

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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