

Lorenzo Zwaal
Ingeniero de Prevención
de Pérdidas
Enero de 2026

**STATE
COMPENSATION
INSURANCE
FUND**

**Requisitos de registro Cal/OSHA
300 - Evitar errores en la grabación**

The information presented in this webinar is for general informational and educational purposes only.
It is not intended to constitute legal advice and is not a substitute for professional legal Counsel.

1

Requisito de registro Cal/OSHA 300

- Qué es esto?
- ¿Por qué se guarda esta información??

© 2026 State Compensation Insurance Fund | This material is for informational purposes only.

3

Objetivos de aprendizaje

Al final de este curso, podrás...

- Define una lesión y/o enfermedad registrable
- Completar un Formulario 300 cumple y vigente
- Completar un Formulario 300A cumple y vigente
- Completar un Formulario 301 cumple y vigente

*Esta presentación no entrará en detalles de la Solicitud de Seguimiento de Lesiones (ITA)



© 2026 State Compensation Insurance Fund | This material is for informational purposes only.

2

Requisitos de registro OSHA 300

Existen 3 formas clave en la "familia" de registro
(CCR T8, Section 14300.29)

- Formulario 300 de Cal/OSHA– AKA the Log 300
- Formulario Cal/OSHA 300A– AKA the Resumen anual
- Formulario Cal/OSHA 301– AKA el Informe de Incidentes de Lesiones y Enfermedades
- Todos se encuentran aquí: https://www.dir.ca.gov/T8/14300_29.html



© 2026 State Compensation Insurance Fund | This material is for informational purposes only.

4

Requisitos de registro Cal/OSHA 300

Criterios de grabación(CCR T8, Section 14300.4)

Para que sea registrable, la lesión, enfermedad o muerte debe cumplir tres criterios:

1. Relacionado con el trabajo; y
2. Nuevo caso; y
3. Cumple uno o más de los criterios generales de registro of *8 CCR Sección 14300.7 o la aplicación a casos específicos de 8 CCR Sección 14300.8 a través de la Sección14300.12

Determina si es registrable en un plazo de 7 días naturales

© 2026 State Compensation Insurance Fund | This material is for informational purposes only.

5

Requisitos de registro Cal/OSHA 300

Qué grabar(CCR T8, Section 14300.7)

- Lesiones o enfermedades laborales significativas diagnosticadas por un médico
- Casos relacionados con el trabajo que involucran cáncer, enfermedad crónica irreversible, fractura o fractura de hueso, o un tímpano perforado
- Fallecimiento
- Pérdida de conciencia
- Días fuera del trabajo

© 2026 State Compensation Insurance Fund | This material is for informational purposes only.

6

Registro de Cal/OSHA

Qué grabar(CCR T8, Section 14300.7) continuación

- Actividad laboral restringida o traslado de puesto
- Tratamiento médico más allá de los primeros auxilios
- Pinchazos de aguja y cortes de objetos punzantes contaminados con la sangre de otra persona u otros materiales potencialmente infecciosos (**OPIM**)
- Tuberculosis (TB) tras un diagnóstico o prueba positiva – tras exposición a un caso activo de TB
- Pérdida de audición en uno o ambos oídos

© 2026 State Compensation Insurance Fund | This material is for informational purposes only.

7

Registro de Cal/OSHA

Tratamiento medico vs. No tratamiento medico

(CCR T8, Sección 14300.7)

- Tratamiento médico: gestión/atención del paciente con el propósito de combatir enfermedades o trastornos
- NO es tratamiento médico y NO se tiene que registrar
 - Visitas médicas únicamente para observación o asesoramiento
 - Procedimientos diagnósticos, incluyendo la administración de medicamentos con receta que se usan únicamente con fines diagnósticos
 - Tratamiento de primeros auxilios

© 2026 State Compensation Insurance Fund | This material is for informational purposes only.

