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Cal/OSHA 300 Log Requirements-Avoiding Errors in Recording

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Cal/OSHA 300 Log Requirements

- What is this?
- Why is this information kept?

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Learning Objectives

By the end of this course, you will be able to...

- Define a recordable injury and/or illness
- Complete a compliant and effective Form 300
- Complete a compliant and effective Form 300A
- Complete a compliant and effective Form 301

*This presentation will not go into the details of the [Injury Tracking Application \(ITA\)](#)




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OSHA 300 Log Requirements

There are 3 key forms in the recordkeeping “family”
(CCR T8, Section 14300.29)

- Cal/OSHA Form 300 – AKA the Log 300
- Cal/OSHA Form 300A – AKA the Annual Summary
- Cal/OSHA Form 301 – AKA the Injury and Illness Incident Report
- They are all found here: https://www.dir.ca.gov/T8/14300_29.html



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Cal/OSHA 300 Log Requirements

Recording Criteria (CCR T8, Section 14300.4)

To be recordable, the injury, illness, or fatality must meet three criteria:

1. Work-related; and
2. New case; and
3. Meets one or more of the general recording criteria of Title 8 CCR Section 14300.7 or the application to specific cases of Title 8 CCR Section 14300.8 through Section 14300.12

Make determination if recordable within 7 calendar days.

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Cal/OSHA Recordkeeping

What to record (CCR T8, Section 14300.7) continued

- Restricted work activity or job transfer
- Medical treatment beyond first-aid
- Needle sticks and cuts from sharp objects contaminated with another person's blood/other potentially infectious materials (OPIM)
- Tuberculosis (TB) after positive skin test/diagnosis – after exposure to active TB case
- Hearing loss in one or both ears

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Cal/OSHA 300 Log Requirements

What to record (CCR T8, Section 14300.7)

- Significant work-related injuries/illnesses diagnosed by a doctor
- Work-related cases involving cancer, chronic irreversible disease, a fractured or cracked bone, or a punctured eardrum
- Death
- Loss of consciousness
- Days away from work

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Cal/OSHA Recordkeeping


Medical Treatment vs. Not Medical Treatment (CCR T8, Section 14300.7)

- Medical treatment: patient management/care for the purpose of combating disease or disorder
- NOT medical treatment and NOT recordable
 - Doctor visits solely for observation or counseling
 - Diagnostic procedures, including administering prescription meds that are used solely for diagnostic purposes
 - First-aid treatment

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First-Aid cont'd (CCR T8, Section 14300.7)



The following are generally considered “first-aid” (e.g., one-time treatment and subsequent observation of minor injuries) and need not be recorded if the work-related injury does not involve loss of consciousness, restriction of work or motion, or transfer to another job:

- **Using non-prescription medications at nonprescription strength**
- **Administering tetanus immunizations**
- **Cleaning, flushing, or soaking wounds on the skin surface**
- **Using any totally non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc.**

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Cal/OSHA Recordkeeping


These injury/illness types are privacy concern cases (CCR T8, Section 14300.29)

- HIV infection, hepatitis, or tuberculosis
- Intimate body part or reproductive system
- Mental illness
- Needle stick or cut from sharp object contaminated with blood/OPIM
- Resulting from a sexual assault
- Other illnesses, if employee independently and voluntarily requests that his/her name not be entered on the log
- *For employee privacy you may enter in an identifier for the employee such as an employee number

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First-Aid cont'd (CCR T8, Section 14300.7)



- 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

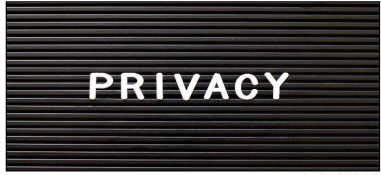
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Cal/OSHA Recordkeeping

Privacy concern cases (CCR T8, 14300.29)

- DO NOT enter employee name on Log 300!
- Enter “privacy case” instead of employee name
- Keep a separate, confidential list of these cases



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Cal/OSHA Recordkeeping

Injury and Illness Definitions (CCR T8, Section 14300.46)

- An injury or illness is an abnormal condition or disorder
- **Injury:** Includes cases such as, but not limited to, a cut, fracture, sprain, or amputation
- **Illness:** Includes both acute and chronic illnesses, such as, but not limited to, a skin disease, respiratory disorder, or poisoning


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Cal/OSHA Recordkeeping Exceptions

Remember the “Rule of 10”!

