

OPD 211 -  
Police-Civilian-  
Administration

Identify the person			Describe the case			Classify the case CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:						
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	Remained at work				Away from work	On job transfer or restriction	(M) Injury	Skin disorder	Respiratory Condition	Poisoning	Hearing Loss	All Other Illnesses	
						Death	Days away from work	Job Transfer or Restriction	Other Record-able cases									
0210004197		POLICE EVIDENCE TECH	10/26		Strain - Multiple body parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	116	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0803000480		POLICE OFFICER TRAINEE	03/06		Dislocation - Shoulder(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46	137	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1001000045		DISPATCHER	01/12		Dizziness - Multiple body parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1001000156		ANIMAL CONTROL OFFICER	01/30		Puncture - Finger(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27	3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1002000295		POLICE SERVICES TECH II	02/10		Unknown - Unclassified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1002000403		ANIMAL CONTROL OFFICER	02/08		Fracture - Foot	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	96	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1004000689		CRIMINALIST II	04/09		Puncture - Finger(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1005000860		POLICE COMM DISPATCH	05/03		Strain - Shoulder(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1005001014		DISPATCHER	05/17		Strain - Wrist(s) and hand(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1005001058		POLICE OFFICER	05/24		Strain - Finger(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1005001153		ANIMAL CONTROL OFFICER	05/21		Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1006001211		ANIMAL CONTROL OFFICER	06/11		Puncture - Lower leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Injury	Skin disorder	Respiratory Condition	Poisoning	Hearing Loss	All Other Illnesses
(1)	(2)	(3)	(4)	(5)	(6)

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Enter the number of days the injured or ill worker was:

Check the "injury" column or choose one type of illness:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

Away from work

On job transfer or restriction

(M)

Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other Illnesses

1008001585

POLICE SERVICES TECH I

08/09

Strain - Lower back area (inc.

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1008001674

POLICE PROPERTY SPEC

08/22

Communicable Disease -

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1009001879

POLICE COMM DISPATCH

09/14

Contusion - Hand

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1009001947

POLICE SERVICES TECH II

09/22

Multiple Injrys - Multiple body

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101000044

Records Clerk I

10/14

Contusion - Skull

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101000059

POLICE SERVICES TECH I

10/13

Strain - Lower back area (inc.

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101000182

Records Clerk I

10/21

Strain - Wrist

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101100054

Police

11/05

Fracture - Knee

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101000197

POLICE SERVICES TECH I

10/28

Strain - Multiple body parts

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101100147

DISPATCHER

11/22

Carpal Tunnal Syndrome -

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107

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110100125

Records Clerk I

01/20

Contusion - Knee

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110100177

Municipal Workers/Non-Manual

01/26

Strain - Shoulder(s)

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Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other Illnesses

(1)

(2)

(3)

(4)

(5)

(6)

Identify the person			Describe the case			Classify the case CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)												
						Remained at work											
						Death	Days away from work	Job Transfer or Restriction	Other Record-able cases	Away from work	On job transfer or restriction	Injury	Skin disorder	Respiratory Condition	Poisoning	Hearing Loss	All Other Illnesses
110200035		ANIMAL SERVICES OFFICER	02/09		Laceration - Upper arm incl.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110200219		Services Workers	02/23		Inhalation/Injection - Eye(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110300050		POLICE SERVICES TECH I	03/09		Contusion - Upper arm incl.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110100256		POLICE RECORDS SPEC	01/01		Ct/Strain - Hand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110400159		Records Clerk I	04/26		Contusion - Elbow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110400223		CAPTAIN OF POLICE	05/09		Strain - Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110500065			05/12		Contusion - Unclassified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110500160		Cross Guard	05/18		Contusion - Multiple body	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40	45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110500191		POLICE TECHNICian	05/24		Contagious Disease - No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110500194		DISPATCHER	05/09		Carpal Tunnal Syndrome -	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	56	142	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110600230		SERGEANT OF POLICE	06/01		Ct/Strain - Wrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110600248		POLICE RECORDS SPEC	06/06		Sprain - Wrist	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Injury	Skin disorder	Respiratory Condition	Poisoning	Hearing Loss	All Other Illnesses
(1)	(2)	(3)	(4)	(5)	(6)

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Enter the number of days the injured or ill worker was:

Check the "injury" column or choose one type of illness:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

Away from work

On job transfer or restriction

(M)

Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other Illnesses

110700099		Police Evidence Tech II	07/19		Fracture - Finger(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	99	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110700138		DISPATCHER	07/17		Allergic Reaction - Lower arm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110800002		PAYROLL PERS CLRK II	08/01		Sprain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14	52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110800003		DISPATCHER	08/01		Sprain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110900006		ANIMAL CONTROL OFFCR III	09/01		Mental Stress - Psyche	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110900081		CROSSING GUARD PPT	09/09		Contusion - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	132	65	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110900159		CAdet	09/26		Laceration - Thumb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111000059		ANIMAL CONTROL OFFCR III	10/15		Contusion - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15	30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111100116		ANIMAL CONTROL OFFCR III	11/20		Puncture - Finger(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111100134		POLICE RECORDS SPEC	11/10		Strain - Lower arm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111100147		POLICE COMM DISPATCH	11/25		Contusion - Multiple body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111200012		POLICE COMM DISPATCH	12/05		Strain - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other Illnesses

(1)

(2)

(3)

(4)

(5)

(6)

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Enter the number of days the injured or ill worker was:

Check the "injury" column or choose one type of illness:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

Away from work

On job transfer or restriction

(M)

Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other Illnesses

111200017

DISPATCHER

12/05

Strain - Shoulder(s)

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111200072

Police Records Clerk

12/15

Strain - Multiple body parts

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NEIGHBORHOOD SERV COORD

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Strain - Hand

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111200113

Police Records Specialist I

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Contusion - Knee

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120100006

DISPATCHER

01/04

Strain - Wrist

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120100104

POLICE COMM DISPATCH

01/23

Strain - Multiple body parts

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120100115

Police Records Clerk

01/24

Strain - Multiple body parts

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EVIDENCE TECHNICIAN

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Puncture - Hand

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POLICE RECORDS SPEC

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Strain - Wrist

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120400102

Administration

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Strain - Hand

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120500139

STOREKEEPER

05/17

Strain - Shoulder(s)

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120600180

POLICE COMM DISPATCH

06/29

Strain - Multiple upper

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Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other Illnesses

(1)

(2)

(3)

(4)

(5)

(6)

Identify the person			Describe the case		Classify the case CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:							
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	Remained at work				Away from work	On job transfer or restriction	(M) Injury	Skin disorder	Respiratory Condition	Poisoning	Hearing Loss	All Other Illnesses	
						Death	Days away from work	Job Transfer or Restriction	Other Record-able cases									
120600207		Veterinary Tech	06/08		Sprain - Ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120600213		POLICE SERVICES TECH II	06/26		Contagious Disease - Chest	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41	30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120700092		POLICE COMM DISPATCH	07/13		Strain - Multiple body parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120700165		Police Records Clerk	07/27		Strain - Wrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120600218		Police Records Specialist I	06/28		Ct/Strain - Multiple body parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120800037		DISPATCHER	08/10		Strain - Hand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120900161		Accountant	09/19		Strain - Multiple body parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121000089		POLICE OFFICER TRAINEE	10/12		Strain - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	80	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121200001		ANIMAL CONTROL OFFCR III	12/02		Strain - Lower back area (inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121200027		ANIMAL CONTROL OFFCR III	12/07		Puncture - Finger(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121200048		POLICE EVIDENCE TECH	12/12		Contusion - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121200123		DISPATCHER	12/29		Carpal Tunnal Syndrome -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Injury	Skin disorder	Respiratory Condition	Poisoning	Hearing Loss	All Other Illnesses
(1)	(2)	(3)	(4)	(5)	(6)

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Enter the number of days the injured or ill worker was:

Check the "injury" column or choose one type of illness:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

Away from work

On job transfer or restriction

(M)

Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other Illnesses

121100157

DISPATCHER

11/26

Strain - Thumb

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130100093

Veterinary Tech

01/25

Laceration - Hand

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130400111

DISPATCHER

04/20

Police department

Strain - Multiple body parts

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130400165

Police Officer

04/24

police department

Mental Stress - Psyche

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130500002

ANIMAL CONTROL OFFCR III

05/02

animal control

Laceration - Finger(s)

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130600045

Veterinary Tech

06/11

veterinary

Laceration - Finger(s)

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130600125

DISPATCHER

06/24

Break room

Contusion - Multiple body

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130600127

DISPATCHER

06/18

dispatchers office

Strain - Hand

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130600151

NEIGHBORHOOD SERV COORD

06/27

Office

Mental Stress - Psyche

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52

14

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130900062

DISPATCHER

09/16

office

Strain - Wrist

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131000040

Veterinary Tech

10/08

Operating room

Strain - Lower back area (inc.

