



Prowess Utility Group Inc

Rev. 2/2024

ACCIDENT/INCIDENT INVESTIGATION



YOUR OSHA COMPLIANCE SOLUTION

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1 OBJECTIVE

Prevention of accidents and/or incidents and injuries to increase the safety and health of all employees is of utmost importance to Prowess Utility Group Inc. Through the implementation of the accident/incident investigation procedure as described in this program, Prowess Utility Group Inc endeavors to prevent future accidents and incidents from occurring by:

- a. Identifying the underlying causes of all accidents/incidents;
- b. Reporting all relevant findings;
- c. Implementing corrective actions; and
- d. Communicating the results throughout the organization.

2 PROGRAM ADMINISTRATOR

Prowess Utility Group Inc has designated Julian Alcaide for the administration of this program. Julian Alcaide will be responsible for:

- a. Developing and implementing the Accident/Incident Investigation Program;
- b. Reviewing accident/incident reports and trends;
- c. Maintaining records pertaining to the program;
- d. Evaluating the effectiveness of the program; and
- e. Updating the written program as needed.

3 INCIDENT INVESTIGATION, WHO IS INVOLVED

3.1 Investigation Team

When an accident or incident occurs individuals will be appointed to an Incident Investigation Team which will be tasked with conducting a thorough investigation into the root cause of the accident or incident and recommending procedures and/or controls to implement to reduce the likelihood of a similar future accident or incident. The Incident Investigation Team will be comprised of any combination of the following employees:

- a. Safety Officer,
- b. Management,
- c. Supervisors,
- d. Employees with knowledge of accident/incident causation, investigation procedures and knowledge of the job being performed, and/or
- e. "Outside" accident/incident investigations officer.

3.2 Participants in Investigation (in addition to Investigation Team)

Others who will be required to take part in the Incident Investigation include:

- a. The worker (or workers) involved in the incident, and
- b. Those who witnessed the incident take place.

4 WHEN AN ACCIDENT OR INCIDENT HAPPENS

4.1 Arrange for Rescue and/or First Aid

As soon as an accident or incident occurs, an employee will immediately initiate rescue operations and/or render first aid to the injured employee(s) as needed. Transportation to medical treatment is arranged, either by company vehicle or ambulance.

Note: It is imperative that the employee performing rescue operations and/or rendering first aid to the victim ensures their own safety when approaching the victim by checking for environmental causes or other still-present dangers that may have caused the accident or incident.

4.2 Report Accident or Incident to Appropriate Personnel

Employees who witness the accident or incident, but are not actively involved in rendering first aid or arranging for transportation to medical treatment, will be responsible for notifying their immediate supervisor and/or Julian Alcaide of the accident or incident.

4.3 Secure the Area

The scene where the accident or incident occurred will immediately be preserved as it was at the time of the accident or incident to prevent further injuries and to prevent material evidence from being removed or altered using cones, tape and/or guards.

5 INVESTIGATION

5.1 What Gets Investigated

Per CAL/OSHA recommendations, all accidents or incidents in which a fatality occurred, a worker was hurt, as well as close calls in which a worker might have been hurt if the circumstances had been slightly different, will be investigated.

5.2 Timeframe of Investigation

5.2.1 As little time as possible will be lost between the moment of an accident or incident and the beginning of the investigation. This will ensure that the Incident Investigation Team will be able to observe the conditions as they were at the time of the accident or incident, prevent disturbance of evidence and identify witnesses.

5.2.2 In no case will an investigation be initiated more than 24 hours following a fatality or another catastrophic event.

5.3 Investigation Kit

An Incident Investigation Kit will be ready for use at all times. Items that may be in the kit include:

- a. Blank investigation forms (Appendix 2),
- b. Pens, pencils, and markers,
- c. Clipboard and writing pad,
- d. A camera,
- e. Tape measure,
- f. Strings, stakes, warning tape,
- g. Personal protective equipment,
- h. First aid kit,
- i. Identification tags,
- j. Straight-edge ruler (for use as a scale reference in photos),
- k. Flashlight, and
- l. Anything else that is determined to be required in the Investigation Kit.