8

2

Primeros auxilios continuados (CCR T8, Section 14300.7)



Los siguientes se consideran generalmente "primeros auxilios" (e.g., Tratamiento puntual y posterior observación de lesiones menores) y no es necesario registrarse si la lesión laboral no implica pérdida de conocimiento, restricción del trabajo o movimiento, o traslado a otro empleo:

- Uso de medicamentos sin receta a potencia sin receta
- Administración de inmunes contra el tétanos
- Limpiar, enrojar o empaparse heridas en la superficie de la piel
- Utilizar cualquier medio de soporte totalmente no rígido, como vendajes elásticos, vendas, cinturones no rígidos para la espalda, etc.

© 2026 State Compensation Insurance Fund | This material is for informational purposes only.

9

Registro de Cal/OSHA

Este tipo de lesiones/enfermedades son casos que están sujetos a la protección de la privacidad.

(CCR T8, Section 14300.29)

- Infección por VIH, hepatitis o tuberculosis
- Parte íntima del cuerpo o sistema reproductivo
- Enfermedad mental
- Pinchazo o corte de un objeto afilado contaminado con sangre/OPIM
- Agresión sexual
- Otras enfermedades, si el empleado solicita de forma independiente y voluntaria que su nombre no se registre

***Por privacidad de los empleados, puedes introducir un identificador del empleado, como un número de empleado**

© 2026 State Compensation Insurance Fund | This material is for informational purposes only.

11

Primeros auxilios continuados (CCR T8, Section 14300.7)



- Uso de dispositivos de inmovilización temporal durante el transporte de una víctima de accidente; (férulas, cabestrillos, collares de cuello o tablas de espalda)
- Taladrar una uña o una de los pies para aliviar la presión, o drenar líquidos de ampollas
- Uso de parches en el ojo
- Utilizar un riego simple o un hisopo de algodón para eliminar cuerpos extraños que no están incrustados o adheridos al ojo
- Uso de riego, pinzas, hisopos de algodón u otros medios sencillos para eliminar astillas o materiales extraños de zonas distintas al ojo
- Uso de protectores para los dedos
- Uso de masajes y
- Beber líquidos para aliviar el estrés térmico

© 2026 State Compensation Insurance Fund | This material is for informational purposes only.

10

Registro de Cal/OSHA

Casos de preocupación por la privacidad

(CCR T8, 14300.29)

- NO introduzcas el nombre del empleado en el Registro 300!
- Introduce "caso de privacidad" en lugar de nombre del empleado
- Manténgala una lista separada y confidencial de estos casos



© 2026 State Compensation Insurance Fund | This material is for informational purposes only.

12

Registro de Cal/OSHA

Definiciones de lesiones y enfermedades(CCR T8, Section 14300.46)

- Una lesión o enfermedad es una condición o trastorno anormal
- **Herida:** Incluye casos como, pero no limitado a, un corte, fractura, esguince o amputación
- **Enfermedad:** Incluye tanto enfermedades agudas como crónicas, como, pero no limitado a, una enfermedad de la piel, trastorno respiratorio o intoxicaciones

© 2026 State Compensation Insurance Fund | This material is for informational purposes only.

13

Excepciones a la conservación de registros de Cal/OSHA

iRecuerde la "Regla de 10"!

- 10 o menos empleados en todo momento durante el año pasado (1 de enero al 31 de diciembre), no es necesario mantener los registros 300, 300A, y 301.
- Más de 10 empleados en cualquier momento durante el último año, deben mantener los registros 300, 300A, y 301.
- Ciertos grupos industriales (alrededor de 80) no necesitan que mantener los registros 300, 300A, y 301. https://www.dir.ca.gov/T8/14300_2.html

*Un año natural: 1 de enero al 31 de diciembre.



© 2026 State Compensation Insurance Fund | This material is for informational purposes only.

15

Registro de Cal/OSHA

- Completa los totales de las páginas de la forma 300 y luego transfiere los totales al Formulario 300A
 - Un director de la empresa debe certificar los datos del Formulario 300A
- Cuándo y dónde publicar el formulario 300A
 - **1 de febrero - 30 de abril**
- **NO PUBLIQUE EL FORMULARIO DE REGISTRO 300!**
- **Múltiples establecimientos:** Mantenga un formulario 300 por separado para cada establecimiento que se prevea que estará en funcionamiento durante un año o más.

