

## Reporting a Serious Injury or Illness

California Code of Regulations (CCR) Title 8, Section 342 (a) requires employers to immediately notify by telephone the nearest District Office of the Division of Occupational Safety and Health (DOSH) of any serious injury, illness, or death of an employee occurring in a place of employment or in connection with any employment. Failure to immediately notify the nearest District Office of DOSH may result in a violation and penalty of up to \$5,000.

The employer or authorized representative shall provide the following information when reporting a serious injury or illness or death to the nearest District Office of DOSH (<http://www.dir.ca.gov/dosh/DistrictOffices.htm>)

*To be completed by on-site personnel*

Time and date of accident.	
Employer's name, address, and telephone number.	
Name, title, and phone # of person making the report	
Address of site of accident or event.	
Name, title, and phone # of contact person at the site of the accident.	
Name, date of birth, address and phone # of injured employee(s).	
Nature of injury.	
Location where injured employee(s) was (were) taken for treatment (hospital name, location, phone #).	
List and identity of law enforcement agencies present at the accident.	
Description of accident and whether the accident scene or instrumentality has been altered.	

According to 8 CCR 342 (a), "immediately" is defined to mean "as soon as practically possible, but not longer than eight 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."

According to 8 CCR 330 (h), "serious injury or illness" is defined to mean "any injury or illness occurring in a place of employment or in connection with any employment which requires inpatient hospitalization for a period in excess of 24 hours for other than medical observation or in which an employee suffers a loss of any member of the body or suffers any serious degree of permanent disfigurement, but does not include any injury or illness or death caused by the commission of a Penal Code violation, or an accident on a public street or highway."

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*To be completed by ANR EH&S – email this form to [baotman@ucanr.edu](mailto:baotman@ucanr.edu)*

Date and time of report to Cal/OSHA	
Cal/OSHA District Office, phone #, and Duty Officer who took report.	
Name and job title of person reporting the accident.	
Signature of person making report	