5.4 Collection of Physical Evidence

The members of the Incident Investigation Team will examine the site of the accident or incident for an overview, taking steps to preserve evidence. Items to check, based on knowledge of the work process, may include:

- a. Positions of injured worker(s),
- b. Equipment being used,
- c. Materials or chemicals being used,
- d. Safety devices in use,
- e. Position of appropriate guards,
- f. Position of controls of machinery,
- g. Damage to equipment,
- h. Housekeeping of area,
- i. Weather conditions,
- j. Lighting levels,
- k. Noise levels, and
- l. Time of day.

Note: The Incident Investigation Team will take care to not disturb any physical evidence when an accident or incident requires the involvement of appropriate government officials such as the coroner, inspector or police until approval is granted by those officials.

5.5 Interviewing Witnesses

The Investigation Team will conduct interviews in such a manner that witnesses feel secure and free of reprisal. Questions will be phrased so as to elicit as much information as possible related to the accident or incident. When conducting interviews, the Investigation Team will:

- a. Conduct the interview in the language of the interviewee (using a translator, if needed);
- b. Clearly state that the purpose of the investigation and interview is fact-finding, not fault-finding;

- c. Emphasize that the goal is to learn how to prevent future accidents or incidents by discovering the causal factors of what occurred;
- d. Establish a climate of cooperation and avoid anything that may be perceived as intimidating or in search of someone to blame for the accident or incident;
- e. Let employee know that they can have an employee representative (e.g., labor representative), if available and appropriate;
- f. Ask the individuals to recount their version of what happened;
- g. Not interrupt the interviewee;
- h. Take notes and/or record the responses (interviewee must give permission prior to being recorded);
- i. Have blank paper and/or sketch pad available for interviewee to use for reference;
- j. Ask clarifying questions to fill in missing information;
- k. Repeat back to the interviewees the factual information obtained and correct any inconsistencies; and
- l. Ask the individuals what they think could have prevented the accident or incident, focusing on the conditions and events preceding the injury.

5.6 Determining Causal Factors

After the accident or incident scene has been thoroughly assessed and documented and all witnesses and involved parties have been interviewed, the Investigation Team will analyze all gathered information to determine:

- a. The immediate cause of the accident or incident;
- b. What other factors may have contributed to the immediate cause of the accident or incident;
- c. What employee actions or workplace conditions may have led to the immediate cause of the accident or incident;
- d. If safe work procedures were established and, if so, were they adequate;
- e. If adequate training was provided on the procedures; and
- f. If the procedures were regularly implemented and enforced.

5.7 Completing Report and Documenting Corrective Actions

At the conclusion of the investigation, a written accident/incident report will be prepared that details the information gathered, identifies all causal factors and assigns corrective actions to responsible parties for each contributing factor. Corrective actions will be unique to each accident or incident and will reflect the uniqueness of the environment and situation.

5.8 Implementation of Corrective Actions

Julian Alcaide (or designee) will be responsible for ensuring the implementation of the corrective action required as determined by the Incident Investigation Team. Implementation may entail program level improvements and will be supported by senior management.

6 REPORTABLE INJURY OR ILLNESS

6.1 Serious Injury, Explanation of

Serious injury or illness means any injury or illness occurring in a place of employment, or in connection with any employment, which:

- a. Requires inpatient hospitalization for other than medical observation or diagnostic testing;
- b. An employee suffers a loss of any member of the body; or
- c. Suffers any serious degree of permanent disfigurement.

6.2 What Gets Reported to CAL/OSHA

The following events will be reported to CAL/OSHA:

- a. All work-related fatalities;
- b. All work-related in-patient hospitalizations of one or more employees;
- c. All work-related amputations; and
- d. All work-related losses of an eye.

6.3 Timetable for Accident/Incident Reporting

6.3.1 Prowess Utility Group Inc will report immediately by telephone to the nearest District Office of the Division of Occupational Safety and Health any serious injury or illness or death of an employee occurring in connection with that employee's employment.

