



LOS ANGELES UNIFIED SCHOOL DISTRICT
REFERENCE GUIDE

TITLE: Cal/OSHA Log of Injuries and Illnesses

NUMBER: REF-5693.4

ISSUER: Carlos A. Torres, Director
Office of Environmental Health and Safety

DATE: January 6, 2020

ROUTING
All Schools and Offices

PURPOSE: This Reference Guide establishes procedures for the posting of employee injury and illness data by all schools and offices.

California State law requires every employer to maintain a log of work-related injuries and illnesses and to display the Annual Summary of Work-Related Injuries and Illnesses (California Occupational Safety and Health Administration (Cal/OSHA) Form 300A) for each calendar year. This form must be posted in a conspicuous place for employees from February 1 until April 30 each year at each school and office.

MAJOR CHANGES: The Reference Guide replaces REF-5693.3, “Cal/OSHA Log of Injuries and Illnesses”, and includes updated instructions for accessing the most recent copy of the work-related injuries and illnesses log.

INSTRUCTIONS: I. BACKGROUND

Information on work-related injuries and illnesses is compiled from individual injury claims reported to Sedgwick Claims Management Services (CMS) Inc. Sedgwick CMS is the third-party administrator that handles workers’ compensation claims for the District.

Cal/OSHA Form 300, “Log of Work-Related Injuries and Illnesses” is a detailed report of workplace injuries by location. It lists specific information for each OSHA recordable injury including employee name, description of injury and lost work days. This form is confidential and employee privacy must be maintained at all times. Administrators may request a copy of the Cal/OSHA Form 300 to review detailed injury and illness data for their site from OEHS. See Attachment A for a sample of Cal/OSHA Form 300.

Cal/OSHA Form 300A, “Annual Summary of Work-Related Injuries and Illnesses” is a summary of all the OSHA reportable injuries by location. This public document must be posted by February 1 each year. See Attachment B for a sample of the summary form.



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II. ACCESSING YOUR SITE'S CAL/OSHA FORM 300A

You may access the site-specific Summary of Work-Related Injuries and Illnesses (Cal/OSHA Form 300A) on the OEHS website. Updated summary reports are posted the last week of January each year and a hard copy is mailed to each location. To download a copy, please follow the steps below.

- A. Starting the last week of January, click on the following link:
<http://achieve.lausd.net/Page/3639> and download the most up-to-date PDF file from the webpage. For example, in January 2020, click on the link named "OSHA 300A LAUSD Report 2019."
- B. You may search for the desired site or scroll through the table of contents located in the left column by Cost Center Code minus the first digit. The Cost Center Code is a seven-digit number that typically starts with 1 or 9 and is followed by the Location Code. This report excludes the first digit of the site's Cost Center Code, it will begin with the second digit. (*Example: cost center code of 1234501 will be found under 234501*).
- C. Select and print the reports for each Cost Center at your facility. Cost centers used for time reporting or payroll purposes will have individual reports generated. For example, an elementary school that has a magnet program and an infant center will need to print a total of three summary reports. **Be sure to print only those pages for your location, not the entire report.**

III. POSTING REQUIREMENTS

- A. The site administrator is required to review the information, sign at the bottom right corner and post in a conspicuous place where notices to employees are customarily displayed.
- B. The forms must be posted from February 1 until April 30 each year. Each location is required to maintain these records onsite for at least five years. If a Cal/OSHA inspector visits your site during this period, you can be assured that they will check that forms are posted. The agency issues numerous citations each year for violations of this simple requirement.

IV. ADMINISTRATOR'S CERTIFICATION

All site administrators must certify that they have reviewed, signed, and posted their site-specific form by February 1st in accordance with the most current version of Memorandum 6128 - *Administrator Certification Online System* issued by the Division of District Operations. To view the most current version of



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Memorandum 6128 visit the [E-library](#) or the [OSHA 300 page](#) on the Office of Environmental Health & Safety's (OEHS) website.

V. ADDITIONAL INFORMATION

- A. LAUSD's work-related injury and illness information is maintained electronically by OEHS at 333 S. Beaudry Avenue, 21st Floor, Los Angeles, California, 90017.
- B. To obtain a copy of the confidential Cal/OSHA Form 300 for your location, contact OEHS. This form contains more detailed information not listed on the Cal/OSHA Form 300A and may be used to assist administrators better understand the reported injuries of their employees.
- A. If you have any questions regarding the posting requirement or believe the information is inaccurate, please contact the OEHS at 213-241-3199 or <http://achieve.lausd.net/oehs>.
- B. Additional information on OSHA recordkeeping and posting requirements is available at the Department of Industrial Relations webpage at www.dir.ca.gov.

RELATED RESOURCES:

OEHS OSHA 300 Website: <https://achieve.lausd.net/Page/3639>
Department of Industrial Relations webpage: www.dir.ca.gov

ASSISTANCE:

For assistance or further information contact OEHS at (213) 241-3199 or <http://achieve.lausd.net/oehs>.

Cal/OSHA Form 300 (Rev. 7/2007) 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)



Year 20____
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				Classify the case				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:					
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	Using these four categories, check ONLY the most serious result for each case:				Away from work (K)	On job transfer or restriction (L)	(M) Check the "Injury" column or choose one type of illness:					
						Death (G)	Days away from work (H)	Remained at work				Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
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_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ days	_____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ days	_____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ days	_____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ days	_____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ days	_____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ days	_____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ days	_____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ days	_____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ days	_____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ days	_____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ days	_____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ days	_____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ days	_____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ days	_____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ days	_____ days						

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

Annual Summary of Work-Related Injuries and Illnesses



Year _____
 Department of Industrial Relations
 Division 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, 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 away from work	Total number of days of job transfer or restriction
_____	_____
(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 _____

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 _____

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