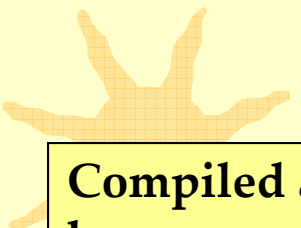
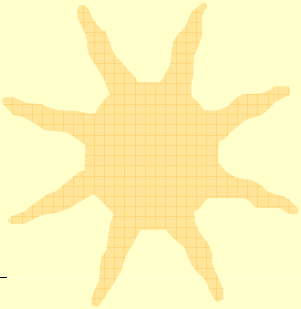




Record Keeping Requirements 2011



**Compiled and updated
by**

Tyler Nguyen, CSP, REP

**Occupational Safety &
Environmental
Compliance (OSEC)**

January 2011





Recording versus Reporting

Recording

- Record all work-related fatalities, injuries, illnesses on the Cal/OSHA Form 300. All County of Santa Clara departments, agencies, and operations report under the local/County Government governing code.

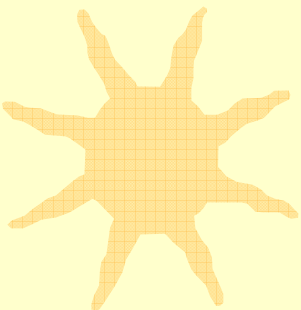
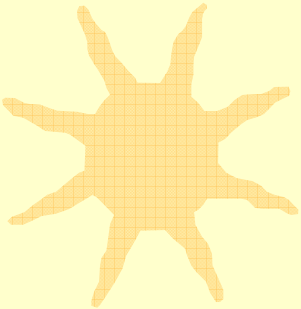
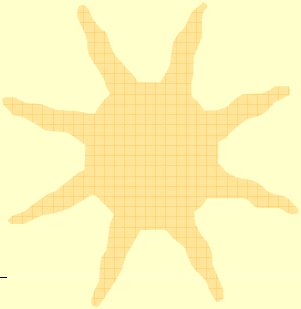
Reporting

No exemptions, all employers must report:

- immediately any serious occupational injury, illness or death to the Division of Occupational Safety and Health (DOSH), as required by Title 8, Section 342; and
- occupational injury, illness to the Division of Labor Statistics and Research (DLSR). This survey is conducted on a sample basis (Annual Survey of Occupational Injuries and Illnesses). Note that even if not selected to participate in the annual survey for a given year, Departments must still comply with the Cal/OSHA record keeping requirements and with those for reporting fatalities and serious injuries to County employees.



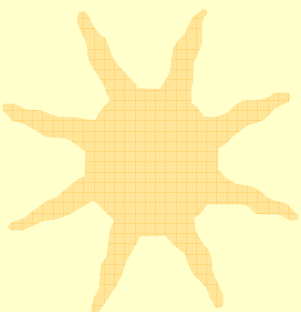
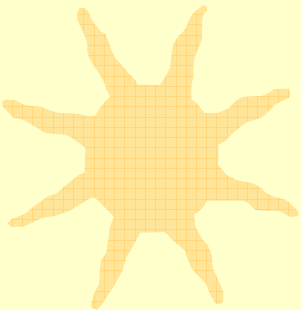
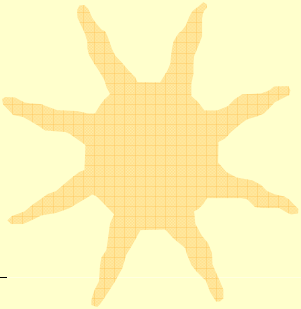
Uses of Records



- ★ Means for objective evaluation of incident problems and measurement of overall progress and effectiveness of safety program.
- ★ Identify high incident departments and problem areas so extra efforts can be made in those areas.
- ★ Provide data for analysis and countermeasures.
- ★ Create interest in safety by furnishing information about departments' incident experience.
- ★ Provide supervisors and safety committees with hard facts about their safety problems so their efforts can be concentrated.



Recording Overview



★ Worked-relatedness: event or exposure at work that caused or contributed to the condition or significantly aggravated a pre-existing condition resulting in injuries or illnesses, unless exceptions specifically apply.

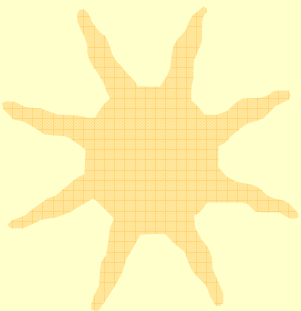
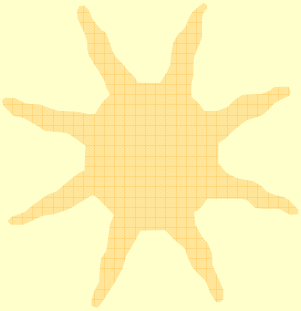
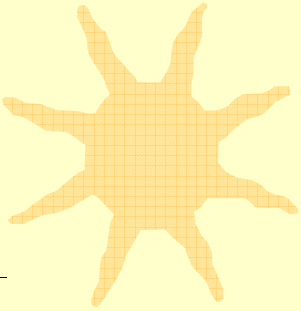
★ Exceptions follow:





Work-Relatedness

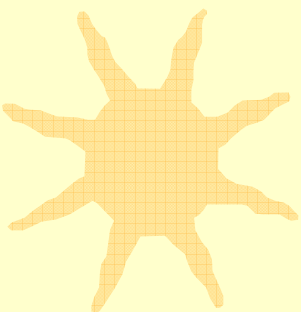
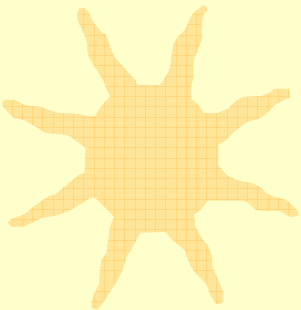
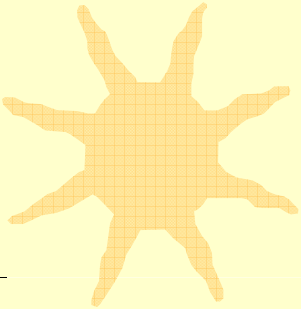
EXCEPTIONS (at time of injury or illness)



- ★ Employee present as member of the public
- ★ Signs or symptoms surface at work but result solely from non work-related event or exposure
- ★ Voluntary participation in wellness, medical, fitness or recreational activities
- ★ Eating, drinking, preparing food/drink for personal consumption
- ★ Personal tasks unrelated to employment
- ★ Personal grooming, self-medication for non-work-related condition, or intentionally self-inflicted
- ★ Caused by motor vehicle accident and occurs on County parking lot or access road while commuting to and from work
- ★ Common cold or flu
- ★ **The employee has a mental illness (unless the employee comes forward with an opinion from physician certifying that employee's mental illness is work related).**