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131000093

POLICE SERVICES TECH II

10/06

City streets

Mental Stress - Psyche

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Respiratory Condition

Skin disorder

Injury

Poisoning

Hearing Loss

All Other Illnesses

(1)

(2)

(3)

(4)

(5)

(6)

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Enter the number of days the injured or ill worker was:

Check the "injury" column or choose one type of illness:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

Away from work

On job transfer or restriction

(M)

Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other Illnesses

131000143		DISPATCHER	10/22	Office	Contusion - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131100003		POLICE COMM DISPATCH	11/02	office	Strain - Hand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	95	180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131000212		Police Records Clerk	10/29	office	Strain - Lower back area (inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131200018		DISPATCHER	12/07	Office	Strain - Lower back area (inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131200062		DISPATCHER	12/14	dispatch center	Strain - Ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131200135		DISPATCHER	12/27	Dispatch office	Contagious Disease - No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131200147		DISPATCHER	12/11	office	Strain - Elbow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140100123		POLICE OFFICER TRAINEE	01/06	parking lot	Strain - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	114	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140200158		POLICE OFFICER	02/26	city streets	Strain - Upper leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140300173		NEIGHBORHOOD SERV COORD	03/31	Fruitvalle station	Strain - Shoulder(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140500101		Veterinary Tech	05/17	vet	Laceration - Finger(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140600046		POLICE RECORDS SPEC	06/02	office	Strain - Lower arm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other Illnesses

(1)

(2)

(3)

(4)

(5)

(6)



Identify the person			Describe the case			Classify the case CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)												
						Remained at work						(M)					
						Death	Days away from work	Job Transfer or Restriction	Other Record-able cases	Away from work	On job transfer or restriction	Injury	Skin disorder	Respiratory Condition	Poisoning	Hearing Loss	All Other Illnesses
140600074		POLICE SERVICES TECH II	06/18	900 Market St. (in front of Suite B) Oakland, CA	Strain - Lower leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140600100		ADMIN ANALYST II	06/20	Supply room	Strain - Lower back area (inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140700065		POLICE PROPERTY SPEC	07/14	police department	Dizziness - Lung	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140700133		POLICE EVIDENCE TECH	07/30	police department	Ct/Strain - Multiple body parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140800044		POLICE COMM DISPATCH	08/14	police department	Strain - Upper arm incl.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140800116		Police Records Specialist I	08/28	police department, records	Strain - Multiple body parts	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	155	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140900010		Communications Dispatcher	09/02	police department	Strain - Multiple body parts	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	147	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140800163		CROSSING GUARD PPT	08/27	city streets	Strain - Multiple body parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141000045		Communicatio Police Dispatcher	10/07	office	Strain - Wrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141000071		CROSSING GUARD PPT	10/17	city streets	Contusion - Elbow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141000078		Communications Dispatcher	09/19	Dispatch Center	Strain - Multiple body parts	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141000082		POLICE OFFICER TRAINEE	10/18	boxing ring	Concussion - Skull	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Injury	Skin disorder	Respiratory Condition	Poisoning	Hearing Loss	All Other Illnesses
(1)	(2)	(3)	(4)	(5)	(6)

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Enter the number of days the injured or ill worker was:

(M)  
Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other Illnesses

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

Away from work

On job transfer or restriction

14100083

POLICE OFFICER TRAINEE

10/19

police dept.

Dislocation - Shoulder(s)

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14100165

CROSSING GUARD PPT

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school

Strain - Lumbar and/or Sacral

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141100068

Police Records Specialist I

11/04

police department

Strain - Multiple body parts

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141100096

ANIMAL Care Attendant

11/13

Animal Shelter

Puncture - Lower leg

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141200108

ANIMAL CARE ATTENDANT PT

12/24

Animal Services

Puncture - Hand

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GroupTotals

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2897

3146

112

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Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other Illnesses

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death (G)

Days away from work (H)

Job Transfer or Restriction (I)

Other Record-able cases (J)

Away from work (K)

On job transfer or restriction (L)

Enter the number of days the injured or ill worker was:

(M)  
Injury (1)

Skin disorder (2)

Respiratory Condition (3)

Poisoning (4)

Hearing Loss (5)

All Other illnesses (6)

0606003219		POLICE OFFICER	08/07		Contusion - Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0904003155		POLICE OFFICER	04/16		Ct/Misc - Multiple body parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0909003141		POLICE OFFICER	09/07		Strain - Shoulder(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1001000018		POLICE OFFICER	01/04		Strain - Multiple body parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1001000025		POLICE OFFICER	01/05		Multiple Injrys - Multiple body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1001000043		POLICE OFFICER	01/12		Strain - Wrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1001000044		POLICE OFFICER	01/06		Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1001000070		POLICE OFFICER	01/14		Fracture - Lower leg	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100	75	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1001000071		POLICE OFFICER	01/13		Strain - Disc (neck)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1001000082		POLICE OFFICER	01/11		Infection - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1001000093		POLICE OFFICER	01/21		Strain - Multiple body parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1001000157		POLICE OFFICER	01/22		Strain - Wrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Injury (1)

Skin disorder (2)

Respiratory Condition (3)

Poisoning (4)

Hearing Loss (5)

All Other illnesses (6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)  
Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

1001000159		POLICE OFFICER	01/28		Multiple Injrys - Multiple body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1001000172		POLICE OFFICER	01/18		Strain - Lower back area (inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1001000173		POLICE OFFICER	01/18		Contusion - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1001000239		SERGEANT OF POLICE	01/27		Cancer - Internal organs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1001000370		POLICE OFFICER	01/21		Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1002000158		POLICE OFFICER	02/01		Strain - Multiple Lower	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1002000177		POLICE OFFICER	02/03		Strain - Shoulder(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1002000185		POLICE OFFICER	02/01		Respiratory Disorders -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1002000217		POLICE OFFICER	02/05		Communicable Disease -	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1002000238		POLICE OFFICER	02/03		Puncture - Multiple body parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1002000260		POLICE OFFICER	02/11		Fracture - Finger(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1002000296		POLICE OFFICER	02/20		Strain - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

Injury

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

OPD 215 - Police-Sworn

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case

CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)  
Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

1002000309		POLICE OFFICER	02/17		Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1002000317		POLICE OFFICER	02/17		Laceration - Finger(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1002000318		POLICE OFFICER	02/17		Strain - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	109	41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1002000319		POLICE OFFICER	02/24		Unknown - Unclassified	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35	14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1002000320		POLICE OFFICER	02/25		Unknown - Unclassified	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1002000345		POLICE OFFICER	02/19		Strain - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1002000635		DEPUTY CHIEF OF POLICE	02/24		Ct/Heart - Psyche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	103	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1002000917		POLICE OFFICER	02/26		Strain - Shoulder(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1003000401		POLICE OFFICER	03/05		Sprain - Finger(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1003000491		POLICE OFFICER	03/19		Multiple Injrys - Multiple body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1003000547		POLICE OFFICER	03/24		Multiple Injrys - Multiple body	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1003000557		POLICE OFFICER	03/27		Contagious Disease -	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9	5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)  
Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

