

## DEPARTMENT OF INDUSTRIAL RELATIONS

**(FOR AFTER HOURS USE)**

## DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

Date of Death \_\_\_\_\_

Date		1. Reporting ID 9506 2 4		3. Event Number (Identifies this Report) <b>NOT USED</b>			
4. a. b. Establishment Name San Joaquin County				6. Employer ID (State's option) <b>NOT USED</b>			
5. a. b. Site Address (Street, City, State, ZIP)				7. City Code <b>3770</b>		8. County Code <b>077</b>	
9. Mailing Address (If different) (Street, City, State, ZIP) <b>44 N. San Joaquin St., Stockton, CA 95202</b>							
Industry & Ownership	10. Type of Business			12. No. of Employees			
	13. Ownership (Mark "X" in one box) a. Private Sector b. <input checked="" type="checkbox"/> Local Government C. State Government			d. Federal Agency Code <b>NOT USED</b>			
Receipt Information	14. Reported By			15. Date		16. Time AM PM	
	17. Job Title			18. Telephone Number			
Site Contact	20. Name and Location <b>Lolita Pearson</b>						
	21. Job Title <b>County Safety Officer</b>			22. Telephone Number <b>209-468-3373</b>			
Classification	23. (Mark "X" in one box) a. Fatality b. Catastrophe c. Non-Fatality/Catastrophe Reported by Professional or Media d. Non-Fatality/Catastrophe Reported by Employee, Employer or Other Party						
Event Description	24. Event Date	25. Event Time AM PM	26. Number of Fatalities	27. Number of Hospitalized Injuries	28. Number of Nonhospitalized Injuries	29. Number Unaccounted for	
	30. Type of Event (e.g., Fall from scaffold)						
	31. Preliminary Description * Date of Hire						
	Name/Address of Injured		Age	Occupation	Injury		
	Accident Description (Specify Mechanism/Condition/Hazardous Substance):						
Location Where Injured Employee was Moved to: (Medical Facility)							
Other Law Enforcement Agencies Present at Site:							
Workers' Compensation Insurance Carrier (Name & Address): (For Fatalities Only) <b>SELF – 3<sup>rd</sup> Party</b>							
CAL-OSHA USE ONLY	32. Inspection Planned? If No, Reason:			33. Supervisor(s) Assigned		34. CSE/IH Assigned	
	Yes	No					
35. Optional Information							
Type	ID	Value	Type	ID	Value		
						36. Total Entries	
37. District Manager:							

Cal OSHA fax: (209)545-7313 or: doshmod@dir.ca.gov

Cal OSHA office: (209)545-7310

Risk Management fax: (209) 953-7330 or: sjcriskmgmt@sjgov.org

Boxes 23,26,27,28,29  
See 36(S) guidelinesSend Only This Page

# CAL-OSHA SERIOUS INJURY REPORTING REQUIREMENTS

<input type="checkbox"/>	Employee <b>admitted</b> to hospital for anything other than observation or diagnostic testing, 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.
<input type="checkbox"/>	Scalping requiring hospital treatment
<input type="checkbox"/>	Any loss of consciousness caused by head injury or asphyxia
<input type="checkbox"/>	Any other injury arising from working in an enclosed space which: Leads to hypothermia or heat-induced illness Requires resuscitation or admittance to hospital for more than 24 hours
<input type="checkbox"/>	Amputation of an arm, hand, finger, thumb, leg, foot or toe Amputation includes both a traumatic amputation injury at the time of an accident and surgical amputation following an accident (as a consequence of the injuries sustained)
<input type="checkbox"/>	Any injury likely to lead to permanent loss of sight or reduction in sight in one or both eyes. Additionally, loss of speech or hearing
<input type="checkbox"/>	Any blinding and injuries causing reduction in sight are reportable when a doctor diagnoses that the effects are likely to be permanent
<input type="checkbox"/>	Any crush injury to the head or torso, causing damage to the brain or internal/reproductive organs
<input type="checkbox"/>	Injuries to the brain or internal organs in the chest or abdomen are reportable when caused by crushing as result of an accident
<input type="checkbox"/>	Any burn injury (including scalding) Which covers more than 10% of the whole body's total surface area or causes significant damage to the eyes, respiratory system or other vital organs
<input type="checkbox"/>	Burns Which meets the above criteria and are reportable, irrespective of the nature of the agent involved. Including burns caused by direct heat, chemical burns and radiological burns
<input type="checkbox"/>	Multiple employees injured from the same incident. Injuries were beyond first aid treatment. (i.e., A fire that results in multiple employee injury/illness)
<input type="checkbox"/>	<b>Multiple Emergency Agencies respond due to the accident</b>