Appendix B

Cal/OSHA Form 300A (Rev. 7/2007)
Annual Summary of Work-Related Injuries and Illnesses

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."

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 14300.55, in Cal/OSHA’s recordkeeping rule, for further details on the access provisions for these forms.

### Number of Cases

<table>
<thead>
<tr>
<th>Total number of deaths</th>
<th>Total number of cases with days away from work</th>
<th>Total number of cases with job transfer or restriction</th>
<th>Total number of other recordable cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>8</td>
<td>12</td>
<td>12</td>
</tr>
</tbody>
</table>

(G) (H) (I) (J)

### Number of Days

<table>
<thead>
<tr>
<th>Total number of days away from work</th>
<th>Total number of days with job transfer or restriction</th>
</tr>
</thead>
<tbody>
<tr>
<td>370</td>
<td>890</td>
</tr>
</tbody>
</table>

(K) (L)

### Injury and Illness Types

<table>
<thead>
<tr>
<th>Total number of ...</th>
<th>(M)</th>
<th>(N)</th>
<th>(P)</th>
<th>(Q)</th>
<th>(R)</th>
<th>(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Injuries</td>
<td>30</td>
<td></td>
<td></td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Skin disorders</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Respiratory conditions</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) Poisonings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5) Hearing loss</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6) All other illnesses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

(M) (N) (P) (Q) (R) (S)

---

### Establishment Information

**West Valley Mission Community College District**

Street: 14000 Fruitvale Avenue

City: Saratoga  State: CA  Zip: 95070

---

### Education

Standard Industry Classification (SIC)  OR

North American Industrial Classification (NAICS)

---

### Employment Information

Annual average number of employees: 1,611

Total hours worked by all employees last year: 2,004,310

---

### Sign Here

Knowingly falsifying this document may result in a fine.

Signature: [Signature]

Date: 1/26/2022

---

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate and complete.

Director, Compliance, Training & Employee Relations

Company Executive

Title

Phone: 408-741-2128

---

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