1003000562		POLICE OFFICER	03/27		Strain - Multiple neck injury	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1003000563		POLICE OFFICER	03/27		Multiple Injrys - Multiple body	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	108	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1003000564		POLICE OFFICER	03/11		Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1003000611		POLICE OFFICER	03/27		Ct Psyche/Strees - Psyche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1003000668		POLICE OFFICER	03/20		Mental Stress - Psyche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	171	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1003000670		POLICE OFFICER	03/31		Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1003000979		POLICE OFFICER	03/29		Strain - Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	62	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1003001271		POLICE OFFICER	03/18		Strain - Shoulder(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1003001393		POLICE OFFICER	03/10		Ct/Strain - Lower back area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1004000628		POLICE OFFICER	04/06		Communicable Disease -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1004000674		POLICE OFFICER	04/12		Multiple Injrys - Multiple body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1004000675		POLICE OFFICER	04/12		Multiple Injrys - Multiple body	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death (G)

Days away from work (H)

Job Transfer or Restriction (I)

Other Record-able cases (J)

Away from work (K)

On job transfer or restriction (L)

Enter the number of days the injured or ill worker was:

(M)  
Injury (1)

Skin disorder (2)

Respiratory Condition (3)

Poisoning (4)

Hearing Loss (5)

All Other illnesses (6)

1004000722		POLICE OFFICER	04/18		Strain - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21	7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1004000738		POLICE OFFICER	04/13		Fracture - Wrist	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	140	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1004000740		POLICE OFFICER	04/13		Puncture - Hand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1004000747		POLICE OFFICER	04/21		Sprain - Shoulder(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	64	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1004000785		POLICE OFFICER	04/22		Strain - Lower leg	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1004000786		POLICE OFFICER	04/23		Strain - Lower leg	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	66	14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1004000790		POLICE OFFICER	04/22		Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1004000873		POLICE OFFICER	04/24		Strain - Multiple body parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1004000886		POLICE OFFICER	04/23		Strain - Ankle	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1004001317		POLICE OFFICER	04/23		Strain - Multiple neck injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1005000914		POLICE OFFICER	05/10		Strain - Elbow	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	139	14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1005000918		POLICE OFFICER	05/09		Laceration - Finger(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Injury (1)

Skin disorder (2)

Respiratory Condition (3)

Poisoning (4)

Hearing Loss (5)

All Other illnesses (6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)  
Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

1005001003		POLICE OFFICER	05/20		Contusion - Toe(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1005001013		POLICE OFFICER	05/22		Puncture - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1005001079		POLICE OFFICER	05/29		Puncture - Hand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1005001080		POLICE OFFICER	05/31		Strain - Multiple body parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	61	55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1005001089		POLICE OFFICER	05/27		Strain - Multiple body parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1005001130		POLICE OFFICER	05/07		Strain - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1005001160		POLICE OFFICER	05/27		Respiratory Disorders - Lung	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	65	0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1005001174		POLICE OFFICER	05/31		Strain - Lower arm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	136	57	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1005001318		POLICE OFFICER	05/09		Fracture - Finger(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1006001087		POLICE OFFICER	06/01		Multiple Injrys - Multiple body	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	71	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1006001088		POLICE OFFICER	06/01		Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1006001090		SERGEANT OF POLICE	06/02		Strain - Multiple body parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)



OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)  
Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

1006001139		POLICE OFFICER	05/18		Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	107	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1006001192		POLICE OFFICER	06/15		Puncture - Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1006001236		POLICE OFFICER	06/19		Puncture - Lower arm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1006001237		POLICE OFFICER	06/17		Multiple Injrys - Multiple body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1006001362		SERGEANT OF POLICE	06/29		Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1006001452		POLICE OFFICER	06/01		Strain - Shoulder(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1006001453		POLICE OFFICER	06/08		Strain - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	172	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1007001392		POLICE OFFICER	07/12		Puncture - Hand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1007001400		POLICE OFFICER	07/17		Strain - Upper arm incl.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1007001448		POLICE OFFICER	07/18		Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	63	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1007001463		POLICE OFFICER	07/20		Strain - Lower arm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1007001466		SERGEANT OF POLICE	07/22		Fracture - Foot	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	172	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

Injury

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)

Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

1007001474		POLICE OFFICER	07/17		Multiple Injrys - Multiple body	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1007001497		POLICE OFFICER	07/29		Strain - Ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1007001512		SERGEANT OF POLICE	07/28		Strain - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	93	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1007001563		POLICE OFFICER	07/17		Mental Stress - Psyche	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1007001605		POLICE OFFICER	07/08		Ct/Hearing - Ear(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1007001618		POLICE OFFICER	07/31		Strain - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1008001536		POLICE OFFICER	08/04		Laceration - Multiple body	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	57	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1008001547		POLICE OFFICER	08/05		Strain - Upper leg	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1008001556		POLICE OFFICER	08/01		Contusion - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1008001562		POLICE OFFICER	08/04		Strain - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1008001606		POLICE OFFICER	08/03		Strain - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	145	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1008001641		POLICE OFFICER	08/05		Multiple Injrys - Multiple body	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

OPD 215 - Police-Sworn

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death (G)

Days away from work (H)

Job Transfer or Restriction (I)

Other Record-able cases (J)

Away from work (K)

On job transfer or restriction (L)

Enter the number of days the injured or ill worker was:

(M)  
Injury (1)

Skin disorder (2)

Respiratory Condition (3)

Poisoning (4)

Hearing Loss (5)

All Other illnesses (6)

1008001648		POLICE OFFICER	08/18		Strain - Toe(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	60	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1008001663		POLICE OFFICER	08/06		Strain - Multiple body parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1008001695		POLICE OFFICER	08/21		Strain - Multiple body parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1008001696		POLICE OFFICER	08/02		Ct/Strain - Multiple upper	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	165	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1008001708		POLICE OFFICER	08/23		Strain - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1008001771		POLICE OFFICER	08/20		Multiple Injrys - Multiple body	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1008001828		POLICE OFFICER	08/01		Inflammation - Upper back	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	58	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1008001907		POLICE OFFICER	08/27		Strain - Multiple body parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1008001951		POLICE OFFICER	08/23		Strain - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	88	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1009001802		POLICE OFFICER	09/02		Sprain - Ankle	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1009001806		POLICE OFFICER	09/06		Strain - Shoulder(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1009001829		POLICE OFFICER	09/06		Communicable Disease -	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Injury (1)

Skin disorder (2)

Respiratory Condition (3)

Poisoning (4)

Hearing Loss (5)

All Other illnesses (6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)  
Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

1009001848		POLICE OFFICER	09/13		Puncture - Hand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1009001851		POLICE OFFICER	09/09		Strain - Wrist	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1009001882		POLICE OFFICER	09/13		Strain - Hip	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	156	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1009001904		POLICE OFFICER	09/15		Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1009001905		POLICE OFFICER	09/20		Contusion - Foot	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1009001906		POLICE OFFICER	09/20		Laceration - Lower leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1009001972		POLICE OFFICER	09/20		Strain - Shoulder(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1009001987		POLICE OFFICER	09/20		Strain - Foot	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1009001990		POLICE OFFICER	03/21		Strain - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1009001993		POLICE OFFICER	09/28		Poisoning-All - Body system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100966		SERGEANT OF POLICE	09/28		Puncture - Eye(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100967		Administration	09/30		Contusion - Multiple body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death (G)

Days away from work (H)

Job Transfer or Restriction (I)

Other Record-able cases (J)

Away from work (K)

On job transfer or restriction (L)

Enter the number of days the injured or ill worker was:

(M)  
Injury (1)

Skin disorder (2)

Respiratory Condition (3)

Poisoning (4)

Hearing Loss (5)

All Other illnesses (6)

100836		POLICE OFFICER	08/16		Strain - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100900025		Police Officer	09/30		Strain - Multiple body parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101000009		Police Officer	10/11		Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28	35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101000011		Police Officer	10/11		Strain - Lower back area (inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101000043		Police Officer	10/10		Strain - Foot	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	68	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101000060		Police	10/16		Contusion - Hand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101000061		POLICE OFFICER	10/04		Strain - Multiple body parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100100000		Police	01/25		Contusion - Finger(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101000062		Police	10/15		Puncture - Eye(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101000104		POLICE OFFICER	10/22		Multiple Injrys - Multiple body	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	77	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101000105		Police	10/24		Strain - Multiple body parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	101	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101000151		Police Officer	10/30		All Other - Upper arm incl.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Injury (1)

