

CHAPTER 4
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CHAPTER 4

CALIFORNIA OCCUPATIONAL SAFETY AND HEALTH ACT LOG

1. CALIFORNIA OCCUPATIONAL SAFETY AND HEALTH ACT AND CALIFORNIA CODE OF REGULATIONS. The California Occupational Safety and Health Act (Cal/OSHA) of 1973, California Labor Code, Section 6410, and California Code of Regulations, Title 8, Section 14301, require employers to compile a log of specific occupational injuries and illnesses. The Cal/OSHA Form 300, Log of Work-Related Injuries and Illnesses, hereinafter referred to as the Log, shall be used for this purpose (see Annex A).

NOTE: Recording an injury or illness does not necessarily imply that management is at fault, the employee is at fault, a violation of an OSHA requirement has occurred, or the injury or illness is compensable under workers' compensation or other systems.

2. MAINTENANCE OF LOG.

a. Who Shall Maintain. The Log shall be maintained at the following locations:

(1) Headquarters.

(a) Executive Offices. The Office of Employee Safety and Assistance, Occupational Safety Unit (OSU), shall prepare and maintain the Log for the Office of the Commissioner; Deputy Commissioner; Office of the Assistant Commissioner, Field; and Office of the Assistant Commissioner, Staff.

(b) Headquarters Divisions. Headquarters Divisions shall maintain the Log for their respective commands.

(c) Academy. The Academy shall maintain three separate Logs: one for permanently and temporarily assigned Academy staff, one for cadets, and one for trainees.

(2) Field Divisions, Areas, Communications Centers, and Enforcement Facilities. Each field Division, Area, communications center, and enforcement facility shall maintain a Log. A copy of the Log shall be sent monthly to satellite offices such as resident posts and vehicle theft units, regardless of whether any injuries or illnesses are recorded.

b. Occupational Safety and Health 300 Log Forms. Log forms may be printed from the CHP Intranet site, home.chp.ca.gov/forms/index.html.

c. When to Record. Injuries and illnesses shall be recorded on the Log within six work days following knowledge of an injury or illness. The Log shall be updated when a status change of an injury or illness occurs.

d. What to Record. The following injuries and illnesses shall be recorded (see Annex A):

(1) All occupational illnesses.

(2) All occupational deaths.

(3) All occupational injuries other than record only or first aid without medical expenses.

(a) Lost Time Injuries or Illnesses. The employee is unable to report to work subsequent to the day of the injury or illness as a result of the injury or illness. Routine visits to medical care providers shall not be documented as lost time. Any portion of a lost work day shall be counted as a full day on the Log. All lost time shall be entered on the Log appropriate for the initial date of injury or illness.

(b) No Lost Time Injuries or Illnesses. Treatment extends beyond first aid, but the employee is able to report to work subsequent to the day of the injury or illness. The employee is not placed on limited duty nor incurs any lost time as a result of the injury or illness. Routine visits to medical care providers shall not be documented as lost time.

(c) Limited Duty (Restricted Work Activity). The employee is able to report to work subsequent to the day of the injury or illness but is temporarily assigned to limited duty until able to return to full duty, works at a permanently assigned job less than full time, or works at a permanently assigned job but cannot perform all duties normally connected with it. Routine visits to medical care providers shall not be documented as lost time. Any portion of a work day while on limited duty shall be counted as a full day on the Log. All limited duty time shall be entered on the Log appropriate for the initial date of injury or illness.

NOTE: All injuries (unless record only or first aid without medical expenses) and illnesses shall be entered on the Log and lined out if subsequently denied by State Fund.

e. Where to Record. Injuries and illnesses sustained by temporarily assigned personnel, cadets, and employees who are training at other sites shall be recorded in accordance with the directives listed below.

(1) Temporarily Assigned Personnel.

(a) Injuries and illnesses which occur to employees on temporary assignment shall be recorded on the Log of the command of temporary assignment **unless** the assignment is for control of civil disturbance. Injuries and illnesses occurring during civil disturbance assignments shall be recorded on the Log of the command where the employee is permanently assigned at the time of the injury or illness.

(b) Injuries and illnesses occurring while an employee is traveling to or from a temporary assignment shall be recorded on the Log of the command where the employee is permanently assigned at the time of the injury or illness.

(c) Injuries or illnesses occurring while an employee is temporarily assigned to and/or under the direct control and supervision of an entity other than the Department shall be recorded on the Log of the command where the employee is permanently assigned at the time of the injury or illness.

(2) Cadets. Injuries or illnesses shall be initially recorded on the Academy Log. Upon graduation, the Academy shall forward the employee's field injury file to the command of permanent assignment. If there is a recurrence or status change of the injury or illness, the command of permanent assignment shall be responsible for processing the appropriate CHP 121, Employer's Report of Occupational Injury or Illness, forms and recording the injury or illness on the Log appropriate for the initial date of injury or illness.