Record Does not Equate to Admission of Guilt

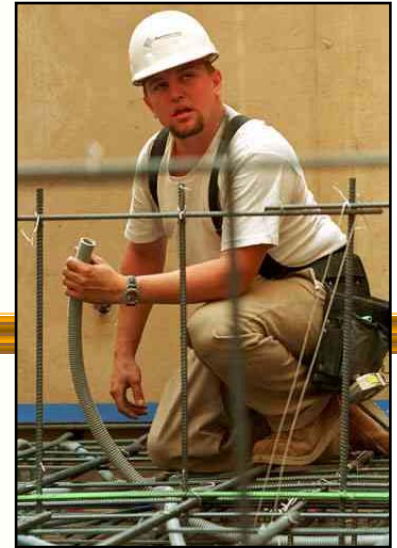


- ★ Recording a work-related injury, illness, or fatality does not mean that you are at fault, that a Cal/OSHA regulation has been violated, or that the employee is eligible for workers' compensation or other benefits.

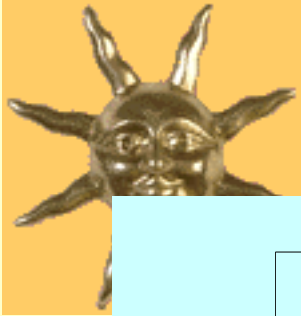




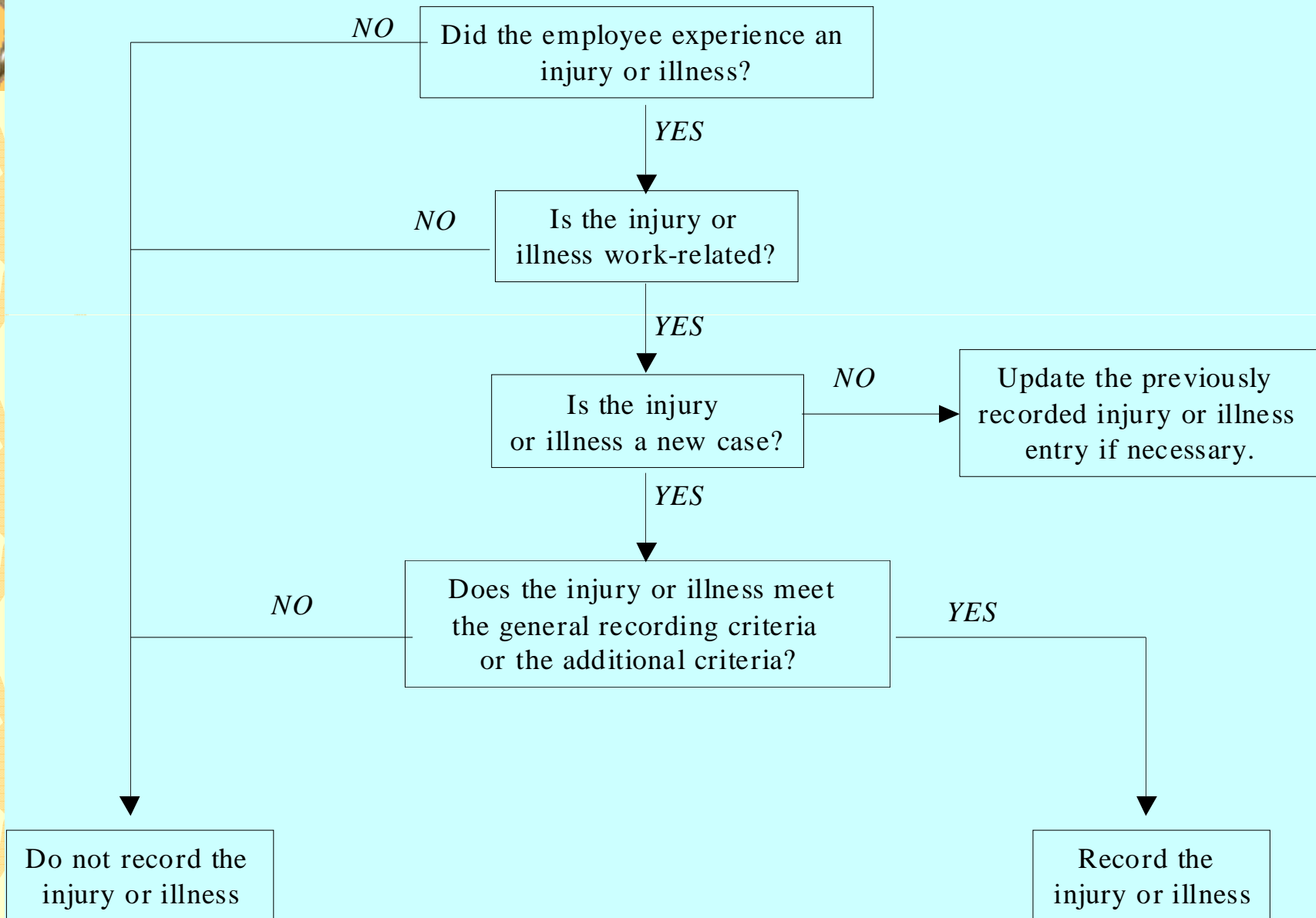
Recording Criteria



- ★ **We must record each fatality, injury or illness that is:**
 - work-related, or
 - a new case, or
 - meets one or more of the general or specific recording criteria

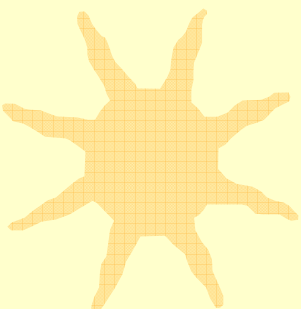
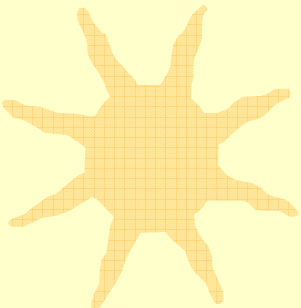
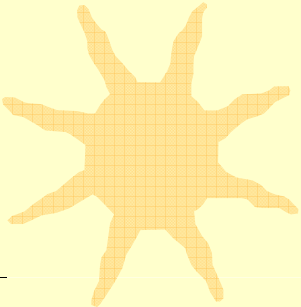


Recording Criteria Flowchart





Work-Relatedness



- ★ Event or exposure at work
- ★ Caused or contributed to resulting condition
- ★ Significantly aggravated a pre-existing injury or illness



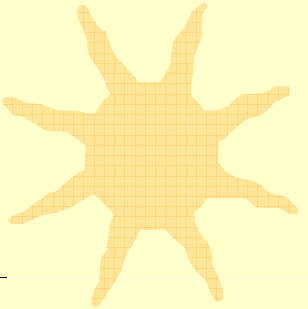
Work Environment

- ★ Includes physical locations, equipment or materials used by employees during the course of work.