Skin disorder (2)

Respiratory Condition (3)

Poisoning (4)

Hearing Loss (5)

All Other illnesses (6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)  
Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

101000152		Police Officer	10/30		Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	163	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101000158		Police	10/26		Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101100014		Police Officer	11/03		Strain - Shoulder(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	98	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101100084		SERGEANT OF POLICE	11/16		Unknown - Multiple upper	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101100096		Police	11/13		Foreign Body - Eye(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101100109		Police	11/05		Sprain - Hand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101100143		Police	11/12		Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101100145		Police	11/14		Fracture - Chest (inc. ribs,	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	64	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101100151		Police	11/23		Sprain - Ankle	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101100163		Police	11/26		Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	56	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101100172		Police	11/29		Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101100173		Police	11/04		Sprain - Ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

Injury

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)  
Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

101200016		Police	12/04		Strain - Wrist	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101200042		Police	12/10		Inhalation/Injestion - Lung	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101200045		Police	12/08		Sprain - Ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101200054		POLICE OFFICER	12/10		Strain - Multiple body parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101100201		Police	11/29		Sprain - Shoulder(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	72	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101000215		Police Officer	10/22		Ct/Misc - Multiple body parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101200058		Police Sergeant	12/13		Needlestick - Upper arm incl.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101100204		SERGEANT OF POLICE	11/10		Strain - Shoulder(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101200083		Police	12/10		Strain - Shoulder(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	70	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101200088		Police	12/13		Needlestick - Upper arm incl.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101200142		Police Officer	12/14		Unknown - No physical injury	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
101100211		POLICE OFFICER	10/28		Mental Stress - Psyche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)  
Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

101200155		Police	12/10		Foreign Body - No physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100800052		Police Officer	08/03		Carpal Tunnal Syndrome -	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	166	180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110100119		Police	01/11		Strain - Lower back area (inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110100135		Police	01/22		Contusion - Upper leg	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101200167		Police	12/14		Foreign Body - Body system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101000228		SERGEANT OF POLICE	10/10		Strain - Shoulder(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110100156		Police	01/08		Sprain - Toe(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110100158		POLICE OFFICER	01/17		Multiple Injrys - Multiple Lower	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	123	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110100173		PARKING ENFORCEMENT OFFICER	01/24		Sprain - Ankle	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101200172		SERGEANT OF POLICE	12/13		Inflammation - Shoulder(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101100220		SERGEANT OF POLICE	11/16		Strain - Shoulder(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110200024		Police	02/06		Fracture - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)



OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)  
Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

110100241		Police	01/12		Cancer - No physical injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110200081		Police	02/15		Sprain - Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110200138		Police Officer	02/19		Sprain - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	80	116	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110300010		SERGEANT OF POLICE	03/02		Strain - Lower leg	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110300018		Police	03/02		Contusion - Foot	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	86	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110300080		Police Officer	03/12		Sprain - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	84	148	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110300129		Police Officer	03/23		Puncture - Hand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	60	29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110300130		POLICE OFFICER	03/15		Sprain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110300132		Police Officer	03/22		Puncture - Elbow	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101100228		Police	11/05		Strain - Hip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110400024		Police	04/05		Strain - Ankle	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13	6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100900063		Police	09/08		Ct/Strain - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39	36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

Injury

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)

Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

110400085		Police	04/12		Puncture - Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110400092		Police Officer	04/12		Sprain - Ankle	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110400104		Police Officer	04/15		Contusion - Thumb	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110300248		Police Officer	03/25		Unknown - Lower leg	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110400170		Police	04/24		Sprain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110400180		LIEUTENANT OF POLICE	04/22		Ct/Misc - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110500026		Police	05/06		Puncture - Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110500066		Police Officer	05/12		Sprain - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	68	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110500069		Police Officer	05/12		Unknown - Lumbar and/or	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100200004		Police Officer	02/06		Unknown - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110500129		Police Officer	05/19		Strain - Lumbar and/or Sacral	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	124	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110500180		Police	05/24		Inhalation/Injestion - Lung	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)  
Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

110500186		Police Officer	05/20		Sprain - Hip	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25	44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110500193		Police Officer	05/24		Sprain - Upper back area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110500199		Police Officer	05/19		Sprain - Multiple Lower	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	98	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101000240		Police Sergeant	10/05		Mental Stress - Psyche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110500220		Police Officer	05/31		Contusion - Finger(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25	180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110600018		Police Officer	06/02		Strain - Multiple body parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101000241		Police Officer	10/24		Ct/Strain - Lumbar and/or	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	136	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110600104		Police Officer	06/16		Contusion - Finger(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	84	180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110600106		Police Officer	06/16		Multiple Injrys - Multiple body	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32	171	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110500255		SERGEANT OF POLICE	05/27		Contusion - Lower arm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110600153		POLICE OFFICER	06/21		Strain - Shoulder(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110600156		Property & Evidence Offic	06/22		Strain - Shoulder(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

Injury

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)

Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

110600167		Police Officer	06/17		Contusion - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110600200		Police Officer	06/25		Sprain - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110600210		Police Officer	06/24		Contusion - Multiple body	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110600216		Police Sergeant	06/15		Ct/Strain - Lumbar and/or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110600219		Police Officer	06/30		Sprain - Elbow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110700000		Police Officer	07/01		Contusion - Eye(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110700015		Police Officer	07/06		Sprain - Wrist	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110600237		POLICE OFFICER	06/14		Sprain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100	89	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110700024		Police Officer	07/05		Sprain - Ankle	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110700037		Police Officer	07/10		Sprain - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17	180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
820600000		Police Officer	07/06		Ct/Misc - Multiple body parts	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110700058		Police Officer	07/03		Sprain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	89	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

OPD 215 - Police-Sworn

Identify the person			Describe the case			Classify the case CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	Remained at work				Away from work (K)	On job transfer or restriction (L)	(M)	Skin disorder (2)	Resiratory Condition (3)	Poisoning (4)	Hearing Loss (5)	All Other illnesses (6)
						Death (G)	Days away from work (H)	Job Transfer or Restriction (I)	Other Record-able cases (J)			Injury (1)					
110100265		Police Officer	01/24		Hernia - Abdomen incl. groin	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110700117		Police Officer	07/18		Inflammation - Foot	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110700140		SERGEANT OF POLICE	07/15		Hernia - Abdomen incl. groin	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110700154		Police Officer	07/27		Sprain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110700155		Police Officer	07/26		Multiple Injrys - Multiple body	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110700175		CAPTAIN OF POLICE	07/22		Sprain - Shoulder(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110700194		Police Officer	07/29		Laceration - Lower arm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110700195		Police Officer	07/27		Laceration - Eye(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110700196		Police Officer	07/15		Ct/Strain - Shoulder(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110700207		Police Officer	07/27		Sprain - Thumb	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110800022		Police Officer	08/05		Laceration - Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110800023		Police Officer	08/08		Puncture - Lower leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Injury

Skin disorder

Resiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)  
Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

110800032		Police Officer	08/08		Sprain - Ankle	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	87	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110700225		Police Officer	07/25		Ct/Strain - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110800075		Police Officer	08/09		Ct/Strain - Lower back area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110800077		Police Officer	08/10		Sprain - Multiple body parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110800098		Police Officer	08/15		Puncture - Lower arm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110800099		Police Officer	08/15		Sprain - Multiple body parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110800145		Police Officer	08/20		Sprain - Ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110800146		Police Officer	08/20		Sprain - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110800147		Police Officer	08/20		Sprain - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110800168		SERGEANT OF POLICE	08/21		Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	125	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
020800000		LIEUTENANT OF POLICE	08/14		Ct/Strain - Lower back area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110800199		Police Officer	08/21		Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

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Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
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(E)  
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Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)  
Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

