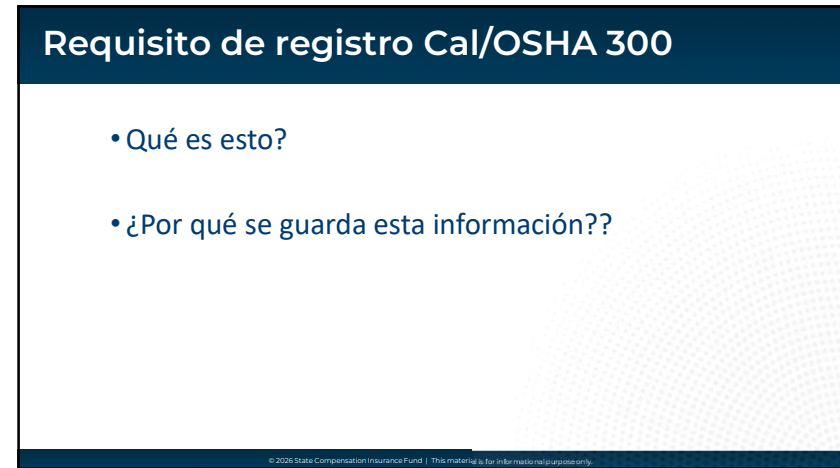
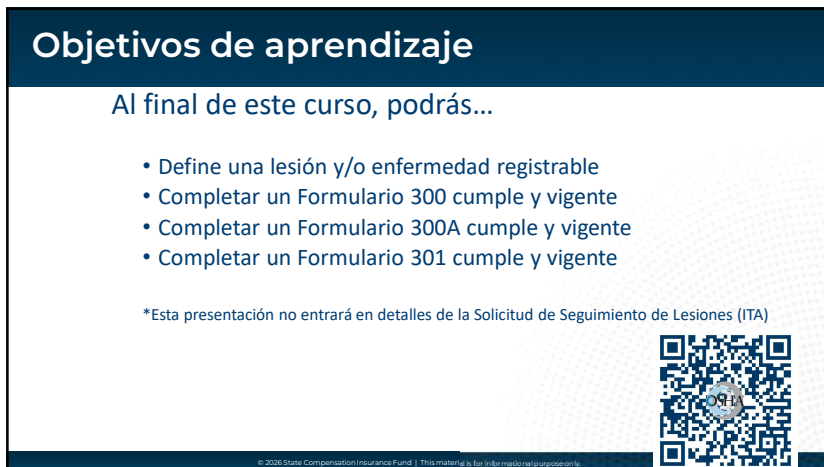




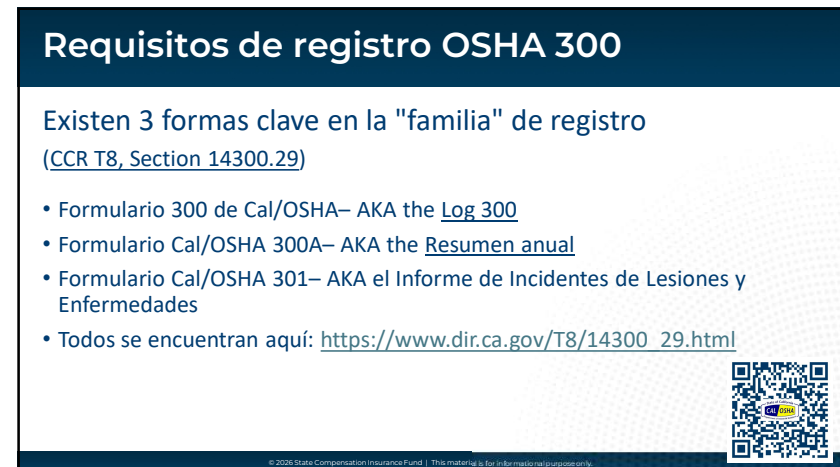
1



3



2



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

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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

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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

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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

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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.

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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**

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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

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Registro de Cal/OSHA

Casos de preocupación por la privacidad

(CCR T8, 14300.29)

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

PRIVACY

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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

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Excepciones a la conservación de registros de Cal/OSHA

¡Recuerde 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 mantengan 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.



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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.

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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)

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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).

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 14300.12. 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.

Year 20

Employer name

Establishment name

Identify the person		Describe the case		Classify the case		Enter the number of days the injured or ill worker was out of work		Enter the "history" column or check one type of illness	
(A) Case no.	(B) Employee's name	(C) Job title (e.g., title)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock work end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Several drops of benzene on right forearm from airplane tank)	Death	Days away from work or restricted work activity	Job transfer or restriction	Other recordable illness
1	Mark Bagin	Welder	05/25	basement	fell from ladder	<input checked="" type="checkbox"/>			

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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).

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 14300.12. 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.

Year 20

Employer name

Establishment name

Identify the person		Describe the case		Classify the case		Enter the number of days the injured or ill worker was out of work		Enter the "history" column or check one type of illness	
(A) Case no.	(B) Employee's name	(C) Job title (e.g., title)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock work end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Several drops of benzene on right forearm from airplane tank)	Death	Days away from work or restricted work activity	Job transfer or restriction	Other recordable illness
1	Mark Bagin	Welder	05/25	basement	fell from ladder	<input checked="" type="checkbox"/>			
2	Shana Alexander	Foundry	07/02	pouring dock	lead fumes poisoning				
3	Sam Blandson	Electrician	08/05	store room	left foot sprain - fell over box				
4	Ralph Sanders	Laborer	09/17	packaging dept	back strain - lifting box				

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

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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).

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 14300.12. 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.

