Brief Guide to Recordkeeping Requirements

With forms for recording work-related injuries and illnesses

Cal/OSHA Recordkeeping Website:

www.dir.ca.gov/dosh/etools/recordkeeping/index.html

STATE OF CALIFORNIA
CAL OSHA
DEPARTMENT OF INDUSTRIAL RELATIONS

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.
- **Calculating Injury and Illness Incidence Rates** — A worksheet for determining the number of recordable injuries and illnesses occurring among workers over a period of time.
- **How to Fill Out the Log** — An example to guide you in filling out the *Log* properly.
- **Cal/OSHA Form 300: *Log of Work-Related Injuries and Illnesses*** — Form for recording specific details about work-related injuries and illnesses. (You may make as many copies of the *Log* as you need.) Notice that the *Log* is separate from the *Summary*.
- **Cal/OSHA Form 300A: *Annual Summary of Work-Related Injuries and Illnesses*** — Removable *Annual Summary* page 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 Form 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 page 7 of this guide for internet addresses and telephone numbers to contact Cal/OSHA Consultation Branch for assistance.*

An Overview: Recording Work-Related Injuries and Illnesses

The Occupational Safety and Health (OSH) 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 California Code of Regulations (CCR), title 8, Section 14300 et seq.) 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 Form 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. Certain employers? must also submit the summary data to federal? OSHA through an online portal.

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 location 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, 14300.35, Employee Involvement**.

Cases listed 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 a 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,
- ▼ restricted work actity or job transfer, or
- ▼ medical treatment beyond first aid.

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 a 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 that 1) 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 audiometric? 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 counseling;

What do you need to do?

1. Within 7 calendar days after you receive information about a case, decide if 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 is 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.

How to work with the Log

1. Identify the employee involved unless it is a privacy concern case, as described on page three.
2. Identify when and where the case? occurred.
3. Describe the case as specifically as you can.
4. 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.
5. 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.

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;
- using finger guards;
- using massages; and
- drinking fluids to relieve heat stress.

How do you decide if the case involved restricted 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.

You must not enter the employee's name on the Cal/OSHA Form 300 *Log* for these cases. Instead, enter "privacy case" in the space normally used for the employee's name. You must keep a separate, confidential list of the case numbers and employee names for the establishment's privacy concern cases so that you can update the cases and provide information to the government if asked to do so.

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? the injury or illness, but you do not need to include details of an intimate or private nature.

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.

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, dusts, 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.

Examples: Poisoning by lead, mercury, cadmium, arsenic, or other metals; poisoning by carbon monoxide, hydrogen sulfide, or other gases; poisoning by benzene, benzol, carbon tetrachloride, or other organic solvents; poisoning by insecticide sprays, such as parathion or lead arsenate; poisoning by other chemicals, such as formaldehyde.

Hearing loss

Noise-induced hearing loss is defined for recordkeeping purposes as a change in hearing? threshold relative to the baseline audiogram of an average of 10 decibels (dB) or more in either ear at 2000, 3000, and 4000 hertz and the employee's total hearing level is 25 dB or more above audiometric zero (also averaged at 2000, 3000, and 4000 hertz) in the same ear(s).

All other illnesses

All other occupational illnesses.

Examples: Heatstroke, sunstroke, heat exhaustion, heat stress, and other effects of environmental heat; freezing, frostbite, and other effects of exposure to low temperatures; decompression sickness; effects of ionizing radiation (isotopes, x-rays, radium); effects of nonionizing radiation (welding flash, ultra-violet rays, lasers); anthrax; bloodborne pathogenic diseases, such as AIDS, HIV, hepatitis B, or hepatitis C; brucellosis; malignant or benign tumors; histoplasmosis; coccidioidomycosis.

What must you do with the *Log of Work-Related Injuries and Illnesses* (Cal/OSHA Form 300)?

At the end of the year, you must review the? injury and illness data on the *Log* (Cal/OSHA? Form 300) to verify that the entries are complete? and accurate, and correct any deficiencies? found. Then complete an *Annual Summary of? Work-Related Injuries and Illnesses* (Cal/OSHA? Form 300A) using the data from the *Log*. The injury and illness data must be certified on the? *Summary* by a company executive.

When must you post the Form 300A *Summary*?

All employers that are required to maintain? injury and illness records must post the Form? 300A *Summary* by February 1 of the year? following the year covered by the records. The? *Summary* must remain posted at the worksite? until April 30 of that year.