110800212		Police Officer	08/23		Infection - Eye(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110800224		Police Officer	08/25		Burn - Wrist	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110900004		Police Officer	09/01		Contusion - Multiple head	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110800265		Police Officer	08/30		Strain - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110900005		Police Officer	09/05		Contusion - Multiple head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110900016		Police Officer	09/01		Strain - Upper back area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110900017		Police Officer	09/01		Strain - Multiple neck injury	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110800286		Police Officer	08/25		Dermatitis - Lower back area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101100233		Police Officer	11/12		Ct/Strain - Multiple body parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110700241		POLICE OFFICER	07/16		Hypertension - Heart	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110900059		Police Officer	09/03		Sprain - Ankle	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	61	180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110900108			08/26		Sprain - Ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

Injury

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)

Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

110900131		Police Officer	09/14		Hearing Loss-All - Ear(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110800306		Police Officer	08/26		Ct/Strain - Lower back area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110900166		Police Officer	09/20		Strain - Hip	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	172	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110900167		Police Officer	09/01		Strain - Upper back area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110800309		Police Officer	08/30		Mental Stress - Psyche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110900211		Police Officer	09/26		Strain - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111000009		SERGEANT OF POLICE	08/24		Heart - All - Internal organs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111000014		Police Officer	10/08		Strain - Multiple upper	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	113	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111000015		Police Officer	10/06		Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111000033		POLICE OFFICER	10/12		Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18	12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111000038		Police Officer	10/10		Mental Stress - Psyche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110900226			09/15		Allergic Reaction - Lower arm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)



OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

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(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

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Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

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Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)

Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

111000050		Police Officer	10/06		Strain - Shoulder(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111000060		Police Officer	10/13		Burn - Eye(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111000099		Police Officer	10/18		Strain - Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111000114		Police Officer	10/22		Laceration - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111000152		Police Officer	10/25		Strain - Lower back area (inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111000158		Police Officer	10/22		Strain - Shoulder(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	64	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111000168		Police Sergeant	10/25		Strain - Shoulder(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111100007		Police Officer	11/01		Strain - Multiple body parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111100025		Police Officer	11/02		Strain - Abdomen incl. groin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111100027		LIEUTENANT OF POLICE	11/03		Strain - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111100028		Police Officer	11/03		Contusion - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111100034		Police Officer	11/03		Contusion - Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

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1/1/2000 - 7/7/2015

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Job Transfer or Restriction

Other Record-able cases

(G)

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Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)  
Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

101000243		SERGEANT OF POLICE	10/10		Ct/Strain - Shoulder(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111100054		Police Officer	11/03		Strain - Hand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111000243		Police Officer	10/25		Strain - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111100077		Police Officer	11/11		Contusion - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24	9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110500275		SERGEANT OF POLICE	05/15		Strain - Shoulder(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111000247		Police Officer	10/24		Puncture - Lower arm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111100095		Police Officer	11/14		Multiple Injrys - Multiple body	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111100115		Police Officer	11/02		Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111000251		Police Officer	10/15		Contusion - Other facial soft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111100129		Police Officer	11/10		Strain - Upper back area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111100130		Police Officer	11/08		Allergic Reaction - No physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111100131		LIEUTENANT OF POLICE	11/14		Strain - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	131	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

Injury

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

OPD 215 - Police-Sworn

Identify the person			Describe the case			Classify the case CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	Remained at work				Away from work (K)	On job transfer or restriction (L)	(M)	Skin disorder (2)	Respiratory Condition (3)	Poisoning (4)	Hearing Loss (5)	All Other illnesses (6)
						Death (G)	Days away from work (H)	Job Transfer or Restriction (I)	Other Record-able cases (J)			Injury (1)					
111100150		Police Officer	11/27		Sprain - Finger(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	63	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111100192		Police Officer	11/30		Sprain - Ankle	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111100198		Police Officer	11/06		Strain - Hand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111100199		Police Officer	11/18		Foreign Body - Eye(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111200019		Police Officer	08/01		Strain - Wrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111200053		Police Officer	12/09		Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111000257		Police Officer	10/16		Strain - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111100220		Police Officer	11/16		Ct/Strain - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111200077		Police Officer	12/01		Allergic Reaction - Multiple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111200106		Police Officer	12/20		Mental Stress - Psyche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111200114		Police Officer	12/23		Ct/Strain - Foot	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40	180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111000260		Police Officer	10/25		Strain - Shoulder(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)  
Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

111200126		Police Officer	12/31		Strain - Lower leg	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110500277		Police Sergeant	05/26		Ct/Strain - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120100067		Police Officer	01/17		Contusion - Hand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111200161		Police Officer	12/28		Strain - Shoulder(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120100069		Police Officer	01/15		Strain - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120100083		Police Officer	01/17		Sprain - Wrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120100086		POLICE OFFICER	01/19		Strain - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	160	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111200166		Police Officer	12/12		Ct/Heart - Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120100137		Police Officer	01/29		Communicable Disease - No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120100138		Police Officer	01/29		Communicable Disease - No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111200171		POLICE OFFICER	12/20		Strain - Shoulder(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120100173		Police Officer	01/24		Sprain - Wrist	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

Injury

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)  
Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

120100174		Police Officer	01/31		Multiple Injrys - Shoulder(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120100182		Police Officer	01/28		Laceration - Other facial soft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120100187		Police Officer	01/28		Strain - Multiple body parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30	133	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120200004		Police Officer	02/01		Strain - Finger(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120100194		Police Officer	01/06		Strain - Foot	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	78	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120200027		Police Officer	02/06		Strain - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	146	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111200177		POLICE OFFICER	12/05		Ct Psyche/Strees - Psyche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120100209		Police Officer	01/27		Ct/Strain - Multiple body parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	173	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120100215		Police Officer	01/30		Strain - Shoulder(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120200057		Police Officer	02/11		Laceration - Upper arm incl.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120100216		Police Officer	01/29		Communicable Disease - No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120100217		Police Officer	01/13		Strain - Hip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

Injury

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)

Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

120200068		Police Officer	02/13		Contusion - Chest (inc. ribs,	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
040200000		Police Sergeant	02/02		Ct/Strain - Lower back area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120200127		SERGEANT OF POLICE	02/25		Strain - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	73	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120200128		Police Officer	02/24		Strain - Multiple body parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120200130		SERGEANT OF POLICE	02/07		Strain - Shoulder(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120200134		POLICE OFFICER	02/19		Mental Stress - No physical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120200137		Police Officer	10/05		Strain - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	117	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120200157		Police Officer	02/01		Carpal Tunnal Syndrome -	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120100230		Police Officer	01/29		Communicable Disease - No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120300018			03/06		Foreign Body - Eye(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120300032		Police Officer	03/06		Contusion - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120300099		Police Officer	03/12		Ct/Strain - Multiple body parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

OPD 215 - Police-Sworn

Identify the person			Describe the case			Classify the case CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	Remained at work				Away from work	On job transfer or restriction	(M) Injury	Skin disorder	Respiratory Condition	Poisoning	Hearing Loss	All Other illnesses
						Death	Days away from work	Job Transfer or Restriction	Other Record-able cases	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
						(G)	(H)	(I)	(J)								
120100235		Police Officer	01/12		Communicable Disease - No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120100236		Police Officer	01/29		Ct Psyche/Strees - Psyche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111000280		Police Officer	10/25		Strain - Wrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120300168		Police Officer	03/26		Strain - Finger(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	59	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120300176		Police Officer	03/27		Puncture - Hand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15	34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120300192		Police Officer	03/23		Strain - Elbow	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120100240		Police Officer	01/19		Ct/Strain - Multiple body parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120300218		POLICE COMM DISPATCH	03/20		Strain - Soft tissue neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120400011		SERGEANT OF POLICE	04/02		Laceration - Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120100243			01/29		Communicable Disease -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120400013		Police	04/03		Sprain - Shoulder(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	79	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120400017		POLICE OFFICER	07/01		Ct/Strain - Lower back area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)  
Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

