) Needlestick injuries and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material (see Section 14300.8 for definitions); and

(F) Other illnesses, if the employee independently and voluntarily requests that his or her name not be entered on the log. ~~Musculoskeletal disorders (MSDs) are not considered privacy concern cases.~~

~~Note: The first sentence of subsection (b)(7)(F) of this section is effective on January 15, 2002. The second sentence is effective beginning on January 1, 2004.~~

\* \* \* \*

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

## **Appendix D - Required Elements for the Cal/OSHA 300 Equivalent Form**

I. California employers who are required to record work-related injuries and illnesses on the Cal/OSHA Form 300 may use an equivalent form that includes all of the following instructions and information.

\* \* \* \*

M. Indicate an injury or, one type of illness:

(1) Injury column

(2) Skin disorder column

(3) Respiratory condition column

(4) Poisoning column

(5) Hearing loss

(6) All other illnesses column

\* \* \* \*

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

**Appendix E - Required Elements for the Cal/OSHA Form 300A,  
Annual 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:

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. Skin disorders

3. Respiratory conditions

4. Poisonings

5. Hearing loss

6. All other illnesses

\* \* \* \*

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