© 2026 State Compensation Insurance Fund | This material is for informational purposes only.

14

Qué formularios deben completarse?

Formulario OSHA 300 – Registro de lesiones y enfermedades relacionadas con el trabajo



Formulario OSHA 300A– Resumen de lesiones y enfermedades relacionadas con el trabajo

Formulario OSHA 301 – Informe de Incidentes de Lesiones y Enfermedades (5020 Informe)

© 2026 State Compensation Insurance Fund | This material is for informational purposes only.

16

Formulario OSHA 300: Registro de una muerte

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)(10).

Year 20 CAL/OSHA
Department of Industrial Relations
Division of Occupational Safety and Health

Identify the person

Describe the case

Classify the case

Enter the number of days the injured or ill worker was:

Check the "Injury" column or choose one type of illness:

© 2006 State Compensation Insurance Fund | This material is for informational purposes only.

17

Formulario OSHA 300: Registro de un caso con actividad laboral restringida o transferencia de puesto

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)(10).

Year 20 CAL/OSHA
Department of Industrial Relations
Division of Occupational Safety and Health

Identify the person

Describe the case

Classify the case

Enter the number of days the injured or ill worker was:

Check the "Injury" column or choose one type of illness:

© 2006 State Compensation Insurance Fund | This material is for informational purposes only.

*Máximo de 180 días de ausencia laboral en total por trabajador.
*Los días de ausencia están limitados al periodo de el 1 de enero y el 31 de diciembre.

19

Formulario OSHA 300: Registro de un caso con días fuera del trabajo

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)(10).

Year 20 CAL/OSHA
Department of Industrial Relations
Division of Occupational Safety and Health

Identify the person

Describe the case

Classify the case

Enter the number of days the injured or ill worker was:

Check the "Injury" column or choose one type of illness:

© 2006 State Compensation Insurance Fund | This material is for informational purposes only.

18

Formulario OSHA 300: Registro de un caso con tratamiento médico más allá de los primeros auxilios

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)(10).

Year 20 CAL/OSHA
Department of Industrial Relations
Division of Occupational Safety and Health

Identify the person

Describe the case

Classify the case

Enter the number of days the injured or ill worker was:

Check the "Injury" column or choose one type of illness:

© 2006 State Compensation Insurance Fund | This material is for informational purposes only.

20

Columnas C, E y F

Describe the case				
(C) Job title (e.g., Welder)	(D) Date of injury or onset	(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)	
Welder	05/25 monthly/day	basement	fell from ladder	
Foundry	07/02 monthly/day	pouring dock	lead fumes poisoning	
Electrician	08/05 monthly/day	store room	left foot sprain - fell over box	
勞工	09/17 monthly/day	packaging dept	back strain - lifting box	
Machine Op	10/23 monthly/day	production floor	dust in eye	

21

Otros Casos Registrables

- Lesión o enfermedad diagnosticada de gravedad.
 - Lesiones por punzaduras y punzantes
 - Remoción médica
 - Pérdida auditiva
 - Tuberculosis

22

Formulario OSHA 301: Informe de Incidentes de Lesiones y Enfermedades

Cal/OSHA Form 301
Injury and Illness Incident Report

Appendix C

This Injury and Illness Incident Report is one of the first forms you must fill out when a recordable work-related injury or illness occurs. It is part of the Cal/OSHA Log of Work-Related Injuries and Illnesses and the accompanying Annual Summary. This form is used to record the date and time of the incident, the nature and extent and severity of work-related incidents, and the names of the employees involved. It also provides information that a recordable work-related injury or illness has occurred, you must fill out this form as soon as possible. You may also use this form to report an exposure, instance, or other events may be acceptable. This form is not intended to be used to report a medical consultation or treatment. If you are considering filing any substance must contain all the instructions and information contained in this form.