6.3.2 Immediately means as soon as practically possible, but not longer than 8 hours after Prowess Utility Group Inc knows, or with diligent inquiry would have known, of the death or serious injury or illness. If it can be demonstrated that exigent circumstances exist, the timeframe for the report may be made no longer than 24 hours after the accident or incident.

6.4 How to Report an Accident/Incident to CAL/OSHA

Prowess Utility Group Inc will report all reportable accidents or incidents by one of the following methods:

- a. Calling Cal/OSHA by telephone to the nearest Cal/OSHA office;
- b. In person to the nearest Cal/OSHA office; or
- c. Online at <http://www.dir.ca.gov/dosh/report-accident-or-injury.html>.

The following list may be used to locate the phone number of the nearest Cal/OSHA district office.

CAL/OSHA REGIONAL OFFICES		
<p>REGION 1 San Francisco Regional Office</p> <p>455 Golden Gate Ave., Rm 9516 San Francisco, CA 94102</p> <p>(415) 557-0300 (415) 557-0900 (Fax)</p>	<p>REGION 2 Sacramento Regional Office</p> <p>2424 Arden Way, Ste. 300 Sacramento, CA 95825</p> <p>(916) 263-2803 (916) 263-2824 (Fax)</p>	<p>REGION 3 Santa Ana Regional Office</p> <p>2000 E. McFadden Ave., Ste. 119 Santa Ana, CA 92705</p> <p>(714) 558-4300 (714) 558-4083 (Fax)</p>
<p>REGION 4 Monrovia Regional Office</p> <p>800 Royal Oaks Drive, Suite 105 Monrovia, CA 91016</p> <p>(626) 471-9122 (626) 471-9133(Fax)</p>	<p>REGION 5 Mining & Tunneling</p> <p>2424 Arden Way, Suite 125 Sacramento, CA 85825</p> <p>(916) 574-2540 (916) 574-2542(Fax)</p>	<p>REGION 6 High Hazard Unit and Labor Enforcement Task Force Unit</p> <p>2000 E. McFadden Ave, Ste. 204 Santa Ana, CA 92705</p> <p>(714)558-4415 (714) 558-4449 (Fax)</p>

6.5 CAL/OSHA-required Report Information

When reporting an accident or incident to CAL/OSHA, the following information will be given:

- a. Time and date of the accident or incident;
- b. Prowess Utility Group Inc's address and telephone number;
- c. The name and job title of the person reporting the accident or incident;
- d. Address of the accident or incident;
- e. Name of person to contact at accident/incident site;
- f. Name and address of injured employee(s);
- g. Nature of injuries;
- h. Location where injured employee(s) was/were taken for medical treatment;
- i. List and identity of other law enforcement agencies present at the accident or incident site; and
- j. Description of the accident or incident and whether the accident scene or instrumentality has been altered.

6.6 Employer's Report of Occupational Injury or Illness, Form 5020

In the event Prowess Utility Group Inc has filed a report of injury or illness, a 5020 form will additionally be filed. A 5020 form can found in Appendix 3 or the online interactive form found at <http://www.dir.ca.gov/DOSH/DoshReg/Form5020.pdf>.

6.7 Recordable Injury or Illness and CAL/OSHA 300, 300A and 301 Forms

All of the following forms will be completed each time a recordable accident or incident occurs. These will be made available to employees, former employees, their representatives and to CAL/OSHA officials upon request.

6.7.1 What Constitutes a Recordable Injury or Illness

A recordable injury or illness includes:

- a. Any work-related fatality,
- b. Any work-related injury or illness that results in loss of consciousness, days away from work, restricted work or transfer to another job,
- c. Any work-related injury or illness requiring medical treatment beyond first aid, and/or
- d. Any work-related diagnosed case of cancer, chronic irreversible diseases, fractured or cracked bones or teeth or punctured eardrums.

6.7.2 CAL/OSHA 300 (Appendix 4)

- a. This serves as the log of recordable injuries or illnesses throughout the year.
- b. All recordable injuries or illnesses will be recorded on the CAL/OSHA 300 Log within 7 calendar days of receiving notification.