Significantly aggravated – event or exposure at work results in:

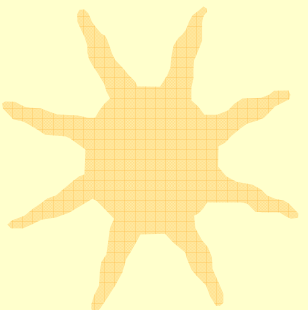
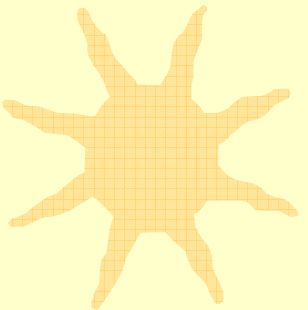


★ Death

★ Loss of consciousness

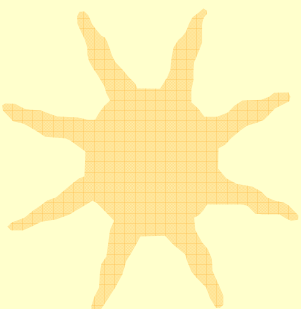
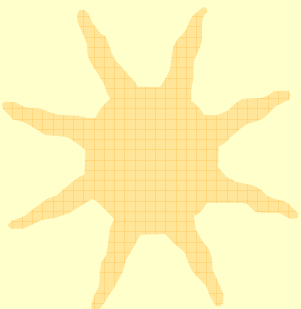
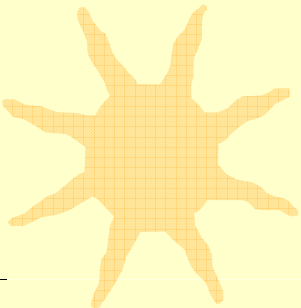
★ One or more days away from work, days of restricted work, days of job transfer

★ Medical treatment





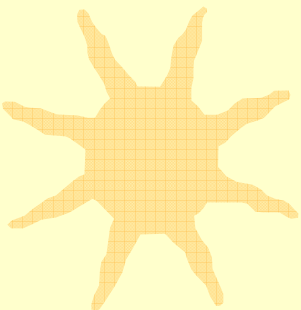
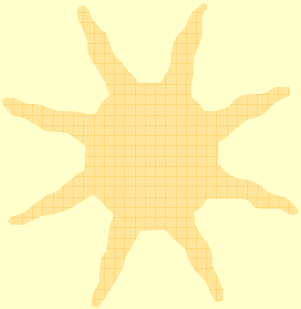
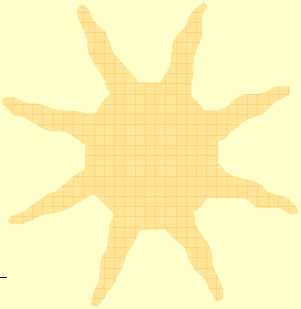
New Case Determination



- ★ **Recurring symptoms of chronic illness are not new cases (e.g., cancer, asbestosis, silicosis, etc.)**
- ★ **Each episode caused by a new event or exposure in the work environment is a new case (e.g., occupational asthma, skin disorders)**
- ★ **If there is a medical opinion regarding resolution of a case, you must follow that opinion about whether the case is a new case or a recurrence.**



General Recording Criteria

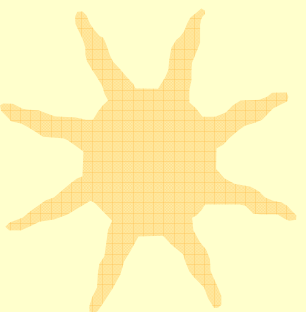
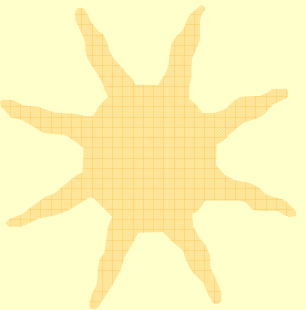
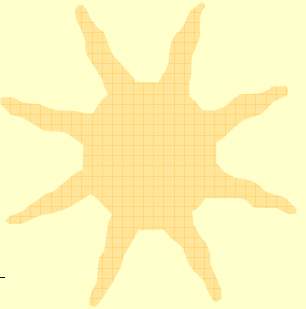


- ★ Death
- ★ Days away
- ★ Restricted work/Job transfer
- ★ Medical treatment beyond first aid
- ★ Loss of consciousness
- ★ Significant injury/illness diagnosed by physician or licensed health care professional (LHCP), i.e., punctured eardrum, fractured toe or rib, byssinosis, silicosis, cancer, chronic irreversible diseases, fractured or cracked bones.



Forms to Record

- ★ State **Form 301**, Injury and Illness Incident Report
- ★ State **5020**, Employer's Report of Occupational Injury or Illness also called County **370**, Employer's Report of Injury or Illness
- ★ Use your filed 5020s in lieu of the 301s; ensure that the required essential information is there.





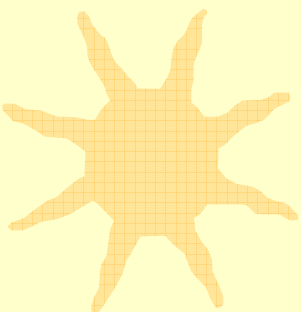
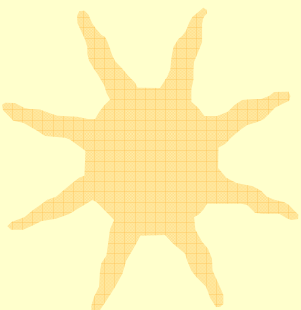
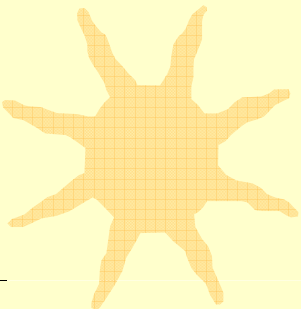
Injury and Illness Incident Report, Form 301

- ★ Complete your Employer's Report of Injury or Illness (5020/370) within 7 calendar days of a recordable case. Send the completed form to Workers' Compensation Division (online or printed format).
- ★ Transfer the information from this form onto the Log 300 if the injury or illness is determined to be OSHA recordable.
- ★ Keep a copy of this 5020/370 in your record retention system for five (5) complete calendar years following the filing.***

***For all intents and purposes, the County Form 370, Employer's Report of Injury or Illness, has been in use since 1/1/2004 in 15 lieu of Form 301.