- 10 or less employees at all times during last calendar year then no need to keep Cal/OSHA injury and illness records
- More than 10 employees at any time during last calendar year then Cal/OSHA injury and illness records must be kept
- Certain industry groups (about 80 of them!) do not need to keep Cal/OSHA injury and illness records
 - https://www.dir.ca.gov/T8/14300_2.html



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Cal/OSHA Recordkeeping

- Complete the page totals on the 300 and then transfer the totals to the Form 300A.
 - A company executive (e.g. authorized representative) must certify the Form 300A data.
- When and where to post the Form 300A
 - **February 1st - April 30th**
- **DO NOT POST THE LOG 300 FORM!**
- **Multiple establishments:** Keep a separate Form 300 for each establishment expected to be in operation for one year or longer. (The establishment must be in business for full calendar year)

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What Forms Must Be Completed?



- **OSHA Form 300** – Log of Work-Related Injuries and Illnesses
- **OSHA Form 300A** – Summary of Work-Related Injuries and Illnesses
- **OSHA Form 301** – Injury and Illness Incident Report (5020 Report)

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OSHA 300 Form: Recording a Fatality

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)(1)-(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 each related injury and illness 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 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 away from work	Enter the number of days the injured or ill worker was in restricted work activity or on job transfer or restriction	Enter the number of days the injured or ill worker was in medical treatment beyond first aid	Enter the number of days the injured or ill worker was in job transfer or restriction	Enter the number of days the injured or ill worker was in medical treatment beyond first aid
		Death	Days away from work	Restricted work activity or job transfer	Medical treatment beyond first aid					
1 Mark Bagin Welder 05/25 basement fell from ladder		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12				

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OSHA Form 300: Recording a Case with Restricted Work Activity or Job Transfer

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)(1)-(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 each related injury and illness 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 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 away from work	Enter the number of days the injured or ill worker was in restricted work activity or on job transfer or restriction	Enter the number of days the injured or ill worker was in medical treatment beyond first aid	Enter the number of days the injured or ill worker was in job transfer or restriction	Enter the number of days the injured or ill worker was in medical treatment beyond first aid
		Death	Days away from work	Restricted work activity or job transfer	Medical treatment beyond first aid					
1 Mark Bagin Welder 05/25 basement fell from ladder		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12				
2 Shana Alexander Foundry 07/02 pouring dock lead fumes poisoning		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		12			
3 Sam Blandean Electrician 08/05 store room left foot sprain - fell over box		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			10		
4 Ralph Sanders Laborer 09/17 packaging dept back strain - lifting box		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				5	

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OSHA Form 300: Recording a Case with Days Away From Work

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)(1)-(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 each related injury and illness 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 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 away from work	Enter the number of days the injured or ill worker was in restricted work activity or on job transfer or restriction	Enter the number of days the injured or ill worker was in medical treatment beyond first aid	Enter the number of days the injured or ill worker was in job transfer or restriction	Enter the number of days the injured or ill worker was in medical treatment beyond first aid
		Death	Days away from work	Restricted work activity or job transfer	Medical treatment beyond first aid					
1 Mark Bagin Welder 05/25 basement fell from ladder		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12				
2 Shana Alexander Foundry 07/02 pouring dock lead fumes poisoning		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		12			

*From January 1 to December 31, 2025.
*When counting days include weekends and holidays. The maximum days away from work cannot exceed 180 days.