6.7.3 CAL/OSHA 300A (Appendix 5)

- a. The CAL/OSHA 300A form is a summary of the work-related injuries and illnesses detailed on the CAL/OSHA 300 form. It is completed after the end of the year, summarizing the number of recordable cases that occurred.
- b. This form will be reviewed for accuracy and signed by an authorized company official.
- c. The CAL/OSHA 300A form will be posted from February 1 to April 30 of the year following the year covered by the form in a location visible to all employees.

6.7.4 CAL/OSHA 301 (Appendix 6)

This is one of the first forms that is filled out when a recordable work-related injury or illness occurs. It includes specifics regarding employee activities leading up to the injury or illness which assist in identifying the corrective action that will be implemented.

All of the above forms may be found in electronic format at

<http://www.dir.ca.gov/dosh/etools/recordkeeping/CAStandard/CalStandard.htm>.

7 ACCIDENT/INCIDENT FOLLOW-UP AND TRENDING

7.1 Accident/Incident Follow-Up

All documentation regarding individual accidents or incidents, including Accident/Incident Reports and Corrective Actions, will be reviewed on a monthly basis to ensure success of corrective measures. In the event that a corrective action fails to successfully rectify the root cause of an accident or incident, procedures will

be reviewed for a more effective solution. Any outstanding actions which are overdue will be rectified immediately.

7.2 Accident/Incident Trending

7.2.1 Julian Alcaide (or designee) will be responsible for monitoring CAL/OSHA-300 forms, individual employee medical records and other information to monitor trends for accidents or incidents within the facility. The analysis will be done by department, job title and work area. The information is collected in an effort to identify areas or jobs where potential accident/incident conditions exist.

7.2.2 Employee surveys may be conducted to provide a standardized measure of the extent of progress in reducing work-related accidents or incidents for each area of the facility and to determine which jobs are exhibiting problems. These surveys will be anonymous to encourage employee participation in the surveys.

8 TRAINING

Employees will be adequately trained in the purpose and components of the Accident/Incident Investigation program.

8.1 Manager and Supervisor Training

Managers and Supervisors are responsible for ensuring that employees follow safe work practices. They will undergo training comparable to that of the employees as well as additional training that will enable them to recognize hazardous work practices, to correct such practices, accident/incident reporting and investigation requirements and to reinforcement of the Accident/Incident Investigation program.

8.2 Employee Training

All employees will be given instruction on the hazards associated with their jobs and with their equipment. This will include information on the varieties of hazards associated with the job, what risk factors cause or contribute to them, how to recognize and report hazardous conditions and how to prevent accidents and incidents within their respective jobs.

8.3 Incident Investigation Team Training

Members of the Incident Investigation Team will receive training specific to their duties as members of the Incident Investigation Team. Training topics will include:

- a. Investigative techniques;
- b. Interviewing techniques;
- c. Evidence collection techniques; and
- d. Reporting requirements.

8.4 Training Frequency

All personnel will receive Accident/Incident Investigation training:

- a. Upon assignment to a new position;
- b. Annually thereafter; and
- c. Repeated as necessary for each employee to ensure compliance with safe work practices.

9 DOCUMENTATION AND RECORDKEEPING

9.1 Program

This program will be kept at each facility and made available to all employees who wish to review it.

9.2 Training Records

Copies of training records will be maintained and will be updated as new employees are trained and as existing employee receive additional training.

9.3 Accident/Incident Investigation Activity Records

Records documenting all Accident/Incident Investigation activities will be created and retained and will include:

- a. All accident or incident reports;
- b. Corrective actions implemented as a result of accidents or incidents; and
- c. All completed CAL/OSHA 300, 300A and 301 forms.

9.4 Record Retention

All records will be retained for a minimum of 6 years.

APPENDIX 1 – DEFINITIONS

Amputation – The traumatic loss of a limb or other external body part. Amputations include a part, such as a limb or appendage, that has been severed, cut off, amputated (either completely or partially); fingertip amputations with or without bone loss; medical amputations resulting from irreparable damage; amputations of body parts that have since been reattached. Amputations do not include avulsions, enucleations, degloving, scalping, severed ears or broken or chipped teeth.

Causal factor – An action or lack of action that caused an accident or incident or made the accident or incident worse.