120400020		Police Officer	04/05		Dislocation - Thumb	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120400021		Police Officer	04/05		Sprain - Ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120200207		DISPATCHER	02/12		Strain - Wrist	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120200208		Police Officer	02/27		Laceration - Multiple body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120300224		Police Officer	03/29		Strain - Lower back area (inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120300225		Police Officer	03/28		Strain - Lower back area (inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120400025		SERGEANT OF POLICE	04/05		Strain - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120300226		Police Officer	03/12		Laceration - Lower leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120400033		Police Officer	04/09		Fracture - Finger(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120400034		Police Officer	04/04		Strain - Shoulder(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	173	96	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120400082		Police Officer	04/18		Sprain - Foot	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120400115		Police Officer	04/19		Laceration - Multiple body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

Injury

(1)

(2)

(3)

(4)

(5)

(6)



OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)  
Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

120400116		Police Officer	04/19		Strain - Multiple body parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120400131		POLICE SERVICES TECH I	04/24		Laceration - Multiple body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120400141		Police Officer	04/25		Contusion - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120400154		POLICE SERVICES OFFICER I	04/25		Strain - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	66	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120400207		Police Officer	04/25		Contusion - Shoulder(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120500009		Police Officer	05/01		Strain - Multiple body parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120500023		SERGEANT OF POLICE	05/01		Strain - Multiple body parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120300243		Police Officer	03/30		Sprain - Lower leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120500049		Police Officer	05/06		Puncture - Foot	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120500054		LIEUTENANT OF POLICE	05/01		Foreign Body - Eye(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120400229		SERGEANT OF POLICE	04/26		Cancer - Larynx	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120500096		Police Officer	05/15		Puncture - Hand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

Injury

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

OPD 215 - Police-Sworn

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)  
Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

120500112		Police Officer	05/10		Communicable Disease - No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120500113		POLICE OFFICER	05/16		Strain - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120500115		Police Officer	05/10		Communicable Disease - No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120500129		POLICE TECHNICian	05/10		Communicable Disease - No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120500152		Police Officer	05/01		Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120500168		Police Officer	05/22		Communicable Disease -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120500169		Police Officer	05/22		Contagious Disease - No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120500170		Police Officer	05/22		Contagious Disease - No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120500204		Police Officer	05/21		Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120500218		POLICE OFFICER	05/25		Strain - Ankle	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120100248			01/07		Strain - Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120500224		POLICE OFFICER	05/31		Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	83	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)  
Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

120500230		SERGEANT OF POLICE	05/28		Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120500231		Police Officer	05/28		Strain - Multiple neck injury	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120600006		Police Officer	06/02		Strain - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120500244		Captain of Police	05/23		Ct/Strain - Lower back area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120600007		POLICE OFFICER	06/04		Strain - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34	42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120600032		Police Officer	06/07		Contusion - Multiple head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120100249		SERGEANT OF POLICE	01/19		Mental Stress - Psyche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
980500000		Police Officer	03/09		Ct/Strain - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120400250		Police Officer	06/13		Fracture - Elbow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120600063		Police Records Clerk	06/12		Strain - Lower back area (inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120600065		SERGEANT OF POLICE	06/13		Strain - Shoulder(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120600066		Police Officer	06/12		Strain - Shoulder(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

Injury

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)  
Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

120500263		Police Officer	05/12		Puncture - Finger(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120600077		Police Officer	06/16		Sprain - Thumb	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	111	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120600079		Police Officer	10/23		Strain - Lower back area (inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120600081		ANIMAL CONTROL OFFCR III	06/17		Laceration - Finger(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120600119		Police Officer	06/21		Strain - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120600135		Police Officer	06/15		Ct/Misc - Multiple body parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120600169		Police Records Clerk	06/28		Strain - Multiple body parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120500269		Police Officer	05/12		Puncture - Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120600176		Police Officer	06/27		Strain - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120700002		Police Officer	07/04		Sprain - Multiple body parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	61	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120600202		Police Officer	06/10		Strain - Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120700029		Police Officer	07/10		Strain - Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

Injury

(1)

(2)

(3)

(4)

(5)

(6)

Identify the person			Describe the case			Classify the case CHECK ONLY ONE box for each case based on the most serious outcome for that case:				OPD 215 - Police-Sworn							
(A) Case No.	(B) Employee's Name	(C) Job Title <small>(e.g., Welder)</small>	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)					Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
						Remained at work				(M)							
						Death	Days away from work	Job Transfer or Restriction	Other Record- able cases	Away from work	On job transfer or restriction	Injury	Skin disorder	Respiratory Condition	Poisoning	Hearing Loss	All Other Illnesses
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
120700055		Police Officer	07/11		Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120300254		LIEUTENANT OF POLICE	03/28		Ct/Misc - Multiple body parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120600212		Police Officer	07/09		Sprain - Elbow	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	103	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120700064		Police Officer	07/16		Strain - Foot	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120700093		Police Officer	07/23		Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120500276		Police Officer	05/20		Strain - Shoulder(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	148	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120700115		Police Sergeant	07/20		Strain - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120700120		POLICE OFFICER	07/25		Strain - Multiple body parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120700129		Police Officer	07/21		Strain - Lower back area (inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120700137		POLICE COMM DISPATCH	07/26		Strain - Finger(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120700180		Police Officer	07/31		Mental Stress - Psyche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	76	96	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120800019		Police Officer	08/03		Laceration - Finger(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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All Other Illnesses	(6)
Hearing Loss	(5)
Poisoning	(4)
Respiratory Condition	(3)
Skin disorder	(2)
Injury	(1)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)  
Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

120800022		Police Officer	08/07		Strain - Multiple body parts	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120800045		Police Sergeant	08/11		Strain - Foot	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	130	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120800047		Police Officer	08/11		Fracture - Foot	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44	30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120800055		DISPATCHER	08/13		Strain - Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120300257		Police Officer	03/28		Ct/Heart - Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120800093		NEIGHBORHOOD SERV COORD	08/14		Strain - Lower back area (inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	110	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120100253		Police Officer	01/05		Laceration - Upper leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120600224		Police Officer	07/16		Strain - Thumb	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120600225		POLICE OFFICER	06/17		Strain - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120800106		Police Officer	08/22		Strain - Ankle	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120800123		Police Officer	08/23		Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120800137		POLICE EVIDENCE TECH	08/25		Laceration - Finger(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

Injury

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

OPD 215 - Police-Sworn

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title  
(e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred  
(e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill  
(e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death  
(G)

Days away from work  
(H)

Job Transfer or Restriction  
(I)

Other Record-able cases  
(J)

Away from work  
(K)

On job transfer or restriction  
(L)

Enter the number of days the injured or ill worker was:

(M)  
Injury  
(1)

Skin disorder  
(2)

Respiratory Condition  
(3)

Poisoning  
(4)

Hearing Loss  
(5)

All Other illnesses  
(6)

120800145		Police Officer	08/16		Strain - Multiple neck injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120800169		Police Officer	08/28		Needlestick - Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120800189		Police Officer	08/31		Laceration - Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120900012		Police Officer	09/05		Contagious Disease - No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120900013		Police Officer	09/05		Contagious Disease - Lung	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120900026		Police Officer	09/05		Contagious Disease - Internal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120900027		Police Officer	09/05		Contagious Disease - Internal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120900048		POLICE OFFICER	09/07		Ct/Strain - Multiple body parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	151	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120800228		Police Officer	08/16		Ct/Misc - Multiple body parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120900098		Police Officer	09/16		Ct/Strain - Lower back area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	173	180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120800230		SERGEANT OF POLICE	08/01		Strain - Elbow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120900130		POLICE OFFICER TRAINEE	09/24		Dizziness - Body system and	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Injury  
(1)

Skin disorder  
(2)

Respiratory Condition  
(3)

Poisoning  
(4)

Hearing Loss  
(5)

All Other illnesses  
(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)

Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

120900141		Police Officer	09/26		Strain - Soft tissue neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120900143		Police Officer	09/26		Strain - Soft tissue neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120900149		ANIMAL CONTROL OFFCR III	09/27		Strain - Shoulder(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120900150		Police Officer	09/26		Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22	44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120900153		Police Officer	09/28		Communicable Disease -	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120900166		Police Officer	09/29		Strain - Lower back area (inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120900169			09/05		Contagious Disease - No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120900180		Police Officer	09/29		Strain - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121000016		Police Officer	10/02		Hearing Loss-All - Ear(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120800235		Police Officer	08/01		Strain - Shoulder(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121000038		SERGEANT OF POLICE	10/09		Laceration - Multiple body	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	179	34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121000057		Police Officer	10/11		Sprain - Ankle	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)



OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)  
Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

121000058		SERGEANT OF POLICE	10/09		Contusion - Finger(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120200222		POLICE OFFICER	02/01		Ct/Strain - Multiple body parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121000124		Police Officer	10/07		Strain - Multiple body parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121000149		SERGEANT OF POLICE	10/26		Mental Stress - No physical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121000165		DISPATCHER	10/15		Strain - Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121000186		Police Officer	10/25		Strain - Multiple Lower	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121100008		Police Officer	11/04		Strain - Lower back area (inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121100051		SERGEANT OF POLICE	11/14		Strain - Lower back area (inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121100059		Police Officer	11/17		Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121100080		POLICE OFFICER	11/20		Strain - Wrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121000210		Police Officer	10/12		Strain - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121200005		Police Officer	12/03		Strain - Shoulder(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

Injury

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death (G)

Days away from work (H)

Job Transfer or Restriction (I)

Other Record-able cases (J)

Away from work (K)

On job transfer or restriction (L)

Enter the number of days the injured or ill worker was:

(M)  
Injury (1)

Skin disorder (2)

Resiratory Condition (3)

Poisoning (4)

Hearing Loss (5)

All Other illnesses (6)

120900206		Police Officer	09/29		Strain - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121200017		Police Officer	12/05		Contusion - Elbow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121100133		Police Officer	11/29		Puncture - Upper leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121200054		POLICE OFFICER	12/12		Ct/Strain - Multiple body parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121200060		Police Officer	12/13		Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121200094		Police Officer	12/19		Strain - Shoulder(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	69	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121100154		POLICE OFFICER	11/01		Strain - Lower back area (inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	83	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130100001		Police Officer	01/02		Laceration - Finger(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121200136		POLICE OFFICER	12/27		Strain - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	88	147	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130100011		Police Officer	01/09	outside	Strain - Shoulder(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23	45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130100027		Police Officer	01/11	outside	Strain - Ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121100161		Police Officer	11/27		Contusion - Upper leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Injury (1)

Skin disorder (2)

Resiratory Condition (3)

Poisoning (4)

Hearing Loss (5)

All Other illnesses (6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Away from work

On job transfer or restriction

(K)

(L)

Enter the number of days the injured or ill worker was:

(M)  
Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

130100083		Police Officer	01/21	streets	Puncture - Lower arm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130100091		Police Officer	01/24	stairwell	Contusion - Multiple body	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	75	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130100100		Police Officer	01/26		Dermatitis - Multiple body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130100104		Police Officer	01/25	outside	Multiple Injrys - Multiple body	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130100105		Police Officer	01/25	Streets	Contagious Disease - Wrist(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130100110		Police Officer	01/27	Streets	Infection - Upper back area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130100111		POLICE CAPTAIN	01/25		Infection - Upper back area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130100112		Police Officer	01/26	Streets	Infection - Upper arm incl.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130100124		Police Officer	01/25	Streets	Infection - No physical injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130100140		Police Officer	01/19	Outside	Strain - Elbow	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	169	180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130100142		POLICE OFFICER	01/30	basement	Strain - Elbow	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	173	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130200045		POLICE OFFICER	02/11	animal control shelter	Strain - Shoulder(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	105	46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

Injury

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

OPD 215 - Police-Sworn

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)  
Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

130200055		POLICE OFFICER	02/06	Outside	Strain - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	91	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130200068		Police Officer Trainee	02/21	mat room	Strain - Elbow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130200071		DISPATCHER	02/21	office	Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130200081		Police Officer	02/22	Residence	Fracture - Ankle	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	93	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130200082		Police Officer	02/22	vechicle	Strain - Multiple body parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130200083		Police Officer	02/22	vechicle	Strain - Multiple body parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130300012		Police Officer	03/05	Outside	Sprain - Ankle	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130300017		Police Officer	03/06		Strain - Lower back area (inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130200153		Police Officer	02/26	Mat Room	Contusion - Lung	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130100176		POLICE OFFICER	01/06		Hernia - Abdomen incl. groin	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130300047		Police Officer	03/14	basement	Puncture - Finger(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130100177		Police Officer	01/08	locker room	Strain - Elbow	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	131	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

OPD 215 - Police-Sworn

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)  
Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

130200163		Police Officer	02/24	Public street	Strain - Lower back area (inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130300120		Police Officer	03/26	Residence	Puncture - Lower leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130300133		Police Officer	03/27	Streets	Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130400005		Police Officer	04/02	Streets	Strain - Multiple neck injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130400014		SERGEANT OF POLICE	04/04	Loft	Strain - Ankle	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	109	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130300150		Police Officer	03/24	city street	Strain - Elbow	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	94	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130400047		Police Officer	04/07	Coast guard island	Strain - Elbow	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130400048		POLICE OFFICER TRAINEE	04/07	Coast guard island	Strain - Lower arm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120400263		Police Officer	04/05	Street	Mental Stress - Psyche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	91	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130200165		LIEUTENANT	02/14	police department	Strain - Elbow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130400073		Police Officer	04/12	Police department	Strain - Finger(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	71	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130400074		Police Officer	04/15	middle school	Strain - Chest (inc. ribs, stern.,	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

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Days away from work

Job Transfer or Restriction

Other Record-able cases

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(H)

(I)

(J)

Away from work

On job transfer or restriction

(K)

(L)

Enter the number of days the injured or ill worker was:

(M)  
Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

130400100		Police Officer	04/09	police department	Strain - Ankle	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	133	148	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130400112		Police Officer	04/18	city streets	Strain - Wrist	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14	89	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130400113		DISPATCHER	04/21	police department	Strain - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130400125		Police Officer	04/22	police department	Contusion - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130400163		Police Officer	04/24	school grounds	Strain - Shoulder(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	90	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130400166		Police Officer	04/17	police department	Strain - Multiple body parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120400264		POLICE OFFICER	04/03	police department	Ct/Strain - Lower back area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	98	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130400188		PARKING CONTROL TECH	04/27	city streets	Strain - Foot	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	76	78	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130500016		POLICE OFFICER	05/01	Public street	Strain - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	68	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130500026		Police Officer	05/07	police station	Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130400217		POLICE EVIDENCE TECH	04/28	City streets	Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17	52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130500039		Police Officer	05/06	police department	Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

Injury

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

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Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)  
Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

130400228		Police Officer	04/22	police department	Strain - Wrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130500100		Police Officer	05/21	Yard	Crushing - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	66	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130500104		Police Officer	05/18	Hospital	Contagious Disease - No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130500106		Police Officer	05/18	hospital	Contagious Disease - Lung	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130500133		Police Officer	05/23	lake chabot	Strain - Ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130500155		POLICE COMM DISPATCH	05/20	communications	Mental Stress - Psyche	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130600000		Police Officer	06/01	city streets	Strain - Lower back area (inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130500171		Police Officer	05/13	city streets	Strain - Shoulder(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130500178		Police Officer	05/24	police department	Strain - Lower arm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130500188		Police Officer	05/18	city streets	Contagious Disease - Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130500189		Police Officer	05/18	City streets	Contagious Disease - Lower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130500190		Police Officer	05/18	city streets	Infection - Other facial soft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

Injury

(1)

(2)

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1/1/2000 - 7/7/2015

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Where the event occurred (e.g. Loading dock north end)

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Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case

CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

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(K)

(L)

Check the "injury" column or choose one type of illness:

(M)  
Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

130500195		Police Officer	05/15	city streets	Strain - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130600035		CAPTAIN OF POLICE	06/07	Training room	Strain - Upper leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130500199		Police Officer	05/18	City streets	Infection - No physical injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130600059		Police Officer	06/08	police department	Strain - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130600062		Police Records Specialist I	06/04	police department	Strain - Hand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130600063		POLICE OFFICER TRAINEE	06/14	police department	Fracture - Finger(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	97	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130600068		Police Officer	06/17	City streets	Strain - Multiple neck injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130600085		Police Officer	06/10	outside	Strain - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130600102		Police Officer	06/18	city streets	Strain - Hip	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130600106		Police Officer	06/20	City streets	Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130500213		Police Officer	05/28	Outside	Strain - Shoulder(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130600124		Police Officer	06/22	city streets	Contusion - Finger(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