According to CCR Title 8 Section 14300.33 Cal/OSHA's recording rule, you must keep this form for 4 years following the year in which it is printed. If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by _____	_____ Title _____	_____ Phone _____ Date _____
--------------------	----------------------	---------------------------------

© 2006 State Compensation Insurance Fund | This material is for informational purpose only.

Attention! This form contains information relating to employee health and safety. It is the responsibility of the employer to make this information available to the extent possible while the information is being used or received by the employee or his/her physician.
Call 1-800-250-7070

Information about the employee

1. Employee Name _____	2. Name _____
3. City _____ State _____ Zip _____	4. Sex _____
5. Date of birth _____	6. Age _____
7. Race _____	8. Ethnicity _____
9. Male _____ Female _____	

Information about the physician or other health care professional

10. Name of physician or other health care professional _____

11. If treatment was given away from the workplace, where was it given?

12. Facility _____	13. Street _____	14. City _____ State _____ Zip _____
--------------------	------------------	--------------------------------------

15. Who handled the employee in an emergency?

16. Who was hospitalized overnight as an in-patient?
17. Yes _____ No _____

Information about the injury

18. Did the employee sustain the injury _____? (Check one box under the line before you record the cause.)

19. Date of injury _____

20. Time employee began work _____ AM _____ PM _____

21. Time of injury _____ AM _____ PM _____

22. Check if cause is to be determined _____

23. What was the employee doing just before the incident occurred? Describe the activity, as well as the specific task or job function being performed. Examples: "Employee was working on a job", "Employee was carrying roofing materials", "Employee had just arrived", "Employee was keying out", "Worker developed a sore knee".

24. What is the injury? _____? (Check one box under the line before you record the cause.)

25. What body part was affected? Examples: "Hand became stiff as we tried to flex it 50-50", "Worker was sprained with shoulder when gender broke during replacement", "Worker developed a sore knee".

26. What was the injury's severity? _____? (Check one box under the line before you record the cause.)

27. What is the injury's status? _____? (Check one box under the line before you record the cause.)

28. What is the injury's location? _____? (Check one box under the line before you record the cause.)

29. What is the injury's duration? _____? (Check one box under the line before you record the cause.)

30. What is the injury's treatment? _____? (Check one box under the line before you record the cause.)

31. What is the injury's cause? _____? (Check one box under the line before you record the cause.)

32. What is the injury's prevention? _____? (Check one box under the line before you record the cause.)

33. What is the injury's treatment? _____? (Check one box under the line before you record the cause.)

34. What is the injury's prevention? _____? (Check one box under the line before you record the cause.)

35. What is the injury's cause? _____? (Check one box under the line before you record the cause.)

36. What is the injury's prevention? _____? (Check one box under the line before you record the cause.)

37. What is the injury's cause? _____? (Check one box under the line before you record the cause.)

38. What is the injury's prevention? _____? (Check one box under the line before you record the cause.)

39. What is the injury's cause? _____? (Check one box under the line before you record the cause.)

40. What is the injury's prevention? _____? (Check one box under the line before you record the cause.)

41. What is the injury's cause? _____? (Check one box under the line before you record the cause.)

42. What is the injury's prevention? _____? (Check one box under the line before you record the cause.)

43. What is the injury's cause? _____? (Check one box under the line before you record the cause.)

44. What is the injury's prevention? _____? (Check one box under the line before you record the cause.)

45. What is the injury's cause? _____? (Check one box under the line before you record the cause.)

46. What is the injury's prevention? _____? (Check one box under the line before you record the cause.)

47. What is the injury's cause? _____? (Check one box under the line before you record the cause.)

48. What is the injury's prevention? _____? (Check one box under the line before you record the cause.)

49. What is the injury's cause? _____? (Check one box under the line before you record the cause.)

50. What is the injury's prevention? _____? (Check one box under the line before you record the cause.)

© 2026 State Compensation Insurance Fund | This material is for informational purposes only.

