

Appendix E—Required Elements for the Cal/OSHA Form 300A Annual Summary of Work-Related Injuries and Illnesses Equivalent Form.

- A. Employers who are required to complete the Cal/OSHA Form 300A may use an equivalent form that provides all of the following information:
1. The number of cases:
 - (G) The total number of deaths
 - (H) The total number of cases with days away from work
 - (I) The total number of cases with job transfers or restriction
 - (J) The total number of other recordable cases
 2. The number of days:
 - (K) The total number of days of job transfer or restriction
 - (L) The total number of days away from work
 - (M) Injury and Illness Types, the total numbers of:
 1. Injuries
 2. Skin disorders
 3. Respiratory conditions
 4. Poisonings
 5. All other illnesses
 3. Posting requirement statement: "Post this Annual Summary from February 1 to April 30 of the year following the year covered by the form."
 4. Establishment information:
 - The establishment name
 - Street address
 - City, State, Zip
 - Industry description
 - The Standard Industry Classification Code, if known.

5. Employment information:

- The annual average number of employees.
- The total hours worked by all employees last year.

(For assistance in calculating the annual average number of employees, and total hours worked, refer to Appendix G.)

6. Sign Here:

- Admonition: "Knowingly falsifying this statement may result in a fine."
- Certification statement: "I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete."
- Space for the signature of the company executive, and title.
- Phone number of signatory.
- Date of the certification.

NOTE: Authority cited: Section 6410, Labor Code. Reference: Section 6410, Labor Code.