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

## 200 (0-· 7/2007)

	ork-Related Injuri		26606		programs. See CCR Title 8 14300.29(b)(6)-(10)	allonal 5	arety and h	eaitii				Va		202	3	
You must record inform must also record signific CCR Title 8 Section 143	ation about every work-related death and cant work- related injuries and illnesses th	about every work-related inj at are diagnosed by a physi wo lines for a single case if	ury or illness that involves los ician or licensed health care p you need to. You must comple	rofessional. You must also record work-relat	or job transfer, days away from work, or medical treatment beyond first aid. You ed injuries and illnesses that meet any of the specific recording criteria listed in I/ OSHA Form 301) or equivalent form for each injury or illness recorded on this	Lota	blishmer TIFIED C		N CENT	ER	City/Sta Modeste	te		202	2	
Identify the per	son		Describe the cas	Se		Class	ify the ca	se								
(A)	(B)	(C)	(D)	(E)	(F)	Using t	hese four ca	ategories, ch				the "injury" column or one type of illness				
( )		Job Title	Date of injury or onset of illness	Where the event occurred (e.g. Loading dock north	Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill. (e.g. Second degree burns on right forearm	Death (G)	Days away from work (H)	Remaine Job transfer or restriction (I)	ed at work Other recordable cases (J)	_	On the job transfer or restriction (L)				(4) Hearing	() All other () All other () illnesses
Case #	Employee's Name	(e.g. welder)	(month/day)	end)	from acetylene torch)					days days	days			<u> </u>	<u> </u>	+
										days days	days		⊢			
										days days	days			+	$\square$	<u> </u>
										days days	days days		$\left  \right $	-	-	$\overline{-}$
										days days	days		$\square$	+	+	+
										days days	days			<u> </u>	<u> </u>	
										days days	days			+	+	+
										days	days			-	-	+
			·							days days	days			1	$\pm$	$\pm$
NOTE: If addition	onal pages are required, copy	Page Totals to the	e top (row 15) of the	next page.	Page Total	<b>s</b> 0	0	0	0	0 days	0 days	4	0	0	0 0	0

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

1 of 1 Page

(1) (2) (3) (4)

TATE

CAL OSHA

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



Year: 2022

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 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 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 cases with da away from wo	ys	Total number of cas with job transfer o restriction		Total number of other recordable cases
0 (G)	0 (H)		0 (I)		0 (J)
Number of Days					
Total number of days away from work	Total number job transfer o				
0 (K)	0 (L)	)			
Injury and Illness Type	es				
Total number of… (M)					-
(1) Injuries	0	(4)	Poisonings	0	_
(2) Skin Disorders	0	(5)	Hearing loss	0	-
(3) Respiratory Conditions	0	(6)	All other illnesses	0	_

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

Establishment name:	MS W	EST ENTERPRISE	S
Street	4:	301 McHenry Ave	
City	Modesto	State Ca.	ZIP 95356
Industry description:	Au	to Collision Repair	
Standard Industrial Classifi If known (e.g., SIC 3715)	cation (SIC)		7532
		al Worksheet to estir	mate)
(If you don't have these fig	ures, use the optiona	al Worksheet to estir	nate) 22
Employment Informa (If you don't have these fig Annual average number of Total hours worked by all e	ures, use the optiona employees	al Worksheet to estir	
(If you don't have these fig Annual average number of	ures, use the optiona employees mployees last year document may rest ed this document and	ult in a fine.	<u>22</u> 40,223
(If you don't have these fig Annual average number of Total hours worked by all e <b>Sign here</b> <b>Knowingly falsifying this</b> I certify that I have examine	ures, use the optiona employees mployees last year document may rest ed this document and	ult in a fine.	<u>22</u> 40,223