

# Cal/OSHA Form 300A • Annual Summary of Work-Related Injuries and Illnesses

Department of Industrial Relations • Division of Occupational Safety and Health (Rev. 4/2004)

Year 20\_\_ \_\_ 

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			Number of Days		
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	Total number of days of job transfer or restriction	Total number of days away from work
_____	_____	_____	_____	_____	_____
(G)	(H)	(I)	(J)	(K)	(L)

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

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

## 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



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