## Work-Related Injuries and Ilinesses Forms for Recording Cal/OSHA

# Cal/OSHA Recordkeeping Website:

www.dir.ca.gov/dosh/etools/ recordkeeping/index.html

### What's Inside...

In this package, you'll find information that will help you complete Cal/OSHA's Log and Summary of Work-Related Injuries and Illnesses for the next several years. On the following pages, you'll find:

- ▼ An Overview: Recording Work-Related Injuries and Illnesses General instructions for filling out the forms in this package and definitions of terms you should use when you classify your cases as injuries or illnesses.
- How to Fill Out the Log An example to guide you in filling out the Log properly.
- Illnesses Several pages of the Log (but you may make as many copies of the Log as you need.) Notice that the Log is separate from the Summary.
- Annual Summary of Work-Related Injuries and Illnesses — Removable Annual Summary pages for easy posting from February 1 through April 30. Note that you post the Annual Summary only, not the Log.
- Worksheet to Help You Fill Out the Summary a worksheet for figuring the average number of employees who worked for your establishment and the total number of hours worked.
   CallOSHA's 301: Injury and Illness Incident Report Several copies of the CallOSHA 301 to provide details about the incident. You

may make as many copies as you need or

use an equivalent form.

Take a few minutes to review this package. If you have any questions, refer to the last page of this overview for internet and telephone assistance.



- ▼ diagnostic procedures, including administering prescription medications that are used solely for diagnostic purposes; and
- any procedure that can be labeled first aid (See below for more information about first aid.)

### What is first aid?

If the incident required only the following types of treatment, consider it first aid. Do NOT record the case if it involves only:

- using non-prescription medications at nonprescription strength;
- administering tetanus immunizations;
- cleaning, flushing, or soaking wounds on the skin surface;
- using wound coverings, such as bandages, SteriStrips or butterfly bandages. BandAids", gauze pads, etc., or using
- using hot or cold therapy;
- using any totally non-rigid means of support, such as elastic bandages, wraps, non-rigid
- using temporary immobilization devices while transporting an accident victim (splints, slings, neck collars, or back boards)
- drilling a fingernail or toenail to relieve pressure, or draining fluids from blisters;
- using eye patches;
- using simple irrigation or a cotton swab to adhered to the eye; remove foreign bodies not embedded in or
- using irrigation, tweezers, cotton swab or foreign material from areas other than the other simple means to remove splinters or

- using finger guards;
- ▼ using massages;
- ▼ drinking fluids to relieve heat stress

### restricted work? How do you decide if the case involved

recommends keeping, an employee from doing injury or illness occurred. the routine functions of his or her job or from would have been scheduled to work before the working the full workday that the employee employer or health care professional keeps, or result of a work-related injury or illness, an Restricted work activity occurs when, as the

#### number of days away from work? of restricted work activity or the How do you count the number of days

both reaches 180 days. of days for each. You may stop counting days of involved both days away from work and days of away from work as a result of the recordable employee was on restricted work activity or was once the total of either or the combination of restricted work activity or days away from work restricted work activity, enter the total number incident occurs. If a single injury or illness Begin counting days from the day after the injury or illness. Do not count the day on which Count the number of calendar days the the injury or illness occurred in this number.

### Cal/OSHA Form 300? NOT enter the employee's name on the Under what circumstances should you

▼ an injury or illness to an intimate body part injuries or illnesses to be privacy concern cases You must consider the following types of

- an injury or illness resulting from a sexual or to the reproductive system,
- a mental illness,
- a case of HIV infection, hepatitis, or
- a needlestick injury or cut from a sharp CCR Title 8 14300.8 for definition), and other potentially infectious material (see object that is contaminated with blood or
- other illnesses, if the employee his or her name not be entered on the log. independently and voluntarily requests that

and provide information to the government if concern cases so that you can update the cases employee names for the establishment's privacy confidential list of the case numbers and the employee's name. You must keep a separate 'privacy case" in the space normally used for Cal/OSHA 300 Log for these cases. Instead, enter You must not enter the employee's name on the

cause of the incident and the general severity of must enter enough information to identify the on both the Cal/OSHA 300 and 301 forms. You case may be personally identifiable even though use discretion in describing the injury or illness the employee's name has been omitted, you may that information describing the privacy concern If you have a reasonable basis to believe

What if the outcome changes after you

include details of an intimate or private nature. the injury or illness, but you do not need to

## record the case?

most serious outcome for each case. belongs. Remember, you need to record the entry. Then write the new entry where it if you wish, delete or white-out the original simply draw a line through the original entry or, changes after you have recorded the case, If the outcome or extent of an injury or illness

