



*All establishments covered by OCR 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.*

*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.*

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
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$$\frac{0}{(G)} \quad \frac{0}{(H)} \quad \frac{0}{(I)} \quad \frac{1}{(J)}$$

Total number of days away from work	Total number of days of job transfer or restriction
0	0
1-3	1-3
4-6	4-6
7-14	7-14
15-30	15-30
31-60	31-60
61-90	61-90
91-120	91-120
121-150	121-150
151-180	151-180
181-210	181-210
211-240	211-240
241-270	241-270
271-300	271-300
301-330	301-330
331-360	331-360
361-390	361-390
391-420	391-420
421-450	421-450
451-480	451-480
481-510	481-510
511-540	511-540
541-570	541-570
571-600	571-600
601-630	601-630
631-660	631-660
661-690	661-690
691-720	691-720
721-750	721-750
751-780	751-780
781-810	781-810
811-840	811-840
841-870	841-870
871-900	871-900
901-930	901-930
931-960	931-960
961-990	961-990
991-1020	991-1020
1021-1050	1021-1050
1051-1080	1051-1080
1081-1110	1081-1110
1111-1140	1111-1140
1141-1170	1141-1170
1171-1200	1171-1200
1201-1230	1201-1230
1231-1260	1231-1260
1261-1290	1261-1290
1291-1320	1291-1320
1321-1350	1321-1350
1351-1380	1351-1380
1381-1410	1381-1410
1411-1440	1411-1440
1441-1470	1441-1470
1471-1500	1471-1500
1501-1530	1501-1530
1531-1560	1531-1560
1561-1590	1561-1590
1591-1620	1591-1620
1621-1650	1621-1650
1651-1680	1651-1680
1681-1710	1681-1710
1711-1740	1711-1740
1741-1770	1741-1770
1771-1800	1771-1800
1801-1830	1801-1830
1831-1860	1831-1860
1861-1890	1861-1890
1891-1920	1891-1920
1921-1950	1921-1950
1951-1980	1951-1980
1981-2010	1981-2010
2011-2040	2011-2040
2041-2070	2041-2070
2071-2100	2071-2100
2101-2130	2101-2130
2131-2160	2131-2160
2161-2190	2161-2190
2191-2220	2191-2220
2221-2250	2221-2250
2251-2280	2251-2280
2281-2310	2281-2310
2311-2340	2311-2340
2341-2370	2341-2370
2371-2400	2371-2400
2401-2430	2401-2430
2431-2460	2431-2460
2461-2490	2461-2490
2491-2520	2491-2520
2521-2550	2521-2550
2551-2580	2551-2580
2581-2610	2581-2610
2611-2640	2611-2640
2641-2670	2641-2670
2671-2700	2671-2700
2701-2730	2701-2730
2731-2760	2731-2760
2761-2790	2761-2790
2791-2820	2791-2820
2821-2850	2821-2850
2851-2880	2851-2880
2881-2910	2881-2910
2911-2940	2911-2940
2941-2970	2941-2970
2971-3000	2971-3000
3001-3030	3001-3030
3031-3060	3031-3060
3061-3090	3061-3090
3091-3120	3091-3120
3121-3150	3121-3150
3151-3180	3151-3180
3181-3210	3181-3210
3211-3240	3211-3240
3241-3270	3241-3270
3271-3300	3271-3300
3301-3330	3301-33

0.00	
$\frac{0.00}{(k)}$	$\frac{0.00}{(L)}$

Total number of ...  
(M)

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

Run Date: 01/07/2026 09:58:12

Run By: RMERRITT

**Establishment information**  
City of South San Francisco - Main Library

**Your establishment name** \_\_\_\_\_  
**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., 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** \_\_\_\_\_ 90,850

**Sign here**  
Knowingly falsifying this document may result in a fine.

**Company executive** \_\_\_\_\_ John S. Smith **Title** \_\_\_\_\_ Director  
650-824-3872 **Phone** \_\_\_\_\_ 1/12/2016 **Date**