

# Cal/OSHA 300 Log Requirements


Lorenzo Zwaal  
Loss Prevention Engineer  
State Compensation Insurance Fund  
January 2025



1

# Cal/OSHA 300 Log Requirements

- What is this?
- Why is this information kept?





3

# Learning Objectives

By the end of this course, you will be able to...

- Define a recordable injury and/or illness
- Complete a compliant and effective Form 300
- Complete a compliant and effective Form 300A
- Complete a compliant and effective Form 301

\*This presentation will not go into the details of the [Injury Tracking Application](#) (ITA)





2

# OSHA 300 Log Requirements

There are 3 key forms in the recordkeeping “family”  
([CCR T8, Section 14300.29](#))

- Cal/OSHA Form 300 – AKA the Log 300
- Cal/OSHA Form 300A – AKA the Annual Summary
- Cal/OSHA Form 301 – AKA the Injury and Illness Incident Report
- They are all found here: [https://www.dir.ca.gov/T8/14300\\_29.html](https://www.dir.ca.gov/T8/14300_29.html)



4

### Cal/OSHA 300 Log Requirements

#### Recording Criteria (CCR T8, Section 14300.4)

To be recordable, the injury, illness, or fatality must meet three criteria:

- 1. Work-related; and
- 2. New case; and
- 3. Meets one or more of the general recording criteria of \* 8 CCR Section 14300.7 or the application to specific cases of 8 CCR Section 14300.8 through Section 14300.12

Make determination if recordable within 7 calendar days.



### Cal/OSHA Recordkeeping

#### What to record (CCR T8, Section 14300.7 ) continued

- Restricted work activity or job transfer
- Medical treatment beyond first-aid
- Needle sticks and cuts from sharp objects contaminated with another person's blood/other potentially infectious materials (OPIM)
- Tuberculosis (TB) after positive skin test/diagnosis – after exposure to active TB case
- Hearing loss in one or both ears



### Cal/OSHA 300 Log Requirements

#### What to record (CCR T8, Section 14300.7 )

- Significant work-related injuries/illnesses diagnosed by a doctor
- Work-related cases involving cancer, chronic irreversible disease, a fractured or cracked bone, or a punctured eardrum
- Death
- Loss of consciousness
- Days away from work



### Cal/OSHA Recordkeeping

#### Medical Treatment vs. Not Medical Treatment (CCR T8, Section 14300.7)

- Medical treatment: patient management/care for the purpose of combating disease or disorder
- NOT medical treatment and NOT recordable
  - Doctor visits solely for observation or counseling
  - Diagnostic procedures, including administering prescription meds that are used solely for diagnostic purposes
  - First-aid treatment



**First-Aid cont'd** (CCR T8, Section 14300.7)



The following are generally considered “first-aid” (e.g., one-time treatment and subsequent observation of minor injuries) and need not be recorded if the work-related injury does not involve loss of consciousness, restriction of work or motion, or transfer to another job:

- Using non-prescription medications at nonprescription strength
- Administering tetanus immunizations
- Cleaning, flushing, or soaking wounds on the skin surface
- Using any totally non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc.



9

**Cal/OSHA Recordkeeping**

These injury/illness types are privacy concern cases (CCR T8, Section 14300.29)

- HIV infection, hepatitis, or tuberculosis
- Intimate body part or reproductive system
- Mental illness
- Needle stick or cut from sharp object contaminated with blood/OPIM
- Resulting from a sexual assault
- Other illnesses, if employee independently and voluntarily requests that his/her name not be entered on the log
- \*For employee privacy you may enter in an identifier for the employee such as an employee number



11

**First-Aid cont'd** (CCR T8, Section 14300.7)



- 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 remove foreign bodies not embedded in or adhered to the eye
- Using irrigation, tweezers, cotton swab or other simple means to remove splinters or foreign material from areas other than the eye
- Using finger guards
- Using massages and
- Drinking fluids to relieve heat stress.



10

**Cal/OSHA Recordkeeping**

Privacy concern cases (CCR T8, 14300.29)

- DO NOT enter employee name on Log 300!
- Enter “privacy case” instead of employee name
- Keep a separate, confidential list of these cases



12

### Cal/OSHA Recordkeeping

#### Injury and Illness Definitions (CCR T8, Section 14300.46)

- An injury or illness is an abnormal condition or disorder
- **Injury:** Includes cases such as, but not limited to, a cut, fracture, sprain, or amputation
- **Illness:** Includes both acute and chronic illnesses, such as, but not limited to, a skin disease, respiratory disorder, or poisoning



13

### Cal/OSHA Recordkeeping Exceptions

#### Remember the “Rule of 10”!

- 10 or less employees at all times during last calendar year then no need to keep Cal/OSHA injury and illness records
- More than 10 employees at any time during last calendar year then Cal/OSHA injury and illness records must be kept
- Certain industry groups (about 80 of them!) do not need to keep Cal/OSHA injury and illness records
  - [https://www.dir.ca.gov/T8/14300\\_2.html](https://www.dir.ca.gov/T8/14300_2.html)



15

### Cal/OSHA Recordkeeping

- Complete the page totals on the 300 and then transfer the totals to the Form 300A.
  - A company executive must certify the Form 300A data.
- When and where to post the Form 300A.
- DO NOT POST THE LOG 300 FORM!
- **Multiple establishments:** Keep a separate Form 300 for each establishment expected to be in operation for one year or longer.



