



# Annual Summary of Work-Related Injuries and Illnesses

**Cal/OSHA Form 300A**

**Appendix B** (Revised 7/2007)

**Year 20\_\_**

**Department of Industrial Relations**

Division of Occupational Safety and 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.

<b>Number of Cases</b>			
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)

  

<b>Number of Days</b>	
Total number of days away from work	Total number of days of job transfer or restriction
_____	_____
(K)	(L)

  

<b>Injury and Illness Types</b>	
Total number of . . .	
(M)	
(1) Injuries _____	(4) Poisonings _____
(2) Skin disorders _____	(5) Hearing loss _____
(3) Respiratory conditions _____	(6) All other illnesses _____

<b>Establishment information</b>	
Your establishment name _____	
Street _____	
City _____	State _____ ZIP _____
Industry description (e.g., <i>Manufacture of motor truck trailers</i> ) _____	
Standard Industrial Classification (SIC), if known (e.g., SIC 3715) _____	
<b>Employment information</b>	
<i>(If you don't have these figures, use the optional worksheet to estimate.)</i>	
Annual average number of employees	_____
Total hours worked by all employees last year	_____
<b>Sign here</b>	
<b>Knowingly falsifying this document may result in a fine.</b>	
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

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

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.