

§342. Reporting Work-Connected Fatalities and Serious Injuries.



(a) Every employer shall report immediately by telephone or telegraph to the nearest District Office of the Division of Occupational Safety and Health any serious injury or illness, or death, of an employee occurring in a place of employment or in connection with any employment.

Immediately means as soon as practically possible but not longer than 8 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.

Serious injury or illness is defined in section 330(h), Title 8, California Administrative Code.

330(h) "Serious injury or illness" means 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, except the violation of Section 385 of the Penal Code, or an accident on a public street or highway.

(b) Whenever a state, county, or local fire or police agency is called to an accident involving an employee covered by this part in which a serious injury, or illness, or death occurs, the nearest office of the Division of Occupational Safety and Health shall be notified by telephone immediately by the responding agency.

(c) When making such report, whether by telephone or telegraph, the reporting party shall include the following information, if available:

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

(d) The reporting in (a) and (b) above, is in addition to any other reports required by law and may be made by any person authorized by the employers, state, county, or local agencies to make such reports.

EMPLOYEE TRAINING AND INSTRUCTION RECORD

Subject: Reporting Injuries

Location: _____

Instructor's name & Signature: _____

Date of Session: / / Time Started : am / pm Time Finished : am / pm

Please print your name and job title. Then sign your name.

ATTENDEES:

Print Name	Job Title	Signature