14

### What Forms Must Be Completed?



**OSHA Form 300** – Log of Work-Related Injuries and Illnesses

**OSHA Form 301** – Injury and Illness Incident Report  
(5020 Report)

**OSHA Form 300A** – Summary of Work-Related Injuries and Illnesses



16

## OSHA 300 Form: Recording a Fatality

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

## Log of Work-Related Injuries and Illnesses

**Attention:** This form contains information relating to employees 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.

**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 also must record significant work-related injuries and illnesses that are diagnosed by a physician or licensed healthcare professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in CCR Title 8 Section 14300.1 through 14300.14; see how to file for a single case if you need to. You must complete a Cal/OSHA Form 301 or equivalent form for each injury or illness recorded.

If you're not sure what whether a case is recordable, call your local CAL OSHA office for help.

Identify the person		Describe the case			Classify the case		Enter the number of cases that resulted at this location last year		Use "Other" column or add additional copies of this form as needed									
(A) Case no.	(B) Employee's name	(C) Job title <small>(e.g., Welder)</small>	(D) Date of injury or onset of illness	(E) Where the event occurred <small>(e.g., Loading dock south side)</small>	(F) Describe injury or illness, parts of body affected, and job responsibilities directly injured or made person ill. <small>e.g., second degree burns on right leg from molten metal tank</small>	(G) Injury type category, check ONLY one box per case: Injured worker result for each case:		(H) Enter the number of cases that resulted at this location last year:		(I) The "Other" column or add additional copies of this form as needed:								
						Death	Days away from work	Restricted work activity or job transfer	Medical attention - other than first aid	Away from home	On job transfer or restriction							
						(g)(1)	(g)(2)	(g)(3)	(g)(4)	(h)(1)	(h)(2)	(i)(1)	(i)(2)	(i)(3)	(i)(4)	(i)(5)	(i)(6)	
<input checked="" type="checkbox"/>	Mark Ryan	Welder	DECEMBER 15, 2007	Fabrication Shop	Fell from ladder	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	0	0	0	0	0	0	0	
<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									

**STATE OF CALIFORNIA DEPARTMENT OF INDUSTRIAL RELATIONS DIVISION OF OCCUPATIONAL SAFETY AND HEALTH**

17

## OSHA Form 300: Recording a Case with Restricted Work Activity or Job Transfer

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

## Log of Work-Related Injuries and Illnesses

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.

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employee health information 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 2007

**Department of Industrial Relations**  
Division of Occupational Safety and Health

Identify the person		Describe the case		Classify the case	
(A) Employee's name no.	(B) Job title (e.g., title)	(C) Date of injury or onset (e.g., 1/1/07)	(D) Where the event occurred (e.g., Loading dock north end of street)	(E) Describe injury or illness, parts of body affected, and object/material that directly injured or made person ill (e.g., Animal grazed him on right forearm from airframe lines)	(F) Was the injury or illness recorded on a Form 301 or equivalent form?
1	Mark Baglin	2/25/06	basement	fell from ladder	<input checked="" type="checkbox"/>
2	Sharna Alexander	2/7/02	loading dock	head fumes poisoning	<input checked="" type="checkbox"/>
3	Sam Blanduen	5/8/05	store room	fell foot sprain - fell over box	<input checked="" type="checkbox"/>
4	Barry Sanders	unknown	packaging dept	back strain - lifting box	<input checked="" type="checkbox"/>

Establishment name \_\_\_\_\_ Date \_\_\_\_\_

Cal/OSHA logo

19

## OSHA Form 300: Recording a Case with Days Away From Work

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

**Log of Work-Related Injuries and Illnesses**

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 this form for any 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.