(3) Training at Other Sites. Injuries or illnesses which occur during training at other sites shall be recorded on the Log of the command where the employee is permanently assigned at the time of injury or illness.

f. California Occupational Safety and Health Act Number. A Cal/OSHA number shall be assigned to every injury and illness which is recorded on the Log. The same number shall be entered on the CHP 121. The numbers shall be consecutive, starting with the first injury or illness of the calendar year, and shall include the command's location code and the year. For example, the first injury in North Sacramento Area in 2017 would be assigned Cal/OSHA Number 1-250-17.

g. Status Change of an Injury or Illness. If the status of an injury or illness changes within five years of the original occurrence, the Log on which the injury or illness is recorded must be updated. If the employee is assigned to a different command at the time the status change occurs, the different command shall transmit a Communications Network (Comm-Net) message to the command where the injury or illness is recorded. The command where the injury was first recorded shall then update the Log. The following procedures shall be followed for injury and illness status changes:

(1) When an injury initially requires only first aid without medical expenses, but now requires medical treatment with expenses, or results in lost time or limited duty, record the injury on the Log, assigning the next consecutive

Cal/OSHA number to the Log entry and to the CHP 121.

(2) When an injury initially identified as record only now requires medical treatment beyond first aid, which results in medical expenses, or results in lost work days or limited duty, record the injury on the Log, assigning the next consecutive Cal/OSHA number to the Log entry and to the CHP 121.

(3) When an injury or illness claim is denied by State Fund, line out the entire entry and make an appropriate notation on the Log and the CHP 121, and retain the CHP 121 in the command's OSHA 300 file.

(4) When an injury or illness recorded on the Log later results in death, line out Columns H-L on the Log and mark Column G (Death), add the date of death in Column D, and make an appropriate notation on the CHP 121.

h. Updating Prior Year's Entries. When an employee's lost time extends from one year into the next, subsequent days lost, on limited duty, and death are to be recorded on the Log appropriate for the initial date of injury or illness. Do not enter on subsequent Logs. When an employee has been reassigned or was temporarily assigned to another command at the time of the injury or illness, the command of permanent assignment shall transmit a status change Comm-Net message to the command where the injury or illness is recorded.

3. ANNUAL REPORTING.

a. Areas, Communications Centers, Enforcement Facilities, and Headquarters Commands. By January 15 each year, Areas, communications centers, enforcement facilities, and headquarters commands shall total their previous year's Logs and forward signed copies to their respective Divisions.

b. Field Divisions. By February 15 each year, field Divisions shall compile and forward to the OSU their Division composite Logs of the Division office, Areas, communications centers, and enforcement facilities within the Division for the previous year. The Division composite Logs shall be totaled, signed at the bottom, and forwarded with copies of each command's Log.

c. Headquarters Divisions. By February 15 each year, headquarters Divisions shall forward their totaled and signed composite Logs for the previous year to the OSU.

d. Occupational Safety Unit. By March 31 each year, OSU shall compile a Department composite Log of the Executive Offices and all Divisions for the previous year. The Log shall be totaled, signed, and submitted to the U.S. Department of Labor, Bureau of Labor Statistics.

4. FILE OF INJURY AND ILLNESS REPORTS. A CHP 121 shall be maintained in the command's OSHA 300 Log file for each injury or illness recorded on the Log.

5. ANNUAL POSTING OF RESULTS. The Cal/OSHA Form 300A, Summary of Work-Related Injuries and Illnesses, shall be prominently posted at the work site by February 1 of the year following the year covered by the Log, and shall remain posted until April 30. Negative reports shall be prepared and posted. Enter zeroes in the "Totals" row if no recordable injuries or illnesses occurred during the previous year (see Annex B). A worksheet to help fill out the Cal/OSHA Form 300A is provided in this chapter (see Annex C).

6. RETENTION. Commands must save the OSHA 300 Log, the privacy case list (if one exists), and the annual summary for five years following the end of the calendar year that these records cover. CHP 121s shall also be maintained five years for each injury or illness recorded on the Log.


7. OUTSIDE AGENCY REVIEW. Logs must be available for inspection and copying by representatives of the U.S. Department of Labor, the U.S. Department of Health and Human Services, the California Department of Health Services, and the California Department of Industrial Relations. Access to the Log must also be provided to employees and former employees and their representatives.

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ANNEX A

CAL/OSHA FORM 300, LOG OF WORK-RELATED INJURIES AND ILLNESSES

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


 Year: 2016
 Department of Industrial Relations
 Division of Occupational Safety and Health

Establishment name: California Highway Patrol
 City: Paradise City State: CA

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 14300.2910(b)-(10)

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.

