



SCHOOLS INSURANCE PROGRAM FOR EMPLOYEES

CAL/OSHA REPORTING OF SERIOUS ILLNESS, INJURY, EXPOSURE, OR DEATH OF AN EMPLOYEE

As required by Title 8 regulations, section 342, you must include the following information when calling the **Cal/OSHA Enforcement Unit in Bakersfield at (661) 588-6400.**

1.	Time and date of accident/event.	Time:	Date:
2.	Employer's name, address and telephone number.	Employer's Name: Phone:	Address:
3.	Name and job title of the person reporting the accident.	Name of Person Reporting:	Job Title:
4.	Address of accident/event site.	Address of Accident/Event Site:	
5.	Name of person to contact at accident/event site.	Name of Contact at Accident/Event Site:	
6.	Name and address of injured employee(s).	Name of the Injured Employee(s):	Address of the Injured Employee(s):
7.	Nature of injuries.	Describe the Injury(ies):	
8.	The location where injured employee(s) was/were taken for medical treatment.	Name of Facility:	Address of Facility:
9.	List and identity of other law enforcement agencies present at the accident/event site.	List:	
10.	Description of accident/event and whether the accident scene or instrumentality has been altered.	Description:	

The above information was transmitted to _____
Name of CAL/OSHA Representative
at the CAL/OSHA office on _____ at _____ by _____
Date Time Name of who reported to CAL/OSHA

Effective January 1, 2003, the minimum **civil penalty was increased** to \$5,000 for failure to report a fatality or serious injury or illness to the Division as required by section 342 of Title 8 of the California Code of Regulations. Effective January 1, 2020, employers must **IMMEDIATELY** report to Cal/OSHA any serious illness, injury, exposure, or death of an employee.

Summary of the Reporting Requirements

Incidents requiring immediate reporting to the Division:

- Fatal injury to an employee
- Serious injury, illness, or exposure to an employee
 - A serious injury, illness, or exposure is defined as:
 - Amputation(s); or
 - Loss of an eye; or
 - Serious exposure means any exposure of a hazardous substance when the exposure occurs as a result of an incident, accident, emergency, or exposure over time and is in a degree or amount sufficient to create a realistic possibility that death or serious physical harm in the future could result from the actual hazard created by the exposure to an employee; or
 - Serious degree of permanent disfigurement (e.g., crushing or severe burn type injuries) 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; or
 - In-patient hospitalization of employee(s) other than medical observation or diagnostic testing.

If a fatal or serious injury, illness, or exposure to an employee occurs, the employer must report by telephone, to the **Cal/OSHA Bakersfield District Office (661) 588-6400** immediately. 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 serious illness, injury, exposure, or death.

Information required to be reported to Cal/OSHA:

1. Time and date of accident/event
2. Employer's name, address, and telephone number
3. Name and job title of the person reporting the accident/event
4. Address of the site where the accident/event occurred
5. Name of person to contact at accident/event site
6. Name and address of injured employee(s)
7. Nature of injuries
8. Location of where the injured employee(s) was/were taken for medical treatment
9. List and identity of law enforcement agencies present at the site of the incident
10. Description of the accident/event and whether the accident scene or instrumentality has been altered

CALL OR SEND A COPY TO SIPE BY PHONE (805) 460-0280 OR BY EMAIL SIPE@SLOSIPE.ORG