



Employee Injury or incident Checkoff list

1. Send or make arrangements to help employee get medical treatment if necessary. If medical treatment is not needed just complete the paperwork only.
2. In website under Employee forms (Misc. forms) OSHA Forms CAL OSHA 301 (Injury & Illness Incident Report. Complete this form in its entirety and send to corporate
3. Complete form 300 Log of Work related Injuries (Found in website same spot). This form should be in your OSHA binder and kept up as an injury happens. At the end of the year keep the original in your OSHA binder and send a copy to Corporate. (We need them for our liability insurance company)
4. At the end of the year, complete form 300A, this is just a summary of Log 300. Keep original in OSHA binder and send a copy with form 300 to corporate
5. If there are no injuries or incidents to report you MUST complete form 300A anyway and write 0 or no incidents on it.

Summary:

During the year if there are any injuries there is a form CAL/OSHA 300. This form must be posted in your OSHA binder. This is where you would put each incident and a summary of the issue and classification.

Annual Each Office Must Complete Form CAL/OSHA 300A Appendix B Form which is a summary of the year's injuries. If none put zeros

Cal/OSHA Form 300A

Summary of Work-Related Injuries and Illnesses

Year: _____



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

Number of Days

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

Injury and Illness Types

Total number of... (M)

- | | | | |
|----------------------------|-------|-------------------------|-------|
| (1) Injuries | _____ | (4) Poisonings | _____ |
| (2) Skin Disorders | _____ | (5) All other illnesses | _____ |
| (3) Respiratory conditions | _____ | | |

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

Facility Information:

Establishment name: _____

Street _____

City _____

State _____

ZIP _____

Industry description: _____

Standard Industrial Classification (SIC) if known _____

Employment Information (if you don't have these figures, see the Worksheet on the back of OSHA Form 300A 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

OSHA's Form 301 Injuries and Illnesses Incident Report

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OMB no. 1218-0176

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 the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and 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 information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, 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.

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 _____
Facility _____
Street _____
City _____ State _____ Zip _____
- 7) If treatment was given away from the worksite, where was it given? _____

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 _____

Completed by _____
Title _____
Phone _____ Date _____

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate or any other aspect of this data collection, including suggestions for reducing this burden, contact US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.