### Classifying injuries

resulting from an event in the work An injury is any wound or damage to the body

other similar accidents. injuries when they result from a slip, trip, fall or joints, and connective tissues are classified as burn. Sprain and strain injuries to muscles a thermal, chemical, electrical, or radiation tooth, amputation, insect bite, electrocution, or abrasion, fracture, bruise, contusion, chipped Examples: Cut, puncture, laceration,

### Jouonal

# Calculating Injury and Illness Incidence Rates



## What is an incidence rate?

An incidence rate is the number of recordable injuries and illnesses occurring among a given number of full-time workers (usually 100 full-time workers) over a given period of time (usually one year). To evaluate your firm's injury and illness experience over time or to compare your firm's experience with that of your industry as a whole, you need to compute your incidence rate. Because a specific number of workers and a specific period of time are involved, these rates can help you identify problems in your workplace and/or progress you may have made in preventing work-related injuries and illnesses.

### How do you calculate an incidence rate?

You can compute an occupational injury and illness incidence rate for all recordable cases or for cases that involved days away from work for your firm quickly and easily. The formula requires that you follow instructions in paragraph (a) below for the total recordable cases or those in paragraph (b) for cases that involved days away from work, and for both rates the instructions in paragraph (c).

- (a) To find out the total number of recordable injuries and illnesses that occurred during the year, count the number of line entries on your Cal/OSHA Form 300, or refer to the Cal/OSHA Form 300A and sum the entries for columns (C), (H), and (J).
- (b) To find out the number of injuries and illnesses that involved days away from work, count the number of line entries on your Cal/OSHA Form 300 that received a check mark in column (H), or refer to the entry for column (H) on the Cal/OSHA Form 300A.

(c) The number of hours all employees actually worked during the year. Refer to Cal/OSHA Form 300A and optional worksheet to calculate this number.

You can compute the incidence rate for all recordable cases of injuries and illnesses using the following formula:

Total number of injuries and illnesses + Number of hours worked by all employees × 200,000 hours = Total recordable case rate

(The 200,000 figure in the formula represents the number of hours 100 employees working 40 hours per week, 50 weeks per year would work, and provides the standard base for calculating incidence rates.)

You can compute the incidence rate for recordable cases involving days away from work, days of restricted work activity or job transfer (DART) using the following formula: (Number of injuries in column H + Number of entries in column I) + Number of hours worked by all employees × 200,000 hours = DART incidence

You can use the same formula to calculate incidence rates for other variables such as cases involving restricted work activity (column (I) on Form 300A, cases involving skin disorders (column (M-2) on Form 300A), etc. Just substitute the appropriate total for these cases, from Form 300A, into the formula in place of the total number of injuries and illnesses.

### What can I compare my incidence rate to?

The Bureau of Labor Statistics (BLS) conducts a survey of occupational injuries and illnesses each year and publishes incidence rate data by

various classifications (e.g., by industry, by employer size, etc.). You can obtain these published data at www.bls.gov or by calling a BLS Regional Office.

Worksheet		
Total number of recordable injuries and illnesses in your establishment		Total recordable cases
	X 200,000 =	
Hours worked by all your employees		
Total number of recordable injuries and illnesses with a checkmark in column H or column I		P
<b> -</b>	× 900 000 =	DART incidence rate
•	X 100,000 -	
Hours worked by all your employees		

# Cal/OSHA Form 300 (Rev. 7/2007) Appendix A Log of Work-Related Injuries and Illnesses

for occupational safety and health purposes. See CCR Title 8 14300.29(b)(6)-(10) employees to the extent possible while the information is being used and must be used in a manner that protects the confidentiality of Attention: This form contains information relating to employee health



