



Office of Environmental Health & Safety
 333 S. Beaudry Avenue, 21st Floor
 Los Angeles, CA 90017
 Phone: (213) 241-3199
 Fax: (213) 241-6816



SAFETY ALERT

No. 05-01

CAL/OSHA LOG OF INJURIES AND ILLNESSES

January 2005

Rev. 01/19

California State law requires every school and office to display the Annual Summary of Work-Related Injuries and Illnesses (Cal/OSHA Form 300A) in a conspicuous place where notices to employees are customarily posted. This form must be posted by **February 1** each year and remain posted until April 30. A completed Form 300A for each site may be downloaded at <http://achieve.lausd.net/Page/3639> the last week of January and a hard copy will be mailed to each location.

Information for the 300A Summary is compiled from individual injury claims listed on the detailed Log of Work-Related Injuries and Illnesses (Cal/OSHA Form 300). This information is compiled by Sedgwick Claims Management, Inc. on behalf of the District and maintained electronically by the Office of Environmental Health and Safety.

Administrators are also required to verify they have posted the summary form in accordance with [MEM-6128.6 Administrator Certification Online System 2018-2019 For School Sites and Offices](#) and [Reference Guide 5693.3, Cal/OSHA Log of Injuries and Illnesses](#).

Additional information on OSHA recordkeeping and posting requirements is available at the Department of Industrial Relations webpage at www.dir.ca.gov. If you have any questions regarding these logs, posting requirements or to obtain a copy of the OSHA 300 log for your site, please contact OEHS at (213) 241-3199 or <http://achieve.lausd.net/oehs>.

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

Year: _____
 Department of Industrial Relations
 Director of Occupational Safety & Health

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, cover the individual entries you made for each category. Then enter 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 300 or its equivalent. See CCR Title 8 Section 14300.35, in Cal/OSHA's recordkeeping rules, for further details on the access provisions for these forms.

Establishment Information
 Your establishment name: _____
 Street: _____
 City: _____ State: _____ ZIP: _____
 County (optional) (e.g., Mendocino state task order): _____
 Standard Industrial Classification (SIC), if known (e.g., SIC 3110): _____

Employment Information (If you have been open, or originally worked for, anyone)
 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.

Supervisor signature: _____ Title: _____
 Date: _____

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

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
00	00	0	00

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
00	00

Injury and Illness Types

Total number of ...

(1) Injuries	_____	(4) Poisonings	_____
(2) Skin disorders	_____	(5) Hearing loss	_____
(3) Respiratory conditions	_____	(6) All other illnesses	_____

DISTRIBUTION: OEHS Website