23

Formulario OSHA 300A: Resumen de lesiones y enfermedades relacionadas con el trabajo

Number of Cases		Number of Days		Injury and Illness Types	
Total number of deaths		Total number of cases with days away from work		Total number of days of job transfer or restriction	
1	2	17	24		
(S)	(S)	(S)	(S)		
<p>At establishments covered by CCP Rule 8 Section 14080 must complete this Annual Summary, even if no work-related injuries or illnesses occurred during the year. You must also complete the Log of Work-Related Injuries and Illnesses for each establishment.</p> <p>Using the Log, you can identify the individual entries you made for each category. Then total the totals below, making your report available for entries from every page of the Log. If you have less than 100 employees, you may use the Log of Work-Related Injuries and Illnesses to report all injuries and illnesses.</p> <p>Employers, their employees, and their representatives have the right to review the CAL/OSHA Form 300 in the entries. They also have limited access to the CAL/OSHA Form 300 as is explained. See CCR Title 5 Section 14080.35, on CAL/OSHA's recording rule. For further details on the access provided for these forms.</p>					
<p>Establishment Your address Street _____ City _____</p> <p>Industry Standard</p> <p>Empirical Annual Total hours Sign & Known I certify Knowledge Conspic Please</p>					

© 2026 State Compensation Insurance Fund | This material is for informational purposes only.

24

Formulario OSHA 300A: Resumen de lesiones y enfermedades relacionadas con el trabajo

Establishment information

Your establishment name _____
Street _____ City _____ State _____ ZIP _____

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

Standard Industrial Classification (SIC), if known (e.g., 3711)

OR
North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment information (If you don't have these figures, see the instructions on the back of this page or contact.)
Annual average number of employees _____
Total hours worked by all employees last year _____

Sign here 
Knowingly falsifying this document may result in a fine.

Debe estar firmado por una persona autorizada o designada de la empresa

© 2026 State Compensation Insurance Fund | This material is for informational purposes only.

25

Diferencia: Registro Cal/OSHA y Fed/OSHA



Estándar de California

- *No tiene un requisito de información recogido en la normativa de registro.
- *El requisito de notificación de California para lesiones laborales graves, enfermedad o muerte está contenido en el Título 8, Sección 342, sin un plazo de 30 días desde el incidente hasta la muerte.

Estándar Federal

- *Tiene un requisito de notificación para fallecimientos y múltiples hospitalizaciones como resultado de un incidente laboral, recogido en la normativa de registros.
- *Los requisitos de reporte se encuentran en la sección 1904.39 del reglamento de registro.

Diferencias principales entre las regulaciones Cal/OSHA y Fed/OSHA

https://www.dir.ca.gov/dosh/dosh_publications/cal_fed.html#osha-comparison

© 2026 State Compensation Insurance Fund | This material is for informational purposes only.

27

Guarda los formularios archivados

- Archivo y actualización durante cinco años
- No envíe copias a Cal/OSHA a menos que las soliciten formalmente.
- Permitir el acceso a los registros cuando lo solicite formalmente un empleado, un empleado, un representante de los empleados o una agencia estatal.

© 2026 State Compensation Insurance Fund | This material is for informational purposes only.

26

Registro Cal/OSHA – Regulaciones de California

Quién debe enviar electrónicamente los datos de 300A a OSHA(CCR T8, Sección 14300.41)

- Establecimientos que tuvieron entre 20 y 249 empleados en algún momento durante el año natural anterior.
- Establecimientos que tuvieron 250 o más empleados en cualquier momento durante el año natural anterior.
- Envíe los datos una vez al año, antes del 2 de marzo, correspondientes al año natural anterior.

***Año natural: 1 de enero a diciembre 31**



© 2026 State Compensation Insurance Fund | This material is for informational purposes only.

