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

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



Department of Industrial Relations
Division of Occupational Safety and Health

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted 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 criteria 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 (Cal/OSHA 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 Cal/OSHA office for help.

Establishment name	
City	State

Identify the person Describe the case				Classif	y the ca	se											
(A) (B) Case Employee's name		(C) Job title	(D) Date of injury	(E) Where the event occurred	(F) Describe injury or illness, parts of body affected,		Using these four categories, check ONLY the most serious result for each case:				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:				
no.		(e.g., Welder)	or onset (e.g., Loading dock north end) and object/substance that directly injured or made person ill (e.g., Month/day) and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene to			Death Days away from work Job transfer Other recordable cases		Away from work On job transfer or restriction		(M)	Skin disorder	respiratory condition Poisoning	Hearing losss	All other Illnesses			
							(G)	(H)	(1)	(J)	(K)	(L)	(1)		3) (4)		
			month/day								days	days					
			month/day								days	days					
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			month/day								days	days					
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			month/day			ا					days	s days					
			пошисау		Page to Be sure to	•	these totals to the Summary page (Form 300A) before you post it.						Injury	S	condition	Hearing loss	All other

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