

Cal/OSHA 300 Log Requirements

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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

Cal/OSHA 300 Log Requirements

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

Cal/OSHA 300 Log Requirements

There are 3 key forms in the recordkeeping “family” ([8 CCR 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



Cal/OSHA 300 Log Requirements

Recording Criteria ([8 CCR 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 * 8 CCR Section [14300.7](#) or the application to specific cases of 8 CCR Section [14300.8](#) through Section [14300.12](#)

Make determination if recordable within 7 calendar days.

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

Cal/OSHA Recordkeeping

What to record (T8 CCR 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

Cal/OSHA Recordkeeping

Medical Treatment vs. Not Medical Treatment (8 CCR 8 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



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

The following are generally considered “first-aid” treatment (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.

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.



Cal/OSHA Recordkeeping

Privacy concern cases (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



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/OPIIM
- 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

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

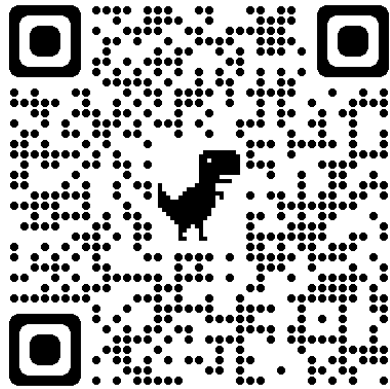
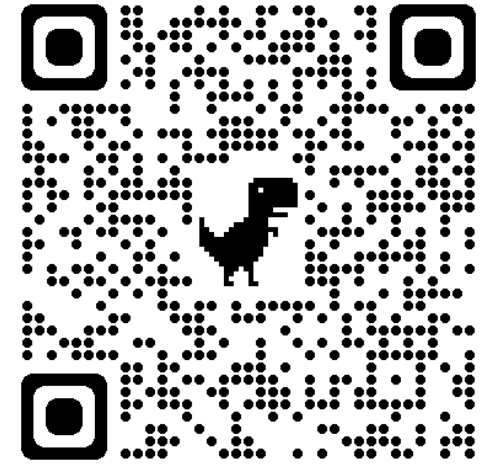
Cal/OSHA Recordkeeping

Who must electronically submit 300A data to OSHA (CCR T8, Section 14300.41)

- Companies who had 20-249 employees at any time during the previous calendar year
- Companies who had 250 or more employees at any time during the previous calendar year
- Submit data once a year, by March 2, for previous calendar year
 - i.e. March of every calendar year

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

Cal/OSHA Recordkeeping

- Complete, at year's end, the injury and illness data on the Log 300
- Then complete the Form 300A using the data from the Log
 - A company executive must certify the Form 300A data.
- When and where to post the Form 300A.
- 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.

Cal/OSHA Recordkeeping Exceptions

Remember the “Rule of 10”!

- If company had 10 or less employees at all times during last calendar year then no need to keep Cal/OSHA injury and illness records
- If company had 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

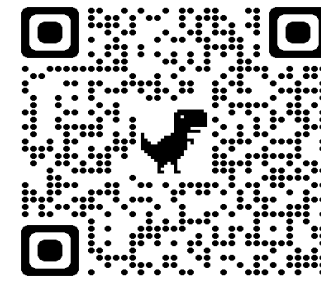
What Forms Must Be Completed?

OSHA Form 300 – Log of Work-Related Injuries and Illnesses

OSHA Form 301 – Injury and Illness Incident Report
(5020 Report)

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

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\(b\)\(6\)-\(10\)](#)



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 14300.8 through 14300.10. 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				Enter the number of days the injured or ill worker was:		At 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)	Check ONLY the most serious result for each case:				Away from work	On job transfer or restriction	(M) Choose one type of illness:					
						Death	Days away from work	Remained at work		(K) days	(L) days	Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
1	Mark Bagin	Welder	05/25 <small>month/day</small>	basement	fell from ladder	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <small>month/day</small>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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\(b\)\(6\)-\(10\)](#)

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 (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.