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OSHA Form 300: Recording a Case with Medical Treatment beyond First Aid

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)(1)-(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 each related injury and illness 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 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 away from work	Enter the number of days the injured or ill worker was in restricted work activity or on job transfer or restriction	Enter the number of days the injured or ill worker was in medical treatment beyond first aid	Enter the number of days the injured or ill worker was in job transfer or restriction	Enter the number of days the injured or ill worker was in medical treatment beyond first aid
		Death	Days away from work	Restricted work activity or job transfer	Medical treatment beyond first aid					
1 Mark Bagin Welder 05/25 basement fell from ladder		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12				
2 Shana Alexander Foundry 07/02 pouring dock lead fumes poisoning		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		12			
3 Sam Blandean Electrician 08/05 store room left foot sprain - fell over box		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			10		
4 Ralph Sanders Laborer 09/17 packaging dept back strain - lifting box		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				5	
5 Garret Daniels Machine Op 05/23 production floor sust in eye		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					

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Columns C, E, and 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)
Weilder	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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OSHA Form 300A: Summary of Work-Related Injuries and Illnesses

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

All establishments covered by CCR Title 9 Section 13300 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, enter 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, enter "0".

Employers, former employers, and their representatives have the right to review the Ca/OSHA Form 300A in person. They also have limited access to the Ca/OSHA Form 300A or its equivalent. See CCR Title 9 Section 13300.15, or Ca/OSHA's recordkeeping rule, for further details on the access provisions for these items.

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

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

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Other Recording Criteria

- Significant diagnosed injury or illness
- Needle stick and sharps injuries
- Medical removal
- Hearing loss
- Tuberculosis

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OSHA Form 300A: Summary of Work-Related Injuries and Illnesses

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., 3715) _____

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.

Must be signed by an authorized or designated representative of the company

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OSHA Recordkeeping – Federal Regulations

Who must electronically submit 300A/300/301 data to OSHA (29 CFR, Section 1904.41) using the Injury Tracking Application (ITA)


- Establishments who had 250 or more employees at any time during the previous calendar year
- Establishments who had 20-249 employees at any time during the previous calendar year
- Establishments with 100 or more employees, in designated high-hazard industries (Appendix B to subpart E)**
- Submit data once a year, by March 2, for previous calendar year
 - i.e., March of every calendar year

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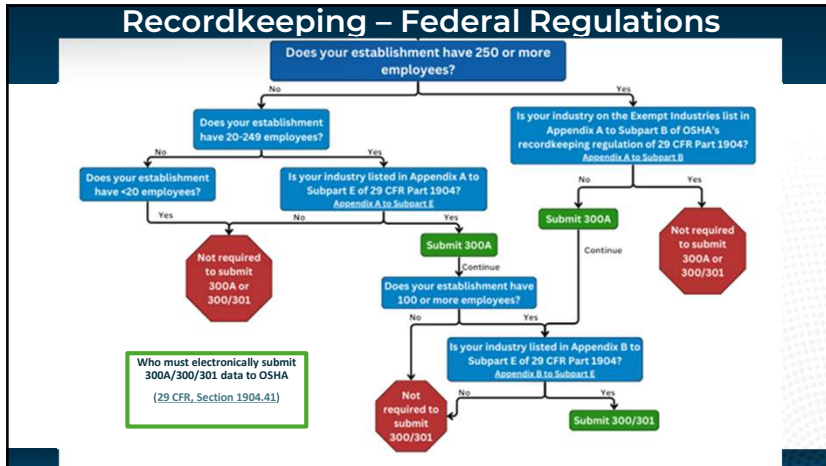
How to Determine if Required to File?

- Who must electronically submit to OSHA (29 CFR, Section 1904.41) Injury Tracking Application (ITA)
- Visit ITA Coverage Application to determine if required to electronically submit data from:
 - 300A
 - 300
 - 301



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Cal/OSHA Recordkeeping

- Partial exemptions for reporting: https://www.dir.ca.gov/T8/14300_2.html
- Establishment with 20- 249 employees: https://www.dir.ca.gov/T8/14300_48_AppendixH.html




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Resources



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

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

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

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

***REMINDER: Post February 1st thru April 30th**
***Reminder: Submit summary information by March 2nd**

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Thank you for attending



Post-webinar Survey

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Resources



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.

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