**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)(4)(10)

Year **2011**      **Cal/OSHA**

**Department of Industrial Relations**  
Division of Occupational Safety and Health

Identify the person		Describe the case		Classify the case		Number of days lost or restricted work activity		Check the "yes/no" boxes or type	
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Miller)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock work area)	(F) Describe injury or illness, parts of body affected, and substance that directly injured or made person ill (e.g., Second degree burn on right forearm from ammonia leak)	Using this key, check the "yes/no" boxes or type	Number of days lost or restricted work activity	Check the "yes/no" boxes or type	Check the "yes/no" boxes or type
						(a) <b>Did you need to stop work?</b>	(b) <b>Was the employee injured or restricted?</b>		
						(1) <b>Death</b>	(2) <b>Lost work days or restricted work activity</b>	(3) <b>Job transfer or restriction</b>	(4) <b>First aid only</b>
1	Mark Babin	Welder	05/25	basement	fell from ladder	(1) <input checked="" type="checkbox"/>	(2) <input checked="" type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>
2	Shana Alexander	Foundry	07/02	courtesy dock	lead fumes poisoning	(1) <input type="checkbox"/>	(2) <input checked="" type="checkbox"/>	(3) <input checked="" type="checkbox"/>	(4) <input type="checkbox"/>

18

## OSHA Form 300: Recording a Case with Medical Treatment beyond First Aid

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

## Log of Work-Related Injuries and Illnesses

You must record information about every work-related event that results in a recordable injury or illness. This includes new cases, recurrent cases, and cases that result in lost time or restriction. You must also record 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 result in a recordable injury or illness under the California Labor Code Section 14500 through 14503. If you are not sure if you are not sure whether a case is recordable, call your state Cal/OSHA office for help.

**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 9, 14300, 29016(c)(10)

Year 20 08

**Department of Industrial Relations**  
Division of Occupational Safety and Health

Identify the person		Describe the case		Classify the case	
(A) Case No.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., Loading dock work end)	(E) Where the event occurred (e.g., Loading dock work end)	(F) Describe injury or illness, parts of body affected, and occupational/trauma that directly injured or made worse (e.g., Second degree burns on right forearm from oxyacetylene torch)
1	Mark Bagin	Welder	10/26	basement	fell from ladder
2	Shana Alexander	Foundry	11/02	pouring dock	lead fumes poisoning
3	Sam Blandino	Electrician	10/26	store room	left foot again - fell over box
4	Ralph Sanders	Laborer	06/17	backpacking dept	back strain - lifting box
5	Garrod Daniels	Machine Op	10/23	production floor	rust in eye

**Enter the number of days the injured or ill worker was:**

Key Box	On job but not working	On job and working
(1)	<input type="checkbox"/>	<input type="checkbox"/>
(2)	<input type="checkbox"/>	<input type="checkbox"/>
(3)	<input type="checkbox"/>	<input type="checkbox"/>
(4)	<input type="checkbox"/>	<input type="checkbox"/>
(5)	<input type="checkbox"/>	<input type="checkbox"/>
(6)	<input type="checkbox"/>	<input type="checkbox"/>
(7)	<input type="checkbox"/>	<input type="checkbox"/>
(8)	<input type="checkbox"/>	<input type="checkbox"/>
(9)	<input type="checkbox"/>	<input type="checkbox"/>
(10)	<input type="checkbox"/>	<input type="checkbox"/>
(11)	<input type="checkbox"/>	<input type="checkbox"/>
(12)	<input type="checkbox"/>	<input type="checkbox"/>
(13)	<input type="checkbox"/>	<input type="checkbox"/>
(14)	<input type="checkbox"/>	<input type="checkbox"/>
(15)	<input type="checkbox"/>	<input type="checkbox"/>
(16)	<input type="checkbox"/>	<input type="checkbox"/>
(17)	<input type="checkbox"/>	<input type="checkbox"/>
(18)	<input type="checkbox"/>	<input type="checkbox"/>
(19)	<input type="checkbox"/>	<input type="checkbox"/>
(20)	<input type="checkbox"/>	<input type="checkbox"/>

**Using these four categories, check the most serious result for each case:**

Death	Permanent and total disability	Permanent partial disability or restriction	Lost 140 or more days
(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20



### OSHA Form 300A: Summary of Work-Related Injuries and 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., 3715) \_\_\_\_\_

OR

North American Industrial Classification (NAICS), if known (e.g., 336212) \_\_\_\_\_

**Employment information** (If you don't have these figures, see the Worksheet on the back of this page 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.