28

Registro OSHA – Regulaciones federales

Quién debe enviar electrónicamente los datos 300A/300/301 a OSHA([29 CFR, Sección 1904.41](#)) utilizando la Aplicación de Seguimiento de Lesiones (ITA)

- Establecimientos que tuvieron entre 20 y 249 empleados en algún momento durante el año natural anterior.
- Establecimientos que tuvieron 250 o más empleados en cualquier momento durante el año natural anterior.
- **Establecimientos con 100 o más empleados, en industrias designadas de alto riesgo**(Apéndice B de la subparte E)
- Envíe los datos una vez al año, antes del 2 de marzo, correspondientes al año natural anterior.

© 2026 State Compensation Insurance Fund | This material is for informational purposes only.

29

Cómo determinar si es necesario presentar la solicitud?

- Quién debe enviar electrónicamente a OSHA ([29 CFR, Sección 1904.41](#)) Aplicación de seguimiento de lesiones(ITA)

- Visita la Solicitud de Cobertura ITA para determinar si es necesario enviar datos electrónicamente desde:

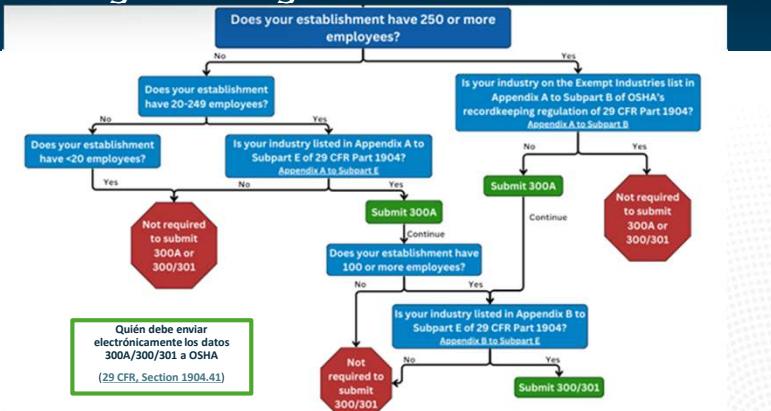
- 300A
- 300
- 301



© 2026 State Compensation Insurance Fund | This material is for informational purposes only.

31

Registro – Regulaciones federales



30

Registro de Cal/OSHA

- Exenciones parciales para la notificación: https://www.dir.ca.gov/T8/14300_2.html



- Establecimiento con 20-249 empleados:

https://www.dir.ca.gov/T8/14300_48_AppendixH.html

32

Recursos

https://www.dir.ca.gov/dosh/dosh_publications/RecKeepOverview.pdf

https://www.osha.gov/sites/default/files/ita_user_guide.pdf

<https://www.osha.gov/injuryreporting/faqs>

<https://www.youtube.com/watch?v=kAOe7bHs9x4>

***RECORDATORIO:** Publicaciones del 1 de febrero al 30 de abril

© 2026 State Compensation Insurance Fund | This material is for informational purposes only.



33

Gracias. ¿Tenemos alguna pregunta?



© 2026 State Compensation Insurance Fund | This material is for informational purposes only.



Encuesta posterior al seminario web

35

Recursos

OSHA Injury Tracking Application

29 CFR Part 1904 Appendices:

- [Appendix A to Subpart B](#): Non-Mandatory Appendix A to Subpart B, Partially Exempt Industries.
- [Appendix A to Subpart E](#): Designated Industries for 1904.41(a)(1)(i) Annual Electronic Submission Information from OSHA Form 300A, Summary of Work-Related Injuries and Illnesses by Establishments with 20-249 Employees in Designated Industries.
- [Appendix B to Subpart E](#): Designated Industries for 1904.41(a)(2) Annual Electronic Submission of Information from OSHA Form 300 Log of Work-Related Injuries and Illnesses and OSHA Form 301 Injury and Illness Incident Report by Establishments with 100 or More Employees in Designated Industries.

ITA Coverage Application: Helps ITA users determine if the establishment is required to electronically submit 300A and 300/301 data through the ITA.

© 2026 State Compensation Insurance Fund | This material is for informational purposes only.



34



© 2026 State Compensation Insurance Fund | This material is for informational purposes only.

36