Do you have to send Summary data to OSHA at the end of the year?

If you are required to prepare and maintain records of work-related injuries and illnesses, you will also have to electronically submit your Cal/OSHA Form 300A *Summary* data to federal OSHA if your establishment meets one of the following criteria:

- establishments with 250 or more employees? at any time during the previous calendar year, or
- establishments with 20 or more employees but? fewer than 250 employees at any time during? the previous calendar year AND classified as? an industry listed in California Code of? Regulations, title 8, Appendix H for sections? 14300-14300.48, located at **www.dir.ca.gov/T8/14300_48_AppendixH.html**.

Establishments that meet the criteria described above must electronically submit their Cal/OSHA Form 300A *Summary* data from the previous calendar year by March 2 of the current year. (For example, data for 2018 must be electronically submitted by March 2, 2019.) Data from completed summaries must be submitted through the online portal found at federal OSHA's website, Injury Tracking Application (ITA) at **www.osha.gov/injuryreporting/index.html**. -

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 questions about how to fill out the *Log* or *Summary*,

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

Optional

Calculating Injury and Illness Incidence Rates

STATE OF CALIFORNIA CAL OSHA DEPARTMENT OF INDUSTRIAL RELATIONS

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 out 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) *To find out the number of hours all employees actually worked during the year,* refer to Cal/OSHA Form 300A and optional worksheet (Appendix G of this document) and calculate this number.

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

Total number of injuries and illnesses ÷ Number of hours worked by all employees X *200,000 hours = Total recordable case 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:

(Number of injuries in column H + Number of entries in column I) ÷ Number of hours worked by all employees X *200,000 hours = DART incidence rate*

You can use the same formula to calculate incidence rates for other variables such as cases involving restricted work activity (column (I) 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

[ ]

÷

[ ]

Hours worked by all your employees

X 200,000 =

Total recordable cases incidence rate

[ ]

Total number of recordable injuries and illnesses with a checkmark in column H or column I

[ ]

÷

[ ]

Hours worked by all your employees

X 200,000 =

DART 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.

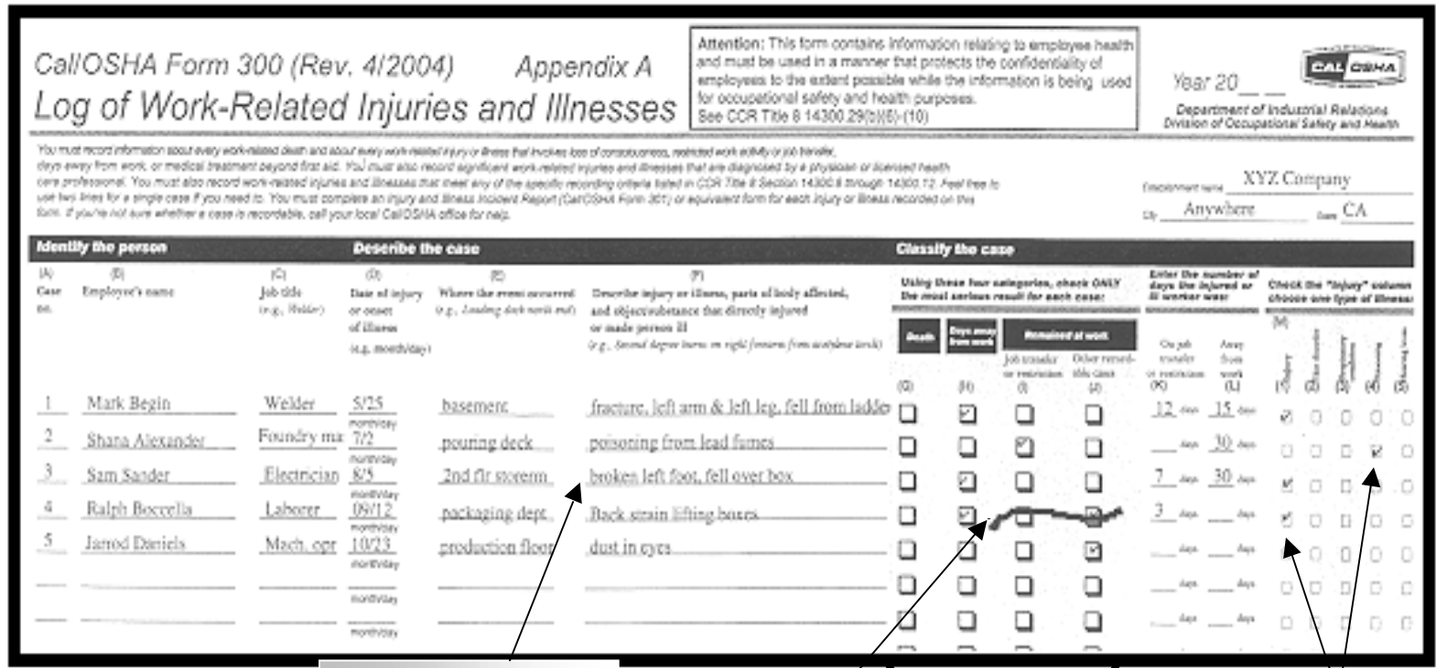
The *Annual Summary* – a separate form – shows the work-related injury and illness totals for the year in each category. At the end of the year, count the number of incidents in each category and transfer the totals from the *Log* to the *Annual Summary.* Then post the *Annual Summary* in a visible location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