Injuries or Illnesses to Record



- ★ Death
- ★ Loss of consciousness
- ★ Days away from work
- ★ Restricted work activity or job transfer (by treating doctor)
- ★ Medical treatment beyond first aid.
- ★ Significant injury/illness diagnosed by physician or Licensed Health Care Provider.
- ★ Others: Cancer, chronic irreversible disease, fractured or cracked bone, punctured eardrum.

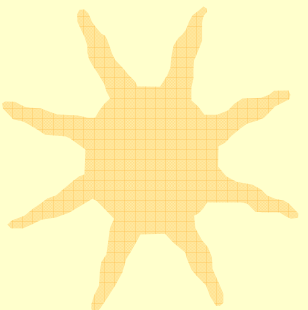
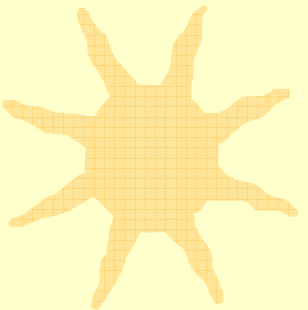
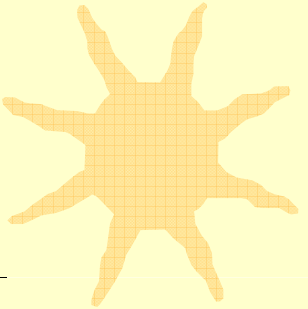


Also Record those injuries/ illnesses with these criteria

- ★ Needlestick injury, cut from sharp object contaminated with another person's blood or other potentially infected materials (OPIM)
- ★ Medical removal due to a Cal/OSHA standard
- ★ Tuberculosis (TB) infection evidenced by positive skin test or diagnosis by physician or LHCP after exposure to known case of active TB
- ★ Audiogram reveals standard threshold shift (STS)



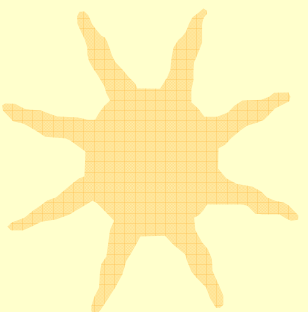
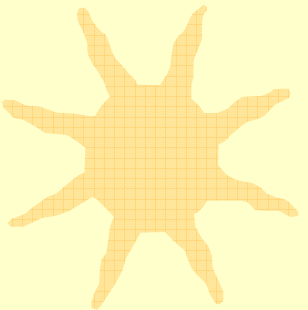
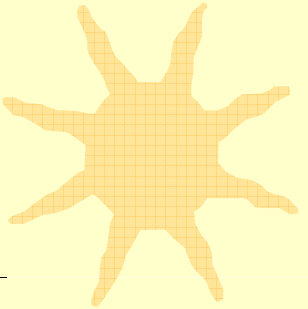
Privacy Concern Cases (NO names entered on Form 300)



- ★ Injury or illness to intimate body part or to reproductive system
- ★ Injury or illness resulting from a sexual assault
- ★ A mental illness
- ★ Human immunodeficiency virus (HIV) infection, Hepatitis, or Tuberculosis
- ★ Needlestick injury or cut contaminated with blood or OPIM
- ★ Other illnesses, if employee independently and voluntarily requests that his/her name not be entered on the log



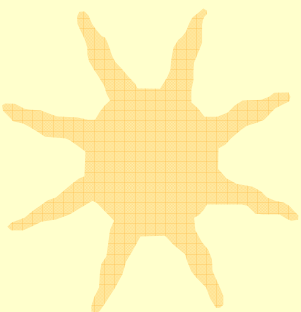
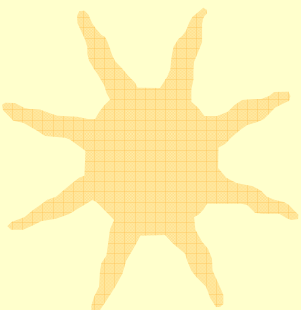
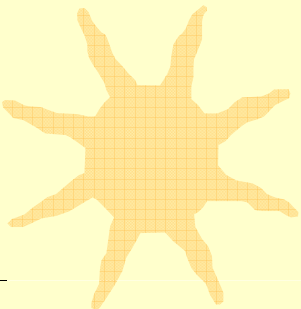
How to Fill Out the Log



- ★ Decide within 7 calendar days if it's a recordable case.
- ★ Determine if it's a new case or recurrence of an existing one.
- ★ Establish if case is work related.
- ★ If yes, start transferring the information over onto the Form 300 (from the already completed 5020/370)
- ★ Record the most serious outcome for each case



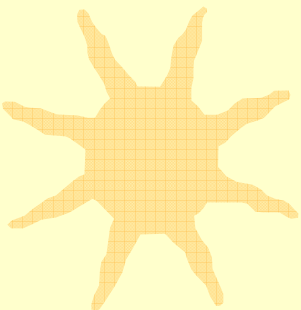
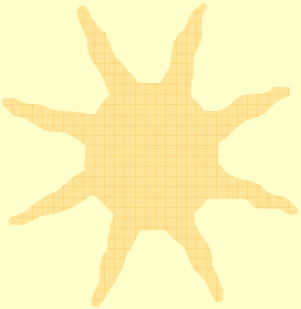
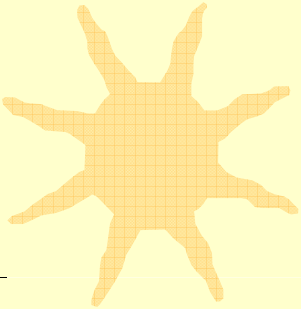
Lost Workday Defined



- ★ Injuries and illnesses are not considered **lost workday** cases unless they affect the employee **BEYOND** the day of injury or onset of illness. When counting the number of days away from work or days of restricted work activity, do not include the initial day of injury or onset of illness, or any days on which the employee would not have worked even if able to be on the job (holidays, vacations, etc.).