Corrective action – Improvements to an organization's processes taken to eliminate causes of undesirable situations.

In-patient hospitalization – A formal admission to the in-patient service of a hospital or clinic for care or treatment.

Accident or Incident – An unplanned sequence of events and/or conditions that results, or could have reasonably resulted, in a loss event.

Loss event – Undesirable consequences resulting from events or conditions or a combination of these.

Root cause – Deficiency of a management system that allows the causal factors to occur or exist.

Serious injury or illness – Any injury or illness occurring in a place of employment or in connection with any employment that requires inpatient hospitalization for other than medical observation or diagnostic testing, or in which an employee suffers an amputation, the loss of an eye, or any serious degree of permanent disfigurement, but does not include any injury or illness or death caused by an accident on a public street or highway, unless the accident occurred in a construction zone.

APPENDIX 2 – ACCIDENT/INCIDENT INVESTIGATION FORM

Date: _____

Investigation Team Names and Titles:

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____

Accident/Incident Description/Injury Information

Name of Injured Employee: _____ Age: _____

Employee's First Language: _____

Employee's Job Title: _____

Job at Time of Injury: _____

Type of employment: Full-time Part-time Temporary Seasonal Other _____

Length of Time with Company: _____

Length of time in current position at the time of the accident or incident: _____

Date of Accident/Incident: _____ Time of Accident/Incident: _____

Description and Severity of Injury: _____

Detailed description of accident or incident. Include relevant events leading up to, during, and after the accident or incident. *(It is preferred that the information is provided by the injured employee.)*



Description of accident or incident from eye witnesses, including relevant events leading up to, during and after the accident or incident. Include names of persons interviewed, job titles and date/time of interviews.

Description of accident incident from additional employees with knowledge, including relevant events leading up to, during and after the accident or incident. Include names of persons interviewed, job titles and date/time of interviews.



The Root Causes are the underlying reasons the accident or incident occurred and are the factors that need to be addressed to prevent future accidents or incidents. If safety procedures were not being followed, why were they not being followed? If a machine was faulty or a safety device failed, why did it fail? It is common to find factors that contributed to the accident or incident in several of these areas: equipment/machinery, tools, procedures, training or lack of training, and work environment. If these factors are identified, you must determine why these factors were not addressed before the accident or incident.