Year 20

Employer name

Establishment name

Identify the person		Describe the case		Classify the case		Enter the number of days the injured or ill worker was out of work		Enter the "history" column or check one type of illness	
(A) Case no.	(B) Employee's name	(C) Job title (e.g., title)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock work end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Several drops of benzene on right forearm from airplane tank)	Death	Days away from work or restricted work activity	Job transfer or restriction	Other recordable illness
1	Mark Bagin	Welder	05/25	basement	fell from ladder	<input checked="" type="checkbox"/>			
2	Shana Alexander	Foundry	07/02	pouring dock	lead fumes poisoning				

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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).

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 14300.12. 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.

Year 20

Employer name

Establishment name

Identify the person		Describe the case		Classify the case		Enter the number of days the injured or ill worker was out of work		Enter the "history" column or check one type of illness	
(A) Case no.	(B) Employee's name	(C) Job title (e.g., title)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock work end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Several drops of benzene on right forearm from airplane tank)	Death	Days away from work or restricted work activity	Job transfer or restriction	Other recordable illness
1	Mark Bagin	Welder	05/25	basement	fell from ladder	<input checked="" type="checkbox"/>			
2	Shana Alexander	Foundry	07/02	pouring dock	lead fumes poisoning				
3	Sam Blandson	Electrician	08/05	store room	left foot sprain - fell over box				
4	Ralph Sanders	Laborer	09/17	packaging dept	back strain - lifting box				
5	Garnot Daniels	Machine Op	05/23	production floor	Sust in eye				

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Columnas C, E y F

Describe the case			
(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)
Welder	05/25 month/day	basement	fell from ladder
Foundry	07/02 month/day	pouring dock	lead fumes poisoning
Electrician	08/05 month/day	store room	left foot sprain - fell over box
Laborer	09/17 month/day	packaging dept	back strain - lifting box
Machine Op	10/23 month/day	production floor	dust in eye

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Formulario OSHA 301: Informe de Incidentes de Lesiones y Enfermedades

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.

Department of Industrial Relations
Division of Occupational Safety & Health

Information about the employee

1. Full name _____
2. Last name _____
3. First name _____
4. Middle name _____
5. Date of birth _____
6. Sex _____
7. Race _____

Information about the physician or other health care professional

8. Name _____
9. Address _____
10. City _____
11. State _____
12. Zip _____

Information about the case

13. Date of injury or illness _____
14. Date of report to employer _____
15. Date of event _____
16. Description of the injury or illness _____
17. Description of the injury or illness _____
18. Description of the injury or illness _____
19. Description of the injury or illness _____
20. Description of the injury or illness _____
21. Description of the injury or illness _____
22. Description of the injury or illness _____
23. Description of the injury or illness _____
24. Description of the injury or illness _____
25. Description of the injury or illness _____
26. Description of the injury or illness _____
27. Description of the injury or illness _____
28. Description of the injury or illness _____
29. Description of the injury or illness _____
30. Description of the injury or illness _____

Completed by _____
Title _____
Phone _____
Date _____

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Otros Casos Registrables

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

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

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

All establishments covered by CCR Title 8, Section 14300 must complete this Annual Summary, even if no work-related injury or illness 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
1	2	1	1

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
17	24

Injury and Illness Types

Total number of ...	(1) Injuries	(2) Skin disorders	(3) Respiratory conditions	(4) Poisonings	(5) Hearing loss	(6) All other illnesses
4	1	1	1	1	1	1

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

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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., *Manufacture of motor truck trailers*) _____

Standard Industrial Classification (SIC), if known (e.g., 3719) _____

OR

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

Employment information (If you don't have these figures, see the Worksheet on the back of this page 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.

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

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Diferencia: Registro Cal/OSHA y Fed/OSHA



Estándar de California	Estándar Federal
<p>*No tiene un requisito de información recogido en la normativa de registro.</p> <p>*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.</p>	<p>*Tiene un requisito de notificación para fallecimientos y múltiples hospitalizaciones como resultado de un incidente laboral, recogido en la normativa de registros.</p> <p>*Los requisitos de reporte se encuentran en la sección 1904.39 del reglamento de registro.</p>


Diferencias principales entre las regulaciones Cal/OSHA y Fed/OSHA
https://www.dir.ca.gov/dosh/dosh_publications/cal_fed.html#osha-comparison

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- ### 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 exempleado, un representante de los empleados o una agencia estatal.
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- ### 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**
- 
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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.

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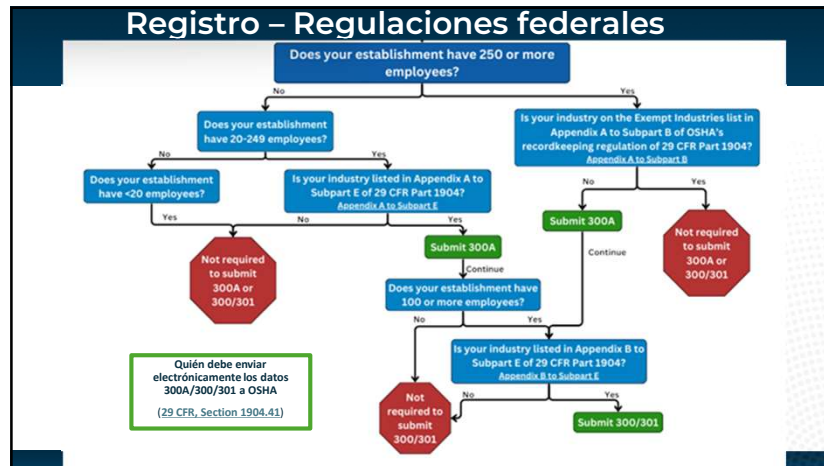
Cómo determinar si es necesario presentar la solicitud?

- 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



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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



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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

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Gracias. ¿Tenemos alguna pregunta?




Encuesta posterior al seminario web

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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 of 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.

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