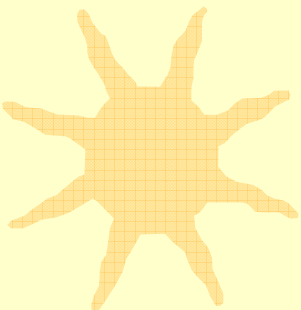
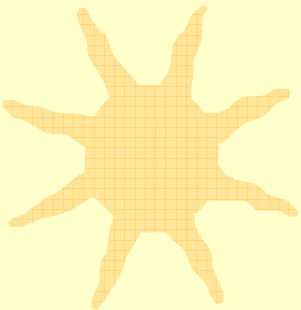
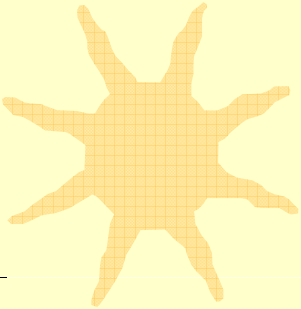
Generally, these are considered Medical Treatment



- ★ Treatment of infection
- ★ Application of antiseptics (2nd or subsequent visit)
- ★ Treatment of 2nd or 3rd degree burn(s)
- ★ Application of sutures (stitches)
- ★ Application of butterfly adhesive dressing(s) or Steri Strip(s) in lieu of sutures
- ★ Removal of foreign bodies embedded in eye
- ★ Removal of foreign bodies from wound
- ★ Use of prescription medications (except a single dose administered on first visit for minor injury or discomfort)
- ★ Use of hot or cold soaking therapy during 2nd or subsequent visit
- ★ Application of hot or cold compresses during 2nd or subsequent visit
- ★ Cutting away dead skin (surgical debridement)
- ★ Application of heat therapy during end or subsequent visit
- ★ Use of whirlpool bath during 2nd or subsequent visit
- ★ Positive x-ray diagnosis (fractures, broken bones)
- ★ Admission to a hospital or equivalent medical facility for treatment.



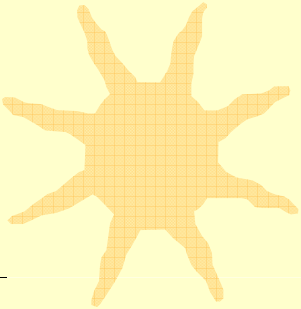
These are *NOT* recordable (first aid only):



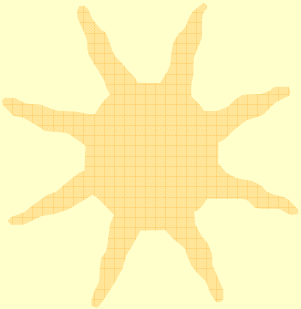
- ★ Non-prescription medications at non-prescription strength
- ★ Administering tetanus immunizations
- ★ Cleaning, flushing, or soaking wounds on the skin surface
- ★ Using wound coverings, such as bandages, gauze pads
- ★ Using hot or cold therapy
- ★ Using any non-rigid means of support such as elastic bandages, wraps, back belts



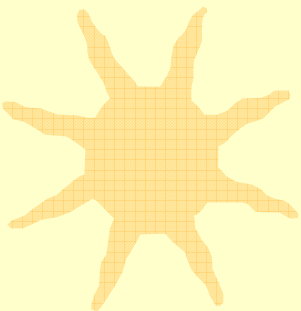
The *NOT* recordable cases (continues)



- ★ Using splints, slings, neck collars, back boards
- ★ Drilling a fingernail or toenail to relieve pressure, or draining fluids from blisters



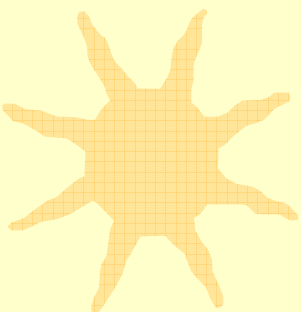
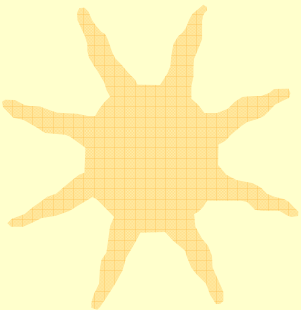
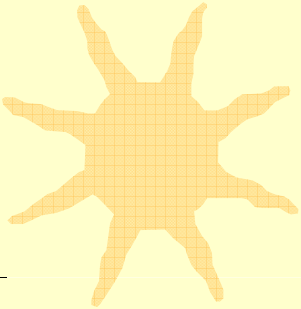
- ★ Using eye patches
- ★ Using simple irrigation or a cotton swab to remove foreign bodies not embedded in or adhered to the eye



- ★ Using finger guards
- ★ Using massages
- ★ Drinking fluids to relieve heat stress.



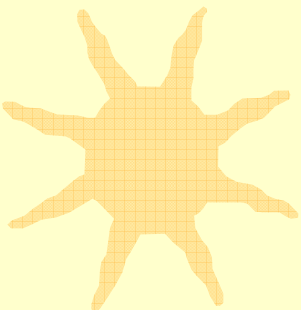
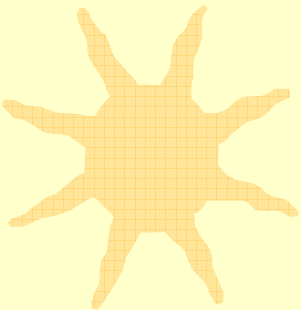
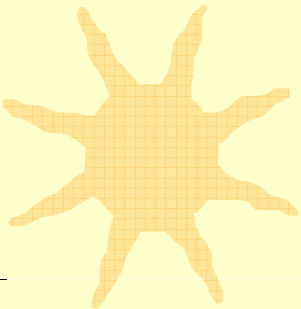
Fields on the Log of Work-Related Injuries or Illness, Form 300



- ★ Identify Employee, when & where case occurred & describe case.
- ★ Classify the case G = death, H = days away from work, I = job transfer or restriction, J = other recordable cases
- ★ Enter the number of days worker was injured or ill K = job transfer or restriction, L = days away from work. Cap = 180 calendar days
- ★ Check injury or illness column 1 = injury, 2 = skin disorder, 3 = respiratory condition, 4 = poisoning, 5 = hearing loss, 6 = all other illnesses



Record as Injuries



- ★ Cuts, puncture, laceration, abrasion, fracture, bruise, contusion, chipped tooth, amputation, insect bite, electrocution, or a thermal, chemical, electrical, or radiation burn.
- ★ Sprain and strain injuries to muscles, joints, and connective tissues.

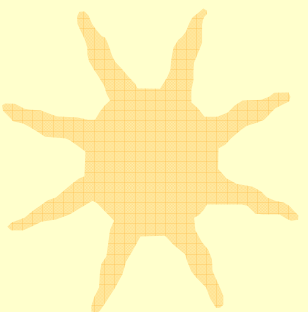
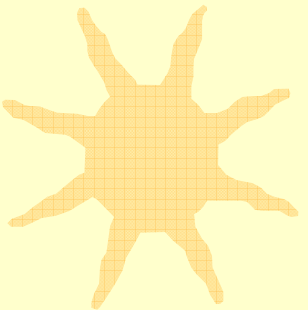
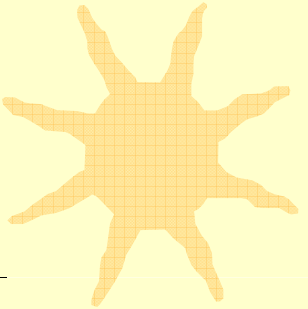


Record as Illnesses

- ★ Skin diseases or disorders: contact dermatitis, eczema, rash, oil acne, friction blisters, chrome ulcers, inflammation of the skin.
- ★ Respiratory conditions: silicosis, asbestosis, pneumonitis, pharyngitis, rhinitis or acute congestion; farmer's lung, beryllium disease, tuberculosis, occupational asthma, reactive airways dysfunction syndrome, chronic obstructive pulmonary disease, hypersensitivity pneumonitis, toxic inhalation injury such as metal fume fever, chronic obstructive bronchitis, and other pneumoconioses.