Recommended Corrective Actions to Prevent Future Accidents or Incidents

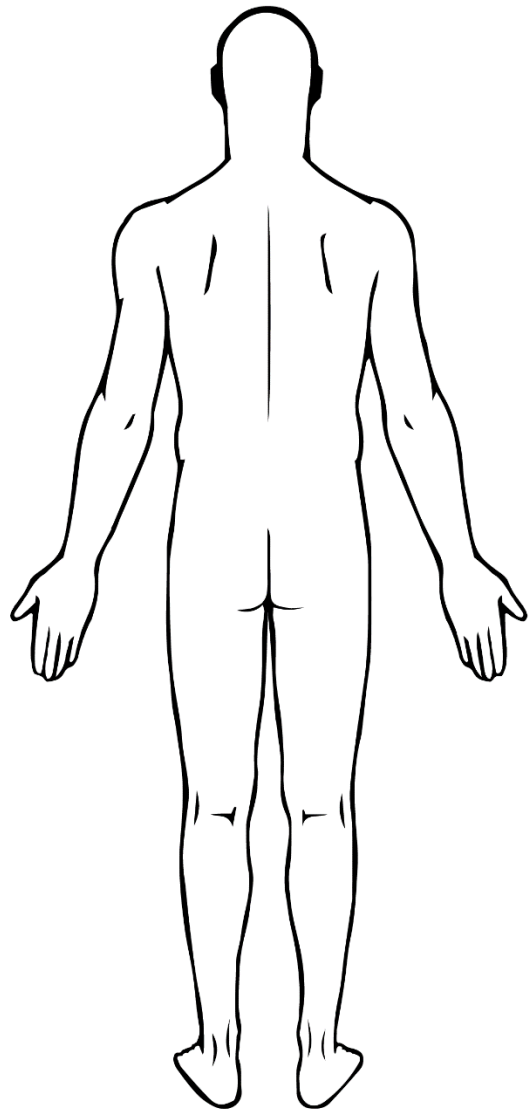
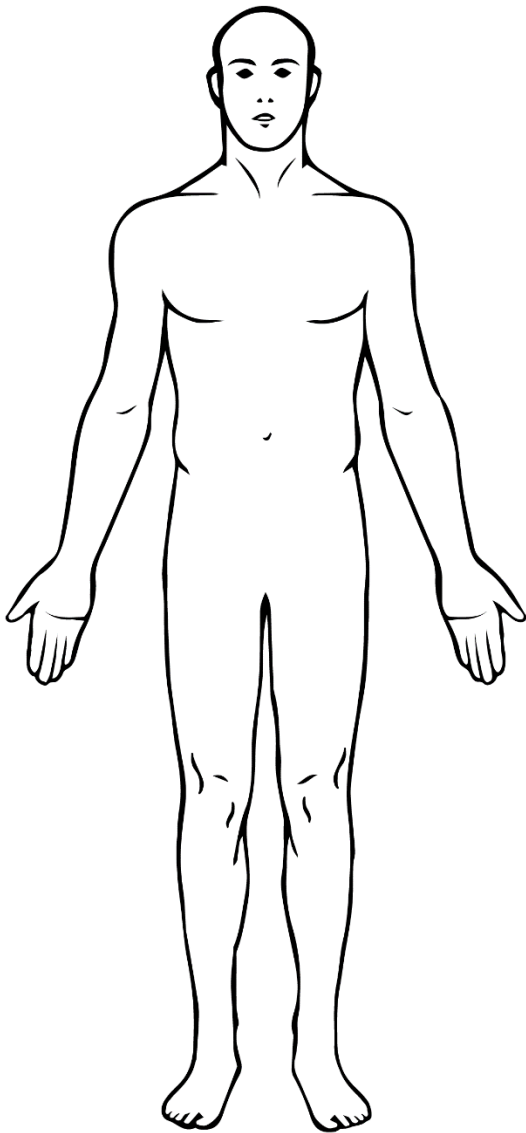
Corrective Actions Taken/Root Causes Addressed

Attach any photographs in support of any investigation and corrective action procedures.