If you need more copies of the *Log* or *Summary* than we provide, you may photocopy and use as many as you need.

Fillable forms are also available online at

www.dir.ca.gov/dosh/etools.recordkeeping/CAStandard/CalStandard.htm.

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



CalOSHA Form 300 (Rev. 4/2004) Appendix A

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

Year 20__ __

Department of Industrial Relations Division of Occupational Safety and Health

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 14300.8 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 (CalOSHA 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 CalOSHA office for help.

Establishment name XYZ Company

City Anywhere State CA

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 (e.g., month/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 scalding brine)	Using these four categories, check ONLY the most serious result for each case: Death (G)	Days away from work (H)	Remained at work: Job transfer or restriction (I)	Remained at work: Other recordable cases (J)	Enter the number of days the injured or ill worker was: On job transfer or restriction (K)	Away from work (L)	Check the "Injury" column or choose one type of illness: (M) Injury	(1) Skin disorder	(2) Respiratory condition	(3) Poisoning	(4) Hearing loss
1	Mark Begin	Welder	5/25 month/day	basement	fracture, left arm & left leg, fell from ladder	☐	☑	☐	☐	12 days	15 days	☑	☐	☐	☐	☐
2	Shana Alexander	Foundry ma	7/2 month/day	pouring deck	poisoning from lead fumes	☐	☐	☑	☐	___ days	30 days	☐	☐	☐	☑	☐
3	Sam Sander	Electrician	8/5 month/day	2nd flr storeroom	broken left foot, fell over box	☐	☑	☐	☐	7 days	30 days	☑	☐	☐	☐	☐
4	Ralph Boccella	Laborer	09/12 month/day	packaging dept.	Back strain lifting boxes	☐	☑	☐	☐	3 days	___ days	☑	☐	☐	☐	☐
5	Jarrod Daniels	Mach. opr	10/23 month/day	production floor	dust in eyes	☐	☐	☐	☑	___ days	___ days	☐	☐	☐	☐	☐
			month/day			☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐
			month/day			☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐

Be as specific as possible. You can use two lines if you need more room.

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.

*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.*

Note whether the case involves an injury or illness.

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 recordkeeping information.

  - *Fresno-Central Valley – 2550 Mariposa Mall, Room 2005, Fresno, CA 93721*
    (559) 445-6800

  - *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

  - *La Palma-Los Angeles Metro Area & Orange Co. – 1 Centerpointe Drive, Suite 150, La Palma, CA 90623*
    (714) 562-5525

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

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

Year 20__ __

STATE OF CALIFORNIA CAL OSHA DEPARTMENT OF INDUSTRIAL RELATIONS

Department of Industrial Relations
Division of Occupational Safety and Health

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 14300.8 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.