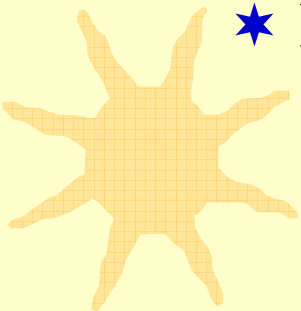
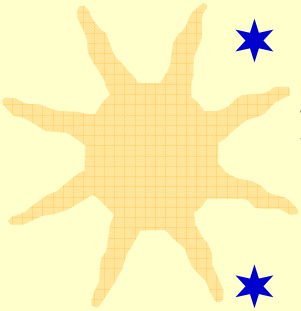
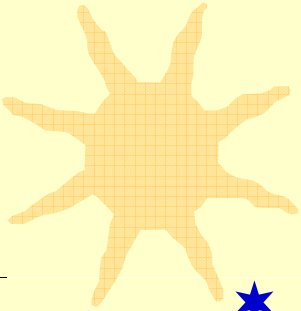
Poisoning



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



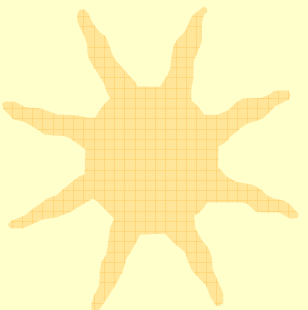
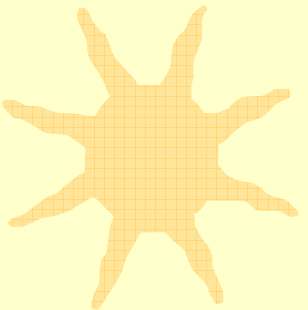
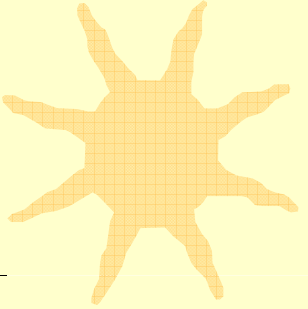
Hearing Loss



- ★ Audiogram showing a standard threshold shift (STS)
- ★ STS means: change in the average level at which various frequencies of sound can be heard relative to a baseline audiogram.
- ★ STS in one or both ears
- ★ No age adjustment; check Other Illnesses on form 300



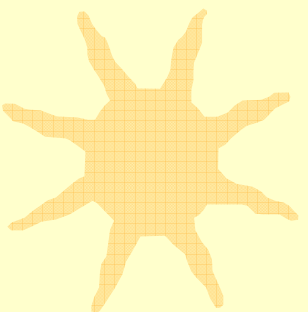
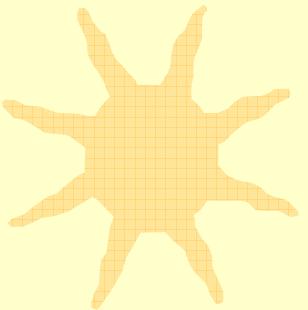
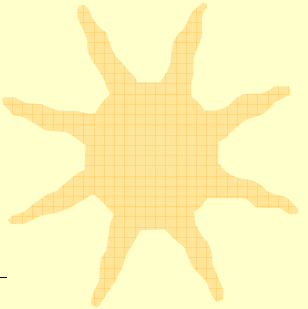
All Other Illnesses



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



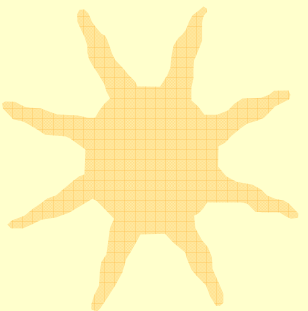
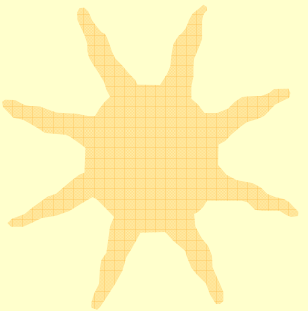
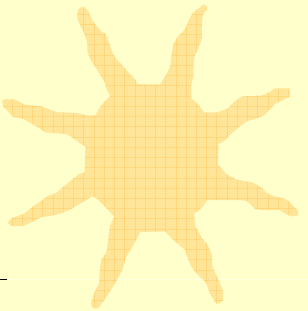
Recording Criteria for Needlestick and Sharp Injuries



- ★ Contaminated with another person's blood or other potentially infected material (OPIM)
- ★ Do not enter Employee's name on Form 300 (privacy requirement)
- ★ OPIM includes: human bodily fluids, tissues and organs, materials infected with HIV, HBV, HCV
- ★ Update case classification and description on Form 300



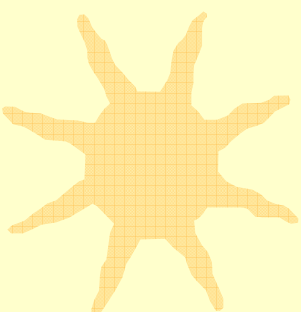
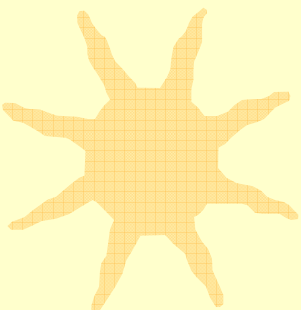
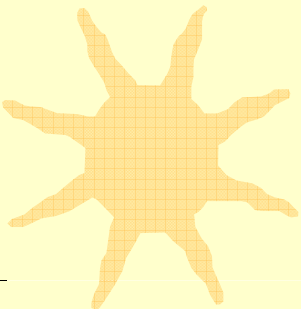
Recording Criteria for Cases involving Medical Removal under Cal/OSHA Standards



- ★ Classify case as days away from work or case involving restricted work activity.
Example: Indicate “days away” and check the “poisoning” column if medical removal is result of chemical exposure
- ★ Chemicals include but not limited to: lead, cadmium, methylene chloride, formadehyde, benzene