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.g., month/day)	(E) Where the event occurred (e.g., Loading dock, room #)	(F) Describe injury or illness, parts of body affected, and objective substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	(G) Death	(H) Days away from work	(I) Job transfer or restriction	(J) Other recordable cases	(K) Averaging from On job transfer or restriction	(M) Injury	(1) Skin disorder	(2) Respiratory condition	(3) Poisoning	(4) Hearing loss	(5) All other illnesses
1	Alex Johnston	Officer	01/18 monday	State Route 138	Cuts/scrapes to arms and hands from weeds/bushes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Jake Jones	Officer	02/04 monday	Hwy. 1	Back injury from motor vehicle collision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Lynn Gregory	O.A.	02/25 monday	Area Office	Carpal Tunnel to both wrists from typing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Bob Douglas	Sergeant	04/23 monday	Statewide	Cumulative Trauma to back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Kimberlee Rodriguez	Officer	05/01 monday	Hwy. 101	Rt. Knee injured during arrest	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Martin Phillips	Officer	06/23 monday	Statewide	Lung cancer from CT exposure to carcinogens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	27 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Frank Carson	Officer	08/12 monday	Area Office	EE sprained knee in Area parking lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Benjamin Smith	Officer	10/01 monday	Statewide	EE claims heart disease due to CT stressors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	Lori Fredrickson	Officer	10/11 monday	Lincoln Blvd	Left index finger jammed removing debris	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Michael Miller	Officer	12/14 monday	Hwy. 1	Lower back strain lifting tire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	62 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	133 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page Totals: **62** **133**
 Be sure to transfer these totals to the Summary page (Form 3004) before you post it.

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ANNEX B

CAL/OSHA FORM 300A, ANNUAL SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES

Cal/OSHA Form 300A (Rev. 7/2007) Appendix B 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 total 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
0	3	2	5
(g)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
62	153
(K)	(L)

Injury and Illness Types

Total number of ...	(1) Injuries	(2) Skin disorders	(3) Respiratory conditions	(4) Poisonings	(5) Hearing loss	(6) All other illnesses
(M)	8					2

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

Establishment information
 Your establishment name CHP - Oceanview Area (738)
 Street 1526 Greener Grass Dr.
 City Paradise City State CA ZIP 95555

Industry description (e.g., *Manufacture of motor truck trailers*)
Law Enforcement
 Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
9 2 2 1

Employment information (If you don't have these figures, use the optional worksheet to estimate.)
 Annual average number of employees 38
 Total hours worked by all employees last year 81,976

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.

L. Arvel Captain
 Company executive Title
 (831) 555-5555 1/31/2017
 Phone Date

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ANNEX C

WORKSHEET TO HELP FILL OUT THE CAL/OSHA FORM 300A, ANNUAL SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES

How to figure the average number of employees who worked in the Division during this year:

- ⊕ Add the total number of employees paid while in the Division in all pay periods during the year. Include all employees: full-time, part-time, temporary, seasonal, salaried, and hourly. The number of employees paid in all periods = ⊕ _____
- ⊕ Count the number of pay periods the Department had during the year. The number of pay periods during the year = ⊕ _____
- ⊗ Divide the number of employees by the number of pay periods. $\frac{\oplus}{\oplus} = \div$ _____
- ⊕ Round the answer to the next highest whole number. Write the rounded number in the blank marked Annual average number of employees. The number rounded = ⊕ _____

For example, Acme Construction figured its average employment this way:

For pay period ... Acme paid this number of employees

For pay period ...	Acme paid this number of employees ...		
1	10	Number of employees paid = 830	⊕
2	0		
3	15	Number of pay periods = 26	⊕
4	30		
5	40	$\frac{830}{26} = 31.92$	⊗
◆	◆		⊗
24	20		
25	15	31.92 rounds to 33	⊕
26	<u>±10</u> 830	32 is the annual average number of employees	

ANNEX C

WORKSHEET TO HELP FILL OUT THE CAL/OSHA FORM 300A, ANNUAL SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES (*continued*)

How to figure the total hours worked by all employees:

Include hours worked by salaried, hourly, part-time, and seasonal workers, as well as hours worked by other workers subject to day-to-day supervision by the Division (e.g., temporary help services workers).

Do not include vacation, sick leave, holidays, or any other non-work time, even if employees were paid for it. If the Division keeps records of only the hours paid or if there are employees who are not paid by the hour, please estimate the hours that the employees actually worked.

If this number is not available, you can use this optional worksheet to estimate it:

Optional Worksheet

	_____	Find the number of full-time employees in your establishment for the year.
X	_____	Multiply by the number of work hours for a full-time employee in a year.
	_____	This is the number of full-time hours worked.
+	_____	Add the number of any overtime hours, as well as the hours worked by other employees (part-time, temporary, seasonal)
	_____	Round the answer to the next highest whole number. Write the rounded number in the blank marked. Total hours worked by all employees last year.