Cal/OSHA Form 300A

Annual Summary of Work-Related Injuries and Illnesses

Bidders shall provide the most current, completed
Cal/OSHA Form 300A with their bid (blank form attached)
may render your bid non-responsive

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Cal/OSHA Form 300A (Rev. 7/2007) *Appendix B*

Annual Summary of Work Related Injuries and Illnesses

Department of Industrial Relations
Division of Occupational Safety & Health

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

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	_____

Facility Information

Establishment name _____

Street _____

City _____ State _____ Zip _____

Industry description *(e.g. Manufacturer 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

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

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