

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

**Appendix B**  
**Annual Summary of Work-Related Injuries and Illnesses**

Year 2025

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." Employers, 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
0	0	0	0
(G)	(H)	(I)	(J)

**Number of Days**

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

**Injury and Illness Types**

Total number of . . .

(M)	
(1) Injuries	0
(2) Skin disorders	0
(3) Respiratory conditions	0
	(4) Poisonings
	(5) Hearing loss
	(6) All other illnesses

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

**Establishment Information**

Your establishment name

City of South San Fran - City Hall

Street

400 Grand Ave

City

South San Francisco

State

CA

ZIP

94080

Industry description (e.g., Manufacture of motor truck trailers)

local municipal

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

— — — — —

**Employment Information** (If you don't have these figures, use the optional Worksheet to estimate.)

Annual average number of employees

Total hours worked by all employees last year

79

74,025

*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.

*[Signature]*  
City Manager  
Company Executive  
650-877-8501  
1/21/2026  
Phone  
Date