



**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
**REFERENCE GUIDE**

**TITLE:** Cal/OSHA Log of Injuries and Illnesses

**NUMBER:** REF-5693.3

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

**DATE:** January 17, 2019

**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). This form must be posted in a conspicuous place for employees from February 1 until April 30 each year at each site.

**MAJOR CHANGES:** The Reference Guide replaces REF-5693.2, “Cal/OSHA Log of Injuries and Illnesses”, to include updated website links and resources.

**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. The summary reports will be posted the last week in January and a hard copy will be mailed to each location.

- A. Starting the last week of January, click on the following link:  
<http://achieve.lausd.net/Page/3639> and download the PDF file named "OSHA 300A LAUSD Report 2018" from the webpage.
- 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.

### IV. ADMINISTRATOR'S CERTIFICATION

- A. All site administrators must certify that they have reviewed, signed, and posted their site specific form by February 1<sup>st</sup> in accordance with Memorandum 6128.6 *Administrator Certification Online System - 2018-2019* or the most current version issued by the Office of the Superintendent.



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### V. ADDITIONAL INFORMATION

- A. LAUSD's work-related injury and illness information is maintained electronically by the Office of Environmental Health and Safety (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 and provide the appropriate cost center codes.
- B. If you have any questions regarding the posting requirement or believe the information is inaccurate, please contact the Office of Environmental Health and Safety at 213-241-3199 or <http://achieve.lausd.net/oehs>.
- C. Additional information on OSHA recordkeeping and posting requirements is available at the Department of Industrial Relations webpage at [www.dir.ca.gov](http://www.dir.ca.gov).

#### **RELATED RESOURCES:**

OEHS Website: <http://achieve.lausd.net/oehs>.  
Department of Industrial Relations webpage: [www.dir.ca.gov](http://www.dir.ca.gov)  
[Memorandum 6128.6 Administrator Certification Online System – 2018-2019, August 29, 2018.](#)

#### **ASSISTANCE:**

For assistance or further information contact the Office of Environmental Health and Safety at (213) 241-3199 or <http://achieve.lausd.net/oehs>.

# 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)



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)
								Job transfer or restriction (I)	Other recordable cases (J)	_____ days	_____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	_____ days	_____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

# Annual Summary of Work-Related Injuries and Illnesses

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.