Medical Treatment



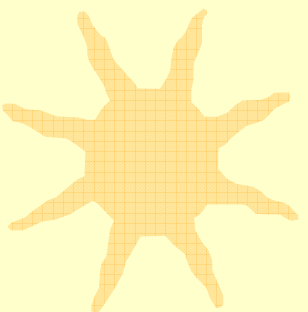
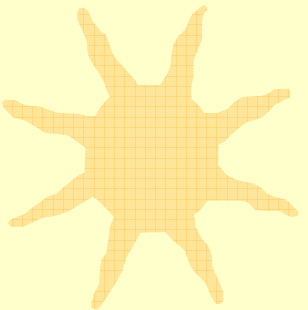
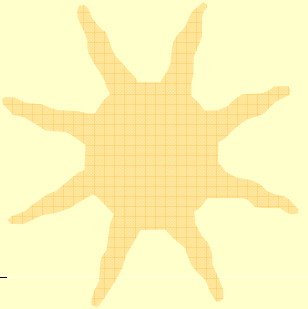
- ★ Rely on treating physician's advice
- ★ If a physician or other LHCP provides procedures deemed first aid, these procedures are still not considered medical treatment

Similarly, if medical treatment is provided by someone other than a physician or other LHCP, it is still considered medical treatment

- ★ Record cases accordingly
- ★ When in doubt, physician's or LHCP's first report or subsequent report(s) dictate the type, classification, and description of the OSHA recordable case(s)



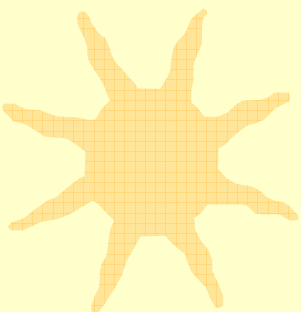
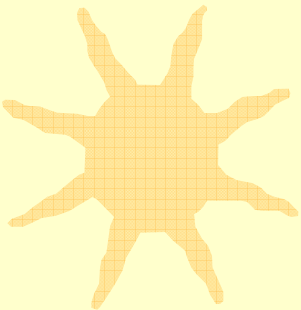
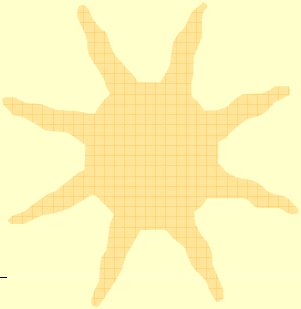
Recording Criteria for Work-Related Tuberculosis (TB) Cases



- ★ Occupationally exposed to known case of active TB and subsequently develops TB infection – either by positive skin test or diagnosed by LHCP



Days Away from Work



★ If employee leaves the County due to:

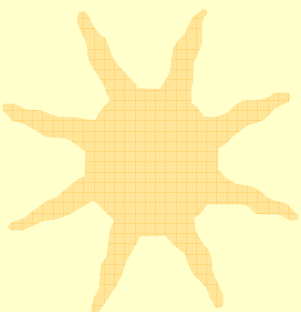
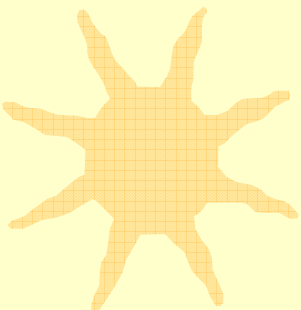
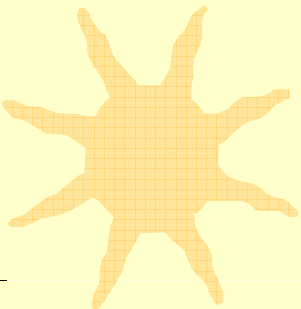
- retirement or a reason unrelated to the injury or illness, stop day away from work count
- an injury or illness which occurred at the work site, estimate the total number of days away from work

★ Cap total days @ 180

★ Calendar days, not work days



Restricted Work



Under the *Remained at work* column mark job transfer or restricted workdays

★ **Restricted work:**

- occurs when the employer (or the recommendations of a physician or other licensed health care professional) keeps the employee from performing:
 - one or more “routine functions” (i.e. work activities regularly performed at least once per week) of the job, or
 - working a full workday

- count just like days away from work
- do not count the restriction if it is limited only to the day of the injury or illness



Restricted Work:

Consult with your assigned workers' compensation adjustor

- ★ If the licensed health care professional's recommendations are vague, ask the LHCP if the employee can:
 - (1) perform all routine job functions, and
 - (2) work the full assigned work shift
- ★ Then, record the injury/illness as a restricted work case if:
 - the answer to either question above is no, or
 - no clarifying information can be obtained from the LHCP



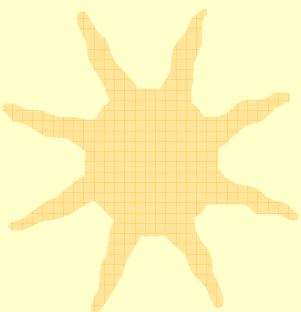
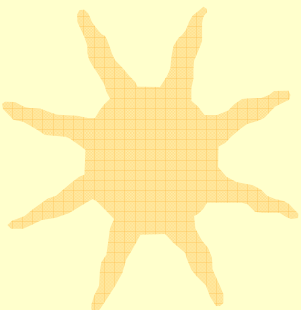
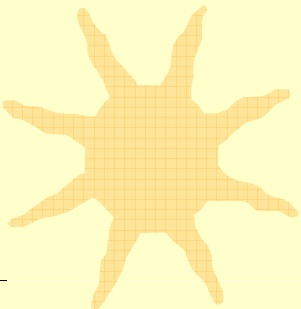
Job Transfer

★ Job Transfer means the injured or ill employee is assigned to a job other than their regular job for at least a part of any work day

- under *Remained at work*, mark job transfer or restricted workdays column
- count just like days away from work
- stop counting the number of days of job transfer *if*:
 - a permanent modification is made to a job which eliminates the routine functions the employee was restricted from performing, and
 - the employee is permanently assignment to this modified job
- do not count the day the injury or illness occurred
- count at least one day



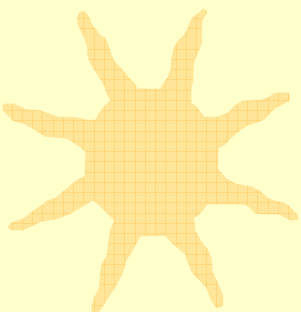
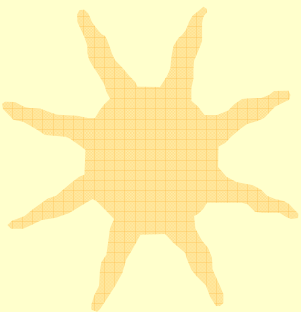
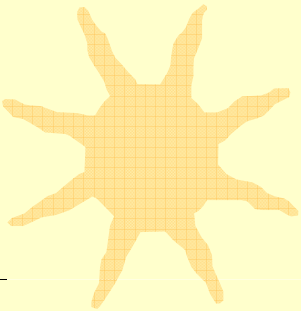
Privacy Concern Case



- ★ Intimate body part or the reproductive system
- ★ Result from a sexual assault
- ★ Mental illnesses
- ★ HIV infection, hepatitis, or tuberculosis
- ★ Needlestick injuries and cuts from sharp objects contaminated with blood or OPIM
- ★ Other illnesses, if EE independently and voluntarily requests that his/her name not be entered on the log.



