

# SERIOUS WORK-RELATED INJURIES

**Cal/OSHA** requirements dictate that every employer shall report any work-related serious injury or illness, or death of an employee immediately (**no longer than 8 hours**) after the employer knows of the injury or death. **Serious injuries must be reported to the nearest Cal/OSHA Enforcement office by phone** (Title 8 CCR §342). See the reverse side of this form for the definition of Serious Injury or Illness and the locations and numbers for the Cal/OSHA District offices.

NOTE: Do not mail this form to Cal/OSHA. This form is intended to be used by the employer to prepare the information Cal/OSHA will request during the phone call and document the information regarding the call. The Cal/OSHA Enforcement numbers are answered 24 hours.

## INCIDENT AND INJURED EMPLOYEE INFORMATION

Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_ AM PM

Address or site of incident: \_\_\_\_\_

Name of injured employee: \_\_\_\_\_

Address of injured employee: \_\_\_\_\_

Phone of injured employee: \_\_\_\_\_ Alt. phone for employee: \_\_\_\_\_

Location where injured employee(s) was/were moved to (address & phone number):

\_\_\_\_\_

Nature of injury (Example: death, amputation of left arm, puncture wound to right thigh)

\_\_\_\_\_

Description of incident and whether the incident scene or instrumentality has been altered

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List and identity of any law enforcement agencies present at the site of the incident

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYER INFORMATION

Employer Name: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Name of person reporting the incident: \_\_\_\_\_

Title or badge number of the person reporting the incident: \_\_\_\_\_

Name of employer representative to contact at site of incident: \_\_\_\_\_

## CAL/OSHA REPORTING NOTES

Use this section to document details of reporting the incident to Cal/OSHA

Cal/OSHA office reported to: \_\_\_\_\_ Cal/OSHA office phone: \_\_\_\_\_

Date Reported: \_\_\_\_\_ Time Reported: \_\_\_\_\_ AM PM

Cal/OSHA representative \_\_\_\_\_ Title/Badge of OSHA rep: \_\_\_\_\_

Any additional information discussed during the call to Cal/OSHA

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## CAL/OSHA ENFORCEMENT UNIT DISTRICT OFFICES

Online Search by Zip Code: <http://www.dir.ca.gov/asp/DoshZipSearch.html>

| District Office | Address  | Phone          |
|-----------------|--|----------------|
| American Canyon | 3419 Broadway Street, American Canyon, CA 94503                    | (707) 649-3700 |
| Bakersfield     | 7718 Meany Avenue, Bakersfield, CA 93308                           | (661) 588-6400 |
| Foster City     | 1065 East Hillsdale Blvd., Ste 110, Foster City, CA 94404          | (650) 573-3812 |
| Fremont         | 39141 Civic Center Drive, Suite 310, Fremont, CA 94538             | (510) 794-2521 |
| Fresno          | 2550 Mariposa Street, Room 4000, Fresno, CA 93721                  | (559) 445-5302 |
| Long Beach      | 3939 Atlantic Avenue, Suite 212, Long Beach, CA 90807              | (562) 506-0810 |
| Los Angeles     | 320 West 4 <sup>th</sup> Street, Suite 820, Los Angeles, CA 90013  | (213) 576-7451 |
| Modesto         | 4206 Technology Drive, Suite 3, Modesto, CA 95350                  | (209) 545-7310 |
| Monrovia        | 800 Royal Oaks Drive, Suite 105, Monrovia, CA 91016                | (626) 239-0369 |
| Oakland         | 1515 Clay Street, Suite 1303, Oakland, CA 94612                    | (510) 622-2916 |
| Redding         | 381 Hemsted Drive, Redding, CA 96002                               | (530) 224-4743 |
| Sacramento      | 2424 Arden Way, Suite 165, Sacramento, CA 95825                    | (916) 263-2800 |
| San Bernardino  | 464 W. 4 <sup>th</sup> Street, Suite 332, San Bernardino, CA 92401 | (909) 383-4321 |
| San Diego       | 7575 Metropolitan Drive, Suite 207, San Diego, CA 92108            | (619) 767-2280 |
| San Francisco   | 455 Golden Gate Ave., Rm 9516, San Francisco, CA 94102             | (415) 577-0100 |
| Santa Ana       | 2000 E. McFadden Avenue, Ste 122, Santa Ana, CA 92705              | (714) 558-4451 |
| Van Nuys        | 6150 Van Nuys Blvd., Suite 405, Van Nuys, CA 91401                 | (818) 901-5403 |

## Definition of Serious Injury

“Serious injury or illness” means 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. (Title 8 CCR 330(h))

Note: If the injured employee is working outside their vehicle on the highway for their job then it needs to be reported to Cal-OSHA. (i.e., tow truck driver, construction worker, etc.)

### Title 8 CCR §342. Reporting Work-Connected Fatalities and Serious Injuries

(a) Every employer shall report immediately by telephone or telegraph to the nearest District Office at the Division of Occupational Safety and Health any serious injury or illness, or death, of an employee occurring in a place of employment or in connection with any employment.

Immediately means as soon as practically possible, but no longer than 8 hours after the employer knows or with diligent inquiry would have known of the death or serious injury or illness. If the employer can demonstrate that exigent circumstances exist, the time frame for the report may be made no longer than 24 hours after the incident.

Serious injury or illness is defined in section 330(h), Title 8, California Administrative Code.

(b) Whenever a state, county, or local fire or police agency is called to an accident involving an employee covered by this part in which a serious injury, or illness, or death occurs, the nearest office of the Division of the Occupational Safety and Health shall be notified by telephone immediately by the responding agency.

(c) When making such report, whether by telephone or telegraph, the reporting party shall include the following information, if available: (1) Time and date of accident. (2) Employer's name, address and telephone number. (3) Name and job title, or badge number of person reporting the accident. (4) Address of site of accident or event. (5) Name of person to contact at site of accident. (6) Name and address of injured employee(s). (7) Nature of injury. (8) Location where injured employee(s) was/were moved to. (9) List and identity of other law enforcement agencies present at the site of accident. (10) Description of accident and whether the accident scene or instrumentality has been altered.

(d) The reporting in (a) and (b) above, is in addition to any other reports required by law and may be made by any person authorized by the employers, state, county, or local agencies to make such reports.

#### Who should report a serious injury of a temporary worker?

Only one employer's log should contain a record of injuries and illnesses of the employees. However, **both** primary employers and host employers **must report serious work injuries and illnesses to Cal/OSHA** as required by T8 CCR 342, subsection (a).