

Appendix B

Cal/OSHA Form 300A (Rev. 7/2007)

Annual Summary of Work-Related Injuries and Illnesses



Year 2024

Department of Industrial Relations
Division of Occupational Safety & Health

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 of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u>	<u>7</u>	<u>11</u>	<u>11</u>
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days with job transfer or restriction
<u>299</u>	<u>448</u>
(K)	(L)

Injury and Illness Types

Total number of ...
(M)

(1) Injuries	<u>29</u>	(4) Poisonings	<u>0</u>
(2) Skin disorders	<u>0</u>	(5) Hearing loss	<u>0</u>
(3) Respiratory conditions	<u>0</u>	(6) All other illnesses	<u>0</u>

Establishment information

Your establishment name Southwestern Community College

Street 900 Otay Lakes Road

City Chula Vista State CA Zip 91910

Industry description Junior Colleges

Standard Industry Classification (SIC)

OR

North American Industrial Classification (NAICS)
611210

Employment Information

Annual average number of employees 1877

Total hours worked by all employees last year 2,779,215

Sign Here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate and complete

Ruby Ayala Workers' Compensation Analyst
Company Executive Title

619.216.6630 January 30, 2025
Phone Date

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