

Summary of Work-Related Injuries and Illnesses

Year 2025

Department of Industrial Relations
Division of Occupational Safety & Health

Org1 Desc: PARKS & RECREATION 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 (G)	6 (H)	1 transfer or restriction	2 (J)

Number of Days

Total number of days away from work	(I)
321 (K)	Total number of days of job transfer or restriction 227 (L)

Injury and Illness Types

Total number of ...	(M)
(1) Injuries	9
(2) Skin disorders	0
(3) Respiratory conditions	0
(4) Poisonings	0
(5) Hearing loss	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
City of South San Francisco - Parks & Recreation

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 519
Total hours worked by all employees last year 306,328

Sign here

Knowingly falsifying this document may result in a fine.

Greg Mediati _____ Director _____
Company executive _____ Title _____
(650) 829 - 3800 1 22/2026
Phone _____ Date _____