Establishment name _____

City _____ *State* _____

Identify the person			Describe the case			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:		Check the "Injury" column or choose one type of illness:							
(A) Case no.	(B) Employee's name	(C) Job title (e.g., *Welder*)	(D) Date of injury or onset of illness	(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*)	Death (G)	Days away from work (H)	Remained at work: Job transfer or restriction (I)	Remained at work: Other record-able cases (J)	Away from work (K)	On job transfer or restriction (L)	(M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing losss (5)	All other Illnesses (6)
____	_____	_____	month/day	_____	_____	☐	☐	☐	☐	____ days	____ days	☐	☐	☐	☐	☐	☐
____	_____	_____	month/day	_____	_____	☐	☐	☐	☐	____ days	____ days	☐	☐	☐	☐	☐	☐
____	_____	_____	month/day	_____	_____	☐	☐	☐	☐	____ days	____ days	☐	☐	☐	☐	☐	☐
____	_____	_____	month/day	_____	_____	☐	☐	☐	☐	____ days	____ days	☐	☐	☐	☐	☐	☐
____	_____	_____	month/day	_____	_____	☐	☐	☐	☐	____ days	____ days	☐	☐	☐	☐	☐	☐
____	_____	_____	month/day	_____	_____	☐	☐	☐	☐	____ days	____ days	☐	☐	☐	☐	☐	☐
____	_____	_____	month/day	_____	_____	☐	☐	☐	☐	____ days	____ days	☐	☐	☐	☐	☐	☐
____	_____	_____	month/day	_____	_____	☐	☐	☐	☐	____ days	____ days	☐	☐	☐	☐	☐	☐
____	_____	_____	month/day	_____	_____	☐	☐	☐	☐	____ days	____ days	☐	☐	☐	☐	☐	☐
____	_____	_____	month/day	_____	_____	☐	☐	☐	☐	____ days	____ days	☐	☐	☐	☐	☐	☐
____	_____	_____	month/day	_____	_____	☐	☐	☐	☐	____ days	____ days	☐	☐	☐	☐	☐	☐
____	_____	_____	month/day	_____	_____	☐	☐	☐	☐	____ days	____ days	☐	☐	☐	☐	☐	☐
____	_____	_____	month/day	_____	_____	☐	☐	☐	☐	____ days	____ days	☐	☐	☐	☐	☐	☐
					Page totals ➤	____	____	____	____	____	____	Injury (1) ____	Skin disorder (2) ____	Respiratory condition (3) ____	Poisoning (4) ____	Hearing loss (5) ____	All other Illnesses (6) ____

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

Page ___ of ___

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

Year 20 _ _

Annual Summary of Work-Related Injuries and Illnesses

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)

(1) Injuries	_____	(4) Poisonings	_____
		(5) Hearing loss	_____
(2) Skin disorders	_____	(6) All other Illnesses	_____
(3) Respiratory conditions	_____		

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

Establishment information

Your establishment name _____

Street _____

City _____ State _____ ZIP _____

Industry description (*e.g., Manufacture of motor truck trailers*)

_____

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

___ ___ ___ ___

Employment information

(If you don't have these figures, use the optional Worksheet to estimate.)

Annual average number of employees _____

Total hours worked by all employees last year _____

Sign here

Knowingly falsifying this document may result in a fine.

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

Optional

Appendix G

Worksheet to Help You Fill Out the Annual Summary

Department of Industrial Relations

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:

❶ *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.

The number of employees paid in all pay periods = ❶ _____

❷ *Count* the number of pay periods your establishment had during the year. Be sure to include any pay periods when you had no employees.

The number of pay periods during the year = ❷ _____

❸ *Divide* the number of employees by the number of pay periods.

❶ / ❷ _____ = ❸ _____

❹ *Round the answer* to the next highest whole number. Write the rounded number in the blank marked *Annual average number of employees*.

The number rounded = ❹ _____

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
▼	▼
24	20
25	15
26	+10
	830

Number of employees paid = 830 ❶

Number of pay periods = 26 ❷

$\frac{830}{26}$ = 31.92 ❸

31.92 rounds to 32 ❹

32 is the annual average number of employees

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)

_____ *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)

STATE OF CALIFORNIA — CAL OSHA — DEPARTMENT OF INDUSTRIAL RELATIONS

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.

Completed by _____

Title _____

Phone (_____)_____--_____ **Date** ____/ ____ / ____

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 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 treated in an emergency room?**
☐ **Yes**
☐ **No**

9) **Was employee hospitalized overnight as an in-patient?**
☐ **Yes**
☐ **No**

Information about the case

10) **Case number from the *Log*** _____ *(Transfer the case number from the Log after you record the case.)*

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, hand"; "carpal tunnel syndrome."**

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.***

18) *If the employee died, when did death occur?* **Date of death** _____ / _____ / _____