Identify the person		Describe the case				Classify the case				Record the number of days away from work		Check the "Injury or Illness" type							
(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)	Using the following categories, check ONLY the most serious result for each case:		Job transfer or restriction		Other recordable cases		(K) Away from work	(L) On job transfer or restriction	(M) Check the "Injury or Illness" type and choose one type of illness:					
						(G) Death	(H) Days away from work	(I) Job transfer or restriction		(J) Other recordable cases		days	days	(1) Injury	(2) Skin disorder	(3) Respiratory condition	(4) Poisoning	(5) Hearing loss	(6) All other illnesses
1	Mark Bagin	Welder	05/25 <small>month/day</small>	basement	fell from ladder	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Shana Alexander	Foundry	07/02 <small>month/day</small>	pouring dock	lead fumes poisoning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Data Classification: Restricted

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
 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				Enter the number of days the injured or ill worker was unable to perform his or her regular job duties and the 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)	(G) Death	(H) Days away from work	(I) Job transfer or restriction	(J) Other recordable cases	(K) Away from work	(L) On job transfer or restriction	(M) Injury or illness type					
						Using the following categories, check ONLY the most serious result for each case:				Enter the number of days the injured or ill worker was unable to perform his or her regular job duties:		Check the "Injury" column or the type of illness:					
						Death	Days away from work	Job transfer or restriction	Other recordable cases	Away from work	On job transfer or restriction	(1) Injury	(2) Skin disorder	(3) Respiratory condition	(4) Poisoning	(5) Hearing loss	(6) All other illnesses
1	Mark Bagin	Welder	05/25 month/day	basement	fell from ladder	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> days	<input type="checkbox"/> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Shana Alexander	Foundry	07/02 month/day	pouring dock	lead fumes poisoning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 days	<input type="checkbox"/> days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Sam Blandeun	Electrician	08/05 month/day	store room	left foot sprain - fell over box	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> days	10 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Ralph Sanders	Laborer	09/17 month/day	packaging dept	back strain - lifting box	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 days	14 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Data Classification: Restricted

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
 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				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)	Using these four categories, check ONLY the most serious result for each case:												
						Death	Days away from work	Remained at work										
						(G)	(H)	Job transfer or restriction	Other recordable cases	(K)	(L)							
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	(M)	(1)	(2)	(3)	(4)	(5)	(6)
1	Mark Bagin	Welder	05/25 <small>month/day</small>	basement	fell from ladder	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Shana Alexander	Foundry	07/02 <small>month/day</small>	pouring dock	lead fumes poisoning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Sam Blandeun	Electrician	08/05 <small>month/day</small>	store room	left foot sprain - fell over box	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Ralph Sanders	Laborer	09/17 <small>month/day</small>	packaging dept	back strain - lifting box	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Jarrod Daniels	Machine Op	10/23 <small>month/day</small>	production floor	dust in eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Columns C, E, and F

Describe the case

(C) Job title (e.g., <i>Welder</i>)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., <i>Loading dock north end</i>)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., <i>Second degree burns on right forearm from acetylene torch</i>)
--	---	---	---

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

Other Recording Criteria

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

OSHA Form 301: Injury and Illness Incident Report

Cal/OSHA Form 301 Injury and Illness Incident Report

Appendix C

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\(b\)\(6\)-\(10\)](#).



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 ____/____/____

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

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 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<input type="text"/>	<input type="text"/>
(K)	(L)

Injury and Illness Types

Total number of . . .		
(M)	<input type="text"/>	<input type="text"/>
(1) Injuries	<input type="text"/>	(4) Poisonings
(2) Skin disorders	<input type="text"/>	(5) Hearing loss
(3) Respiratory conditions	<input type="text"/>	(6) All other Illnesses
		<input type="text"/>

Establishment Information:

Establishment Name:

Your e-mail address:

Street:

City:

Industry:

Standard:

Employment Information:

Employment Status:

Annual average number of employees:

Total hours worked:

Signature:

Known to Employer:

I certify knowledge of this information:

Company Phone:

Home Phone:

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

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

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., 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.

Keep the Forms on File

- File and update for five years
- Do not send copies to OSHA unless asked ~~to do so~~
- Allow access to the records

Resources



Cal/OSHA's Brief Guide to Recordkeeping Requirements

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

Questions? safety-support@scif.com