Employee: _____

Date: _____

Diagram Completed By: _____



APPENDIX 3 – CAL/OSHA FORM 5020

State of California EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS		Please complete in triplicate (type if possible) Mail two copies to:		OSHA CASE NO.	
Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers compensation benefits or payments is guilty of a felony.		California law requires employers to report within five days of knowledge every occupational injury or illness which results in lost time beyond the date of the incident OR requires medical treatment beyond first aid. If an employee subsequently dies as a result of a previously reported injury or illness, the employer must file within five days of knowledge an amended report indicating death. In addition, every serious injury, illness, or death must be reported immediately by telephone or telegraph to the nearest office of the California Division of Occupational Safety and Health.		FATALITY <input type="checkbox"/>	
E M P L O Y E R	1. FIRM NAME		1a. Policy Number	Please do not use this column	
	2. MAILING ADDRESS: (Number, Street, City, Zip)		2a. Phone Number		CASE NUMBER
	3. LOCATION if different from Mailing Address (Number, Street, City and Zip)		3a. Location Code	OWNERSHIP	
	4. NATURE OF BUSINESS; e.g., Painting contractor, wholesale grocer, sawmill, hotel, etc.		5. State unemployment insurance acct.no	INDUSTRY	
	6. TYPE OF EMPLOYER: <input type="checkbox"/> Private <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> School District <input type="checkbox"/> Other Gov't, Specify: _____				
	7. DATE OF INJURY / ONSET OF ILLNESS (mm/dd/yyyy)		8. TIME INJURY/ILLNESS OCCURRED _____ AM _____ PM	9. TIME EMPLOYEE BEGAN WORK _____ AM _____ PM	10. IF EMPLOYEE DIED, DATE OF DEATH (mm/dd/yyyy)
	11. UNABLE TO WORK FOR AT LEAST ONE FULL DAY AFTER DATE OF INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		12. DATE LAST WORKED (mm/dd/yyyy)	13. DATE RETURNED TO WORK (mm/dd/yyyy)	14. IF STILL OFF WORK, CHECK THIS BOX: <input type="checkbox"/>
	15. PAID FULL DAYS WAGES FOR DATE OF INJURY OR LAST DAY WORKED? <input type="checkbox"/> Yes <input type="checkbox"/> No		16. SALARY BEING CONTINUED? <input type="checkbox"/> Yes <input type="checkbox"/> No	17. DATE OF EMPLOYER'S KNOWLEDGE/NOTICE OF INJURY/ILLNESS (mm/dd/yyyy)	18. DATE EMPLOYEE WAS PROVIDED CLAIM FORM (mm/dd/yyyy)
	19. SPECIFIC INJURY/ILLNESS AND PART OF BODY AFFECTED, MEDICAL DIAGNOSIS if available, e.g., Second degree burns on right arm, tendonitis on left elbow, lead poisoning				AGE
	20. LOCATION WHERE EVENT OR EXPOSURE OCCURRED (Number, Street, City, Zip)		20a. COUNTY	21. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input type="checkbox"/> No	DAILY HOURS
22. DEPARTMENT WHERE EVENT OR EXPOSURE OCCURRED, e.g., Shipping department, machine shop.		23. Other Workers injured or ill in this event? <input type="checkbox"/> Yes <input type="checkbox"/> No		DAYS PER WEEK	
24. EQUIPMENT, MATERIALS AND CHEMICALS THE EMPLOYEE WAS USING WHEN EVENT OR EXPOSURE OCCURRED, e.g., Acetylene, welding torch, farm tractor, scaffold		25. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED, e.g., Welding seams of metal forms, loading boxes onto truck.		WEEKLY HOURS	
26. HOW INJURY/ILLNESS OCCURRED, DESCRIBE SEQUENCE OF EVENTS, SPECIFY OBJECT OR EXPOSURE WHICH DIRECTLY PRODUCED THE INJURY/ILLNESS, e.g., Worker stepped back to inspect work and slipped on scrap material. As he fell, he brushed against fresh weld, and burned right hand. USE SEPARATE SHEET IF NECESSARY				WEEKLY WAGE	
27. Name and address of physician (number, street, city, zip)		27a. Phone Number		NATURE OF INJURY	
28. Hospitalized as an inpatient overnight? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes then, name and address of hospital (number, street, city, zip)		28a. Phone Number		PART OF BODY	
		29. Employee treated in emergency room? <input type="checkbox"/> Yes <input type="checkbox"/> No		SOURCE	
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) & 14300.35(b)(2)(E)2. Note: Shaded boxes indicate confidential employee information as listed in CCR Title 8 14300.35(b)(2)(E)2.					
30. EMPLOYEE NAME		31. SOCIAL SECURITY NUMBER	32. DATE OF BIRTH (mm/dd/yyyy)	EVENT	
33. HOME ADDRESS (Number, Street, City, Zip)		33a. PHONE NUMBER		SECONDARY SOURCE	
34. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	35. OCCUPATION (Regular job title, NO initials, abbreviations or numbers)		36. DATE OF HIRE (mm/dd/yyyy)	EXTENT OF INJURY	
37. EMPLOYEE USUALLY WORKS _____ hours per day, _____ days per week, _____ total weekly hours	37a. EMPLOYMENT STATUS <input type="checkbox"/> regular, full-time <input type="checkbox"/> part-time <input type="checkbox"/> temporary <input type="checkbox"/> seasonal		37b. UNDER WHAT CLASS CODE OF YOUR POLICY WHERE WAGES ASSIGNED		
38. GROSS WAGES/SALARY \$ _____ per _____		38. OTHER PAYMENTS NOT REPORTED AS WAGES/SALARY (e.g., tips, meals, overtime, bonuses, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Completed By (type or print)		Signature & Title		Date (mm/dd/yyyy)	
* Confidential information may be disclosed only to the employee, former employee, or their personal representative (CCR Title 8 14300.35), to others for the purpose of processing a workers' compensation or other insurance claim; and under certain circumstances to a public health or law enforcement agency or to a consultant hired by the employer (CCR Title 8 14300.30). CCR Title 8 14300.40 requires provision upon request to certain state and federal workplace safety agencies.					