Department of Industrial Relations Division of Occupational Safety and Health

			dinast manufactura and contraction of the contracti				-									ë	Identify the person	You must record information about every work-related death and about every work-related lightny or illness days away from work, or medical treatment beyond first aid. You must also record significant care professional. You must also record work-related injuries and illnesses that meet any of to use two lines for a single case if you need to. You must complete an Injury and illness incider form: If you're not sure whether a case is recordable, call your local CalfOSHA office for help.
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		month/day	month/day	month/day	month/day	month/day	month/day	monin/day	month/day	month/day	month/day	month/day	month/day	month/day	of illness	(D) Date of injury	Describe	about every work-re id. You must also ries and illnesses omplete an Injury your local Cal/OS
														The state of the s	e.g., roannik norv unin euri	1020	Describe the case	lated injury or illness that involves to record significant work-related that meet any of the specific re and illness incident Report (Ca HA office for help.
	Page totals >														and objectionalise that circuty fijured or made person ill (e.g., Second digree burns on right forearn from acetylene tooch)	_		You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, testricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording orderia listed in CCR Title 8. Section 14300.8 through 14300.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident Report (CalfOSHA Form 301) or equivalent form for each injury or illness recorded on this form: If you're not sure whether a case is recordable, call your local CalfOSHA office for help.
	these totals to			0											Peath (G)	Using the the most	Classify	icensed health h 14300.12. Feel fro iss recorded on this
	the Summar														flays away from work	Using these four categories, check ON the most serious result for each case:	the cas	eel free to n this
	y page (Fom				0										Remaine Job transfer or restriction (i)	tegories, c sult for eac	<b>G</b>	
	1 300A) before														od at work Other recordable cases (J)	Using these four categories, check ONLY the most serious result for each case:		
Page of	you post it.	days days	days days	daysdays	days days	Away from On job transfer or restriction (K) (L)	Enter the number of days the injured or ill worker was:		Establishment name									
(3) (4)	Injury   tin disorder   Respiratory condition   Poissoning   earing loss														1 Injury S Skin disorder S Skin disorder G Respiratory condition Poisoning G Heuring losss G All other	Check the "Injury" column or choose one type of illness:		State

# Worksheet to Help You Fill Out the Annual Summary

Department of Industrial Relations

At the end of the year, Cal/OSHA requires you to enter the average number of employees and the total hours worked by your employees on the Annual Summary. If you don't have these figures, you can use the information on this page to estimate the numbers you will need to enter on the Annual Summary at the end of the year.

who worked for your establishment during the How to figure the average number of employees How to figure the total hours worked by all employees.

establishment paid in all pay periods during the Add the total number of employees your temporary, seasonal, salaried, and hourly. year. Include all employees: full-time, part-time,

The number of employees 0 paid in all pay periods =

0 include any pay periods when you had no Count the number of pay periods your establishment had during the year. Be sure to

> periods during the year = The number of pay 0

0 Divide the number of employees by the number of pay periods.

0 0

0 number. Write the rounded number in the blank Round the answer to the next highest whole marked Annual average number of employees.

> The number rounded 11 0

For example, Acme Construction figured its average employment this way:

26 27 4 5 4 5 2 2 For pay period... Acme paid this number of employees... 0 15 30 40 40 20 15 15 20 830  $\frac{830}{26} = 31.92$ 32 is the annual average number of employees 31.92 rounds to 32 Number of pay periods = 26 Number of employees paid = 830 0

hours worked by all employees last year.

Write the rounded number in the blank marked Total Round the answer to the next highest whole number.

your establishment (e.g., temporary help services workers). well as hours worked by other workers subject to day to day supervision by Include hours worked by salaried, hourly, part-time and seasonal workers, as

the hours paid or if you have employees who are not paid by the hour, please estimate the hours that the employees actually worked even if employees were paid for it. If your establishment keeps records of only Do not include vacation, sick leave, holidays, or any other non-work time,

estimate it. If this number isn't available, you can use this optional worksheet to

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temporary, seasonal)	hours worked by other employees (part-time,	Add the number of any overtime hours as well as the	This is the number of full-time hours worked.	employee in a year.	— Multiply by the number of work hours for a full-time	establishment for the year.	— Find the number of full-time employees in your

#### State of California



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## If You Need Help...

- Visit us online at www.dir.ca.gov/DOSH/dosh1.html or
- Send us e-mail at infocons@dir.ca.gov or
- Call your local DOSH Consultation Office and ask for record keeping information.
- Fresno-Central Valley 1901 North Gateway Blvd., Suite 102, Fresno CA 93727 (559) 454-1295
- V Oakland-San Francisco Bay Area - 1515 Clay Street, Suite 1103, Oakland CA 94612 (510) 622-2891
- V Sacramento-Northern California – 2424 Arden Way, Suite 410, Sacramento CA 95825 (916) 263-0704
- San Bernardino-Inland Empire 464 West 4<sup>th</sup> Street, Suite 339, San Bernardino CA 92401 (909) 383-4567
- San Fernando Valley-Santa Barbara & NW Los Angeles county 6150 Van Nuys Blvd., Suite 307, Van Nuys CA 91401 (818) 901-5754

San Diego-Imperial & San Diego counties – 7575 Metropolitan Drive, Suite 204, San Diego CA 92108 (619) 767-2060

V Santa Fe Springs- Los Angeles Metro Area & Orange Co. – 1 Centerpointe Drive, Suite 150, La Palma 90623 (714) 562-5525