



Cal/OSHA Form 300A (Rev. 07/2007) **Appendix B**
Summary of Work-Related Injuries and Illnesses

Year 2025
Department of Industrial Relations
Division of Occupational Safety & Health

Org1 Desc: FIRE DEPARTMENT

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 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
0	5	0	5
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
282	0.00
(K)	(L)

Injury and Illness Types

Total number of ...	(M)	(N)	(O)
(1) Injuries	10	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditions	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.

Establishment information

Your establishment name
City of South San Francisco - Fire Department
Street
480 North Canal Street
City
S San Fran State CA ZIP 94080

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

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

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment information (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees 108
Total hours worked by all employees last year 220,157

Sign here

Knowingly falsifying this document may result in a fine.

Company executive
Title
Fire Chief
Date
1/23/2026
Phone
650-871-5150