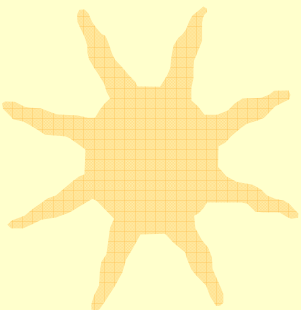
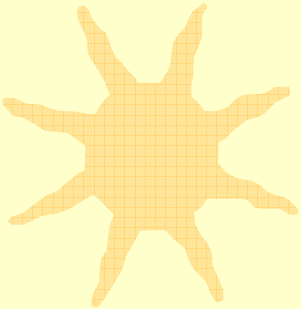
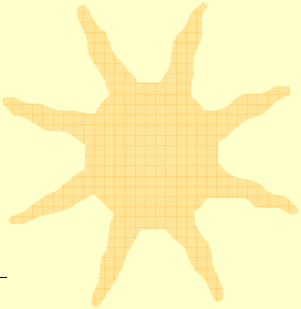
Other Important Stuff



- ★ County Form 370 (State 5020) can and should be used in lieu of Cal/OSHA Form 301, Injury and Illness Incident Report – to minimize having to fill out duplicate forms.
- ★ Record each recordable injury or illness on Form 300, Log of Work-Related Injuries and Illnesses within seven (7) calendar days of receiving information that one has occurred. Update case classification and description as you get more information.



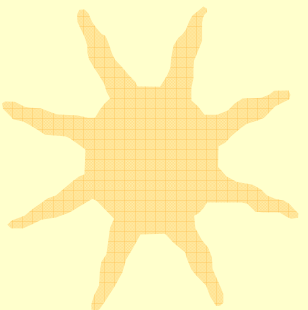
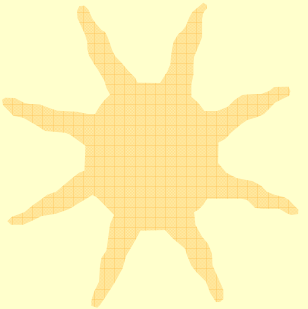
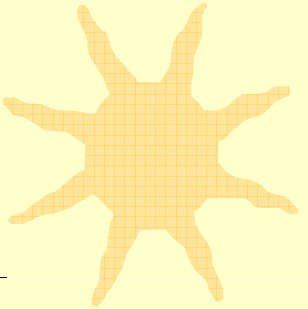
Retention and Updating



- ★ Retain the following forms for 5 years, after the year the forms cover:
 - Cal/OSHA Form 300, Cal/OSHA Form 300A,
 - Form 370s, Privacy Case List
- ★ Update Cal/OSHA Form 300 during retention period if:
 - newly discovered recordable injuries or illnesses arise
 - any changes occur in the classification of previously recorded injuries and illnesses, or
 - changes occur in the description or outcome of a case
- ★ You do not need to update the Cal/OSHA Form 300A or Form 370s during the retention period



Who is covered under this requirement?



- ★ **Injuries and illnesses must be recorded on the Cal/OSHA Form 300 for all employees**
 - **on the payroll including those who are:**
 - executives, laborers, hourly
 - salaried, part-time, seasonal, provisional, extra help
 - **not on the payroll that you supervise on a day-to-day basis including those from:**
 - temporary help services, employee leasing services,
 - personnel supply services, contractors



Annual Summary 300A

- ★ Review Cal/OSHA Form 300, then complete Cal/OSHA Form 300A - Annual Summary of Work-related Injuries and Illnesses
- ★ Agency or Department Head must *certify* that he or she has examined the Cal/OSHA Form 300 and the Cal/OSHA Form 300A is correct and complete
- ★ Post summary *February 1 - April 30, 2011* of the year after the calendar year (1/1/10 – 12/31/10) the records cover



Form 300

Cal/OSHA Form 300 (Rev. 4/2004) Appendix A Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. See CCR Title 8 14300.29(b)(6)-(10)

Year 20__
Department of Industrial Relations
Division of Occupational Safety and Health



You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in CCR Title 8 Section 14300.8 through 14300.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (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.g. month/day)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	Using these four categories, check ONLY the most serious result for each case:											
						Death	Days away from work	Remained at work		On job transfer or restriction	Away from work	(M) Check the "Injury" column or choose one type of illness:					
						(G)	(H)	Job transfer or restriction	Other recordable cases	(K)	(L)	Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ days	___ days	(1)	(2)	(3)	(4)	(5)	(6)
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Form 301

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 ____/____/____



Form 300A – Annual Summary

Cal/OSHA Form 300A (Rev. 4/2004)

Appendix B

Annual Summary of Work-Related Injuries and Illnesses

Year 20__
CAL OSHA
DEPARTMENT OF INDUSTRIAL RELATIONS
Department of Industrial Relations
Division of Occupational Safety & Health

All establishments covered by CCR Title 8 Section 14300 must complete this Annual Summary, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the Cal/OSHA Form 300 in its entirety. They also have limited access to the Cal/OSHA Form 301 or its equivalent. See CCR Title 8 Section 14300.35, in Cal/OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
_____	_____	_____	_____
(G)	(H)	(I)	(J)

Number of Days

Total number of days of job transfer or restriction	Total number of days away from work
_____	_____
(K)	(L)

Injury and Illness Types

Total number of . . .	
(M)	
(1) Injuries	(4) Poisonings
(2) Skin disorders	(5) Hearing loss
(3) Respiratory conditions	(6) All other 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., *SIC 3715*)

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

Annual average number of employees _____

Total hours worked by all employees last year _____

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive _____ Title _____

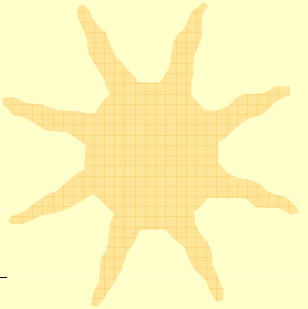
Phone _____ Date _____

t

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



Questions, Comments?



★ Reference internet links:

★ www.Californiaosha.info

★ www.dir.ca.gov/T8/ch7sb1.html