FORM 5020 (Rev7) June 2002

FILING OF THIS FORM IS NOT AN ADMISSION OF LIABILITY

APPENDIX 4 – CAL/OSHA FORM 300

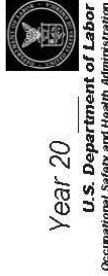
OSHA's Form 300 (Rev. 01/2004)

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 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 300) 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 OSHA office for help.

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

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.



Year 20

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Establishment name _____
City _____ State _____

Identify the person		Describe the case		Classify the case SELECT ONLY ONE box for each case based on the most serious outcome for that case.		Enter the number of days the injured or ill worker was:		Select 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.g., 2/10)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness; parts of body affected, and anatomical space that is affected (e.g., Second degree burns on right forearm from acetone torch)	(G) Death	(H) Days away from work	(I) Job transfer or restriction	(J) Other non-work days	(K) Away from work	(L) On job transfer or restriction	(M) Injury	(1) Skin disorder	(2) Respiratory condition	(3) Poisoning	(4) Hearing loss	(5) All other	
Reset			/ month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			/ month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			/ month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			/ month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			/ month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			/ month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			/ month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			/ month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			/ month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			/ month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page totals ▲

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Add a Form Page

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Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data, review, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a valid OMB control number. If you have any comments about these burdens, contact the Office of Management and Budget, Paperwork Project Director (0330-0183), Washington, DC 20503. Send comments to Washington, DC 20503-9044, 200 Constitution Avenue, NW, Washington, DC 20503. Do not send the completed forms to this office.



APPENDIX 5 – CAL/OSHA FORM 300A



OSHA's Form 300A (Rev. 01/2004)

Year 20

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, 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 OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in 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 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 _____

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

Public reporting burden for the collection of information is estimated to average 30 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments on this burden estimate or any other aspect of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3604, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed form to this office.

Establishment information

Your establishment name _____

Street _____

City _____ State _____ Zip _____

Industry description (e.g., *Manufacture of motor track 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 next 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.

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 _____/_____/____

Save Input



OSHA's Form 301 Injury and Illness Incident Report

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy the printout or insert additional form pages in the PDF, and then use as many as you need.

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

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.



U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no 1218-0176

Information about the employee

- 1) Full name _____
- 2) Street _____
- 3) City _____ State _____ ZIP _____
- 4) Date of birth _____
Month _____ Day _____ Year _____
- 5) Date hired _____
Month _____ Day _____ Year _____
 Male Female

Information about the physician or other health care professional

- 6) Name of physician or other health care professional _____

- 7) If treatment was given away from the worksite, where was it given?
Facility _____
Street _____
City _____ State _____ ZIP _____

- 8) Was employee treated in an emergency room?
 Yes No

- 9) Was employee hospitalized overnight as an inpatient?
 Yes No

Completed by _____ Date _____
Title _____
Phone _____
Month _____ Day _____ Year _____

Information about the case

- 10) Case number from the Log _____
(Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness _____
Month _____ Day _____ Year _____
- 12) Time employee began work _____
O AM O PM
- 13) Time of event _____
O AM O PM O Check if time cannot be determined
- 14) **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. *Examples:* "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
- 15) **What Happened?** Tell us how the injury occurred. *Examples:* "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

- 16) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." *Examples:* "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

- 17) **What object or substance directly harmed the employee?** *Examples:* "concrete floor"; "chlorine"; "radial arm saw." *If this question does not apply to the incident, leave it blank.*

- 18) **If the employee died, when did death occur?** Date of death _____
Month _____ Day _____ Year _____

Save Input

Add a Form Page

Reset

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Public information for this collection of information is submitted to a public 22-minute per year, including data for reporting instructions, including existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about this estimate or any other aspect of the data collection, including suggestions for reducing this burden, contact the OSHA Office of Statistics Analysis, Room 18-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed form to this office.

