

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

**Appendix B**

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



Org1 Desc: LIBRARY 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 |
| <u>0</u>               | <u>0</u>                                       | <u>0</u>   | <u>1</u>                               |
| (G)                    | (H)  | (I)  | (J)                                    |

**Number of Days**

|                                     |   |
|-------------------------------------|---|
| Total number of days away from work | Total number of days of job transfer or restriction |
| <u>0.00</u>                         | <u>0.00</u>   |
| (K)                                 | (L)   |

**Injury and Illness Types**

Total number of...

|     |                            |          |                         |          |
|-----|----------------------------|----------|-------------------------|----------|
| (M) | (1) Injuries               | <u>1</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> |

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

|   |  |
|---|--|
| <b>Establishment Information</b>  |  |
| Your establishment name   | City of South San Francisco - Main Library |
| Street  | 901 Civic Campus Way                       |
| 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., 3711)           |  |
| OR  |  |
| North American Industrial Classification (NAICS), if known (e.g., 336211) |  |
| — — — — —   |  |

**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

90,350

**Sign here**

Knowingly falsifying this document may result in a fine.

*Valerie Soren Library Director*  
Title  
Company executive  
650-824-3822 Date  
Phone 1/27/2026