OSHA's Form 300 (Rev. 01/2004)

Log of Work-Related Injuries and Illnesses

to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used Attention: This form contains information relating

Year 2020

Form approved OMB no. 1218-0176

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State

Elk Grove

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Establishment name

Concrete North, Inc.

U.S. Department of Labor Occupational Safety and Health Administration

for occupational safety and health purposes. You must record information about every work-related injury or illness that involves loss of consciousness, respectively or possible and the properties of t

		-														
	e type of	sə	her illness	r Io IIA	(9)									 _		0
A. Carrie	Check the "injury" column or choose one type of illness:		sso¬ 6uj	- Heari	(5)											0
0.5	lumn or ch illness:		6ujud	- osio9	(4)											٥
	ıry" coluı		iratory lition	Resp Cond	(3)							L	_		L	0
	the "inju		Disorder	Skin -	(2)				L	L		L		 	_	0
			1	(un[u)	(1)	0	0	×								1
	Enter the number of days the injured or ill worker was:		On job transfer or restriction	(days)	(L)	0	0	14								14
	Enter the number of days the injured or ill worker was:		Away From Work	(days)	(X)		٥							-		0
	ise based on ase:		Semained at work	omer record- able cases	(2)	×	×									2
	CHECK ONLY ONE box for each case based on the most serious outcome for that case:		S. S	or restriction	Θ			×								1
Classify the case 💸	CONLYONE st serious out		Days away from world		Î	٥	0	0								0
Class	CHEC the mo		Death		<u>(</u>						_					0
le case	(F) Describe injury or illness, parts of body affected,	and objects busines that the cut injuried of made person ill (e.g. Second degree burns on right	forearm from acetylene torch)			Left Hand/Middle finger — While cutting 2x4 employee released trigger on skill saw he was using. He began to pull the skill saw away and Sector A at Sacramento Theater accidently cut his finger on the blade	Picked up a scrubler and hurt lower back	Worker Rushed to help a coworker and slipped on polished concrete Floor								Page totals
Describe the c	(E) Where the event occurred (e.g.	Loading dock Hotal ella)				Sector A at Sacramento Theater	10/19/2020 10274 Iron Rock Way	12/08/2020 1400 J St, Secramento CA								
	(D) Date of	onset of	ilness (mo./day)			2/19/2020	10/19/2020	12/08/2020								
The second secon	(C) Job Title (e.g.,	, and a				Carpenter	Cement Mason	Laborer								
Identify the person	(B) Employee's Name					Ramon Barragan-Alvarez	2 Bentio Gomez	3 Ricardo Vallejo								
	(A)	į				-	2	3								

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, search and gabler the data needed, and complete and review the reflection of information. Persons are not required to respond to the collection of information unless if displays a currently yall OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact. IS Department of Labor, CSF4 Office of Satistics, Room N-3644, 200 Constitution Ave, IVW, Westhington, DC 20210. Do not send the completed forms to this office.

sessenlli tedto IIA

Hearing Loss

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Condition

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Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Respiratory Skin Disorder (9)

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1 of 1

Page

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses



Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate

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 OSHA Form 300 in its entirely. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Renortkeeping 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
0	0	1	
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from		Total number of days of job transfer or restriction	
0		14	
(K)	-	(L)	
Injury and Illness T	ypes		
Total number of			
(1) Injury	3	(4) Poisoning	0
(2) Skin Disorder (3) Respiratory	0	(5) Hearing Loss	0
Condition	0	(6) All Other Illnesses	0

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

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including fime to review the Instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid ONB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

-4-611-6	ment information			
Stabiisn	ment information			
Your e	stablishment name Concrete North	h, Inc.		
Street	10274 Iron Rock W ay			
City	Elk Grove	State	CA	Zip95632
Indust	ry description (e.g., Manufacture of m	otor truck trailers)		
Standa	ard Industrial Classification (SIC), if kno	own (e.g., SIC 3715)		
)R North	American Industrial Classification (NA		212)	
mploym	ent information			
Annua	l average number of employees	200		
	nours worked by all employees last	******		
year		418764		
ign here				
Know	ingly falsifying this document may a	result in a fine,		
	y that I have examined this document	and that to the best of	my knowledge the entrie	s are true, accurate, and
comple	Les House	<u></u>		Office mg/
2	09. 445. 140 Phone	0_		011912021