25

### Difference: Cal/OSHA and Fed/OSHA Recordkeeping



Federal OSHA	California OSHA
<ul style="list-style-type: none"><li>*Does not have a reporting requirement contained within the recordkeeping regulation.</li><li>*The California reporting requirement for serious occupational injury, illness or death, are contained within Title 8, Section 342 with <b>no</b> 30-day time frame limit from incident to death.</li></ul>	<ul style="list-style-type: none"><li>*Has a reporting requirement, for fatalities and multiple hospitalizations as a result of a work-related incident, contained within in the recordkeeping regulation.</li><li>*The reporting requirements are in section 1904.39 of the recordkeeping regulation.</li></ul>

Major Differences between Cal/OSHA and Fed/OSHA Regulations  
[https://www.dir.ca.gov/dosh/dosh\\_publications/cal\\_fed.html#osha-comparison](https://www.dir.ca.gov/dosh/dosh_publications/cal_fed.html#osha-comparison)



27

### Keep the Forms on File

- File and update for five years
- Do not send copies to OSHA unless asked
- Allow access to the records



26

### Cal/OSHA Recordkeeping – California Regulations

Who must electronically submit 300A data to OSHA (CCR T8, Section 14300.41)

- Establishments who had 20-249 employees at any time during the previous calendar year
- Establishments who had 250 or more employees at any time during the previous calendar year
- Submit data once a year, by March 2, for previous calendar year
  - i.e., March of every calendar year



28

OSHA Recordkeeping – Federal Regulations

Who must electronically submit 300A/300/301 data to OSHA ([29 CFR, Section 1904.41](#)) using the Injury Tracking Application (ITA)

- Establishments who had 250 or more employees at any time during the previous calendar year
- Establishments who had 20-249 employees at any time during the previous calendar year
- **Establishments with 100 or more employees, in designated high-hazard industries ([Appendix B to subpart E](#))**
- Submit data once a year, by March 2, for previous calendar year
  - i.e., March of every calendar year

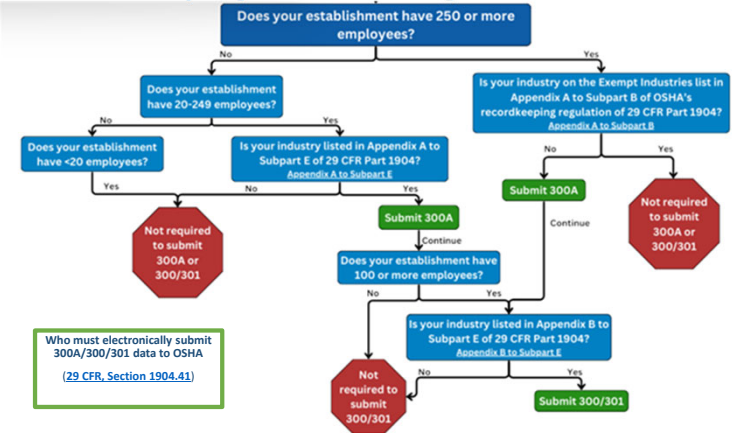


How to Determine if Required to File?

- Who must electronically submit to OSHA ([29 CFR, Section 1904.41](#)) Injury Tracking Application (ITA)
- Visit [ITA Coverage Application](#) to determine if required to electronically submit data from:
  - 300A
  - 300
  - 301



Recordkeeping – Federal Regulations



Cal/OSHA Recordkeeping

- Partial exemptions for reporting:  
[https://www.dir.ca.gov/T8/14300\\_2.html](https://www.dir.ca.gov/T8/14300_2.html)



- Establishment with 20- 249 employees:  
[https://www.dir.ca.gov/T8/14300\\_48\\_AppendixH.html](https://www.dir.ca.gov/T8/14300_48_AppendixH.html)






### Resources


Cal/OSHA's 'Brief Guide to Recordkeeping Requirements'  
[https://www.dir.ca.gov/dosh/dosh\\_publications/RecKeepOverview.pdf](https://www.dir.ca.gov/dosh/dosh_publications/RecKeepOverview.pdf)

Injury Tracking Application (ITA) OSHA Submission:  
[https://www.osha.gov/sites/default/files/ita\\_user\\_guide.pdf](https://www.osha.gov/sites/default/files/ita_user_guide.pdf)

<https://www.osha.gov/injuryreporting/faqs>

<https://www.youtube.com/watch?v=kAOe7bHs9x4> (45 minute video)





33

### Thank you for attending

### Questions?







Post-webinar Survey



35

### Resources


 Injury Tracking Application



29 CFR Part 1904 Appendices:

- [Appendix A to Subpart B](#): Non-Mandatory Appendix A to Subpart B, Partially Exempt Industries.
- [Appendix A to Subpart E](#): Designated Industries for 1904.41(a)(1)(i) Annual Electronic Submission Information from OSHA Form 300A, Summary of Work-Related Injuries and Illnesses by Establishments with 20-249 Employees in Designated Industries.
- [Appendix B to Subpart E](#): Designated Industries for 1904.41(a)(2) Annual Electronic Submission of Information from OSHA Form 300 Log of Work-Related Injuries and Illnesses and OSHA Form 301 Injury and Illness Incident Report by Establishments with 100 or More Employees in Designated Industries.

[ITA Coverage Application](#): Helps ITA users determine if the establishment is required to electronically submit 300A and 300/301 data through the ITA.



34