Injury

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(M)  
Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

130600139		Police Officer	06/26	city streets	Strain - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	135	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130600140		SERGEANT OF POLICE	06/20	City streets	Strain - Multiple body parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130600143		SERGEANT OF POLICE	06/22	City streets	Strain - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130600150		Police Officer	06/27	City streets	Burn - Lower arm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100300010		Police Officer	06/07	Police department	Ct/Strain - Multiple body parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130200172		Police Officer	02/06	City streets	Strain - Shoulder(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	85	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130600161		Police Officer	06/28	Vehicle	Strain - Multiple body parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130600177		Police Officer	06/22	Public street	Contusion - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130500224		Police Officer	05/06	City streets	Contusion - Eye(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130700022		Police Officer	07/09	Police department	Laceration - Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130700027		Police Officer	07/05	City streets	Strain - Foot	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130700037		Police Officer	07/11	City street	Strain - Upper arm incl.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	99	180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

Injury

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)  
Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

130700038		POLICE EVIDENCE TECH	07/13	city streets	Strain - Multiple neck injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130700058		Police Officer	07/18	city streets	Contusion - Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130700065		Police Officer	07/18	city streets	Contusion - Lower leg	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130600193		Police Officer	06/27	Work parking lot	Infection - Ankle	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130700073		Police Officer	07/21	city streets	Laceration - Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130700084		Police Officer	07/22	Police department	Laceration - Hand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130200174		POLICE SERVICES TECH II	02/19	City	Laceration - Internal organs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130700098		Police Officer	07/15	bathroom	Infection - Multiple body parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130700099		SERGEANT OF POLICE	07/23	Police department	Strain - Shoulder(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130700100		Police Officer	07/24	Police department	Infection - No physical injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130700101		Police Officer	07/24	police department	Infection - No physical injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130700102		Police Officer	07/23	Police department	Infection - No physical injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

Injury

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)  
Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

130700103		SERGEANT OF POLICE	07/24	police department	Infection - No physical injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130700104		Police Officer	07/22	police department	Infection - No physical injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130700106		SERGEANT OF POLICE	07/24	police department	Infection - No physical injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130700107		Police Officer	07/23	bathroom	Infection - No physical injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130700109		Police Officer	07/01	police department	Infection - No physical injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130700116		Police Officer	07/24	Police department	Infection - No physical injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130700118		POLICE ANALYST	07/25	office building	Strain - Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130600198		Police Officer	06/21	City streets	Inflammation - Spinal cord	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130700128		Police Officer	07/27	City streets	Strain - Lower leg	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130300176		SERGEANT OF POLICE	03/18	City streets	Strain - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130700138		Police Officer	07/30	Stairs	Contusion - Skull	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130700141		Police Officer	07/31	City streets	Strain - Upper leg	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

Injury

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

OPD 215 - Police-Sworn

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)  
Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

130200176		Police Records Clerk	02/13	Office	Strain - Wrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130700145		Police Officer	07/17	residence	Mental Stress - Psyche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130800003		Police Officer	08/05	City streets	Strain - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130800038		Police Officer	08/09	freeway	Strain - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	170	142	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130800041		Police Officer	08/12	police department	Ct/Strain - Multiple body parts	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130800048		POLICE OFFICER TRAINEE	08/13	Police department	Strain - Upper back area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130800049		POLICE SERVICES TECH I	08/12	Office	Strain - Shoulder(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130800069		Police Officer	08/17	Police academy	Strain - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130800079		Police Officer	08/04	city streets	Strain - Shoulder(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	163	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130800081		POLICE OFFICER TRAINEE	08/18	police department	Contusion - Multiple neck	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130700166		DEPUTY CHIEF OF POLICE	07/19	Stairway	Strain - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	146	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130800103		Police Officer	08/16	Public street	Strain - Elbow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

Injury

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

OPD 215 - Police-Sworn

Identify the person			Describe the case			Classify the case CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	Remained at work				Away from work	On job transfer or restriction	(M) Injury	Skin disorder	Respiratory Condition	Poisoning	Hearing Loss	All Other illnesses
						Death	Days away from work	Job Transfer or Restriction	Other Record-able cases	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
						(G)	(H)	(I)	(J)								
130800106		Police Officer	08/23	Public park	Dermatitis - Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130800108		Police Officer	08/18	Public street	Strain - Upper leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130800111		SERGEANT OF POLICE	08/23	stadium	Strain - Lumbar and/or Sacral	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	63	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130700172		POLICE SERVICES TECH I	07/24	Police department	Infection - No physical injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130800123		Police Officer	08/27	Hospital	Infection - No physical injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130800143		Police Officer	08/27	City streets	Strain - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130800165		LIEUTENANT OF POLICE	08/28	City streets	Strain - Foot	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130500234		Police Officer	05/28	police department	Ct/Strain - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	133	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130900016		Police Officer	09/06	Police department	Ct/Strain - Lower back area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130400246		Police Sergeant	04/19	Police department	Strain - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130900068		POLICE EVIDENCE TECH	09/15	Police station	Strain - Upper back area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	59	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130900081		Police Officer	09/09	Sidewalk	Strain - Abdomen incl. groin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

Injury

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

OPD 215 - Police-Sworn

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)  
Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

130900106		Police Officer	09/19	Jail	Strain - Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130900153		Police Officer	09/29	City streets	Strain - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130900154		Police Officer	09/29	City streets	Contusion - Eye(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131000000		Police Records Specialist I	10/01	Police department	Strain - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131000022		Police Officer	10/05	city streets	Strain - Shoulder(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	72	102	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131000048		POLICE SERVICES TECH II	10/08	city streets	Strain - Shoulder(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131000049		Police Officer	10/09	city streets	Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	136	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131000066		POLICE OFFICER	10/11	City streets	Sprain - Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131000067		POLICE OFFICER	10/11	City streets	Contusion - Lower arm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131000071		POLICE OFFICER TRAINEE	10/13	Police department	Strain - Ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130900204		POLICE OFFICER	09/01	city streets	Cancer - Ear(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131000101		POLICE OFFICER	10/05	City streets	Infection - Elbow	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death (G)

Days away from work (H)

Job Transfer or Restriction (I)

Other Record-able cases (J)

Away from work (K)

On job transfer or restriction (L)

Enter the number of days the injured or ill worker was:

(M)  
Injury (1)

Skin disorder (2)

Respiratory Condition (3)

Poisoning (4)

Hearing Loss (5)

All Other illnesses (6)

130900209		POLICE OFFICER	09/02	City streets	Strain - Elbow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131000136		POLICE OFFICER	10/18	city streets	Laceration - Lower arm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100900069		POLICE OFFICER	09/13	Police department	Ct/Strain - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131000155		POLICE OFFICER	10/16	City streets	Strain - Lower back area (inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131000164		POLICE OFFICER	10/29	City streets	Laceration - Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131000172		POLICE OFFICER	10/26	Police department	Strain - Lower back area (inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131000182		POLICE OFFICER	10/28	City streets	Communicable Disease -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131000183		POLICE OFFICER	10/23	Police officer	Mental Stress - Psyche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131100006		POLICE OFFICER	11/03	Raider game	Strain - Elbow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131100023		POLICE OFFICER	11/03	City streets	Contusion - No physical injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131100025		POLICE OFFICER	11/09	City streets	Strain - Lower back area (inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
090300007		POLICE OFFICER	03/21	Work site	Ct Psyche/Strees - Psyche	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Injury (1)

Skin disorder (2)

Respiratory Condition (3)

Poisoning (4)

Hearing Loss (5)

All Other illnesses (6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)  
Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

131100113		POLICE OFFICER	11/23	City streets	Contusion - Lower leg	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131100114		POLICE OFFICER	11/26	City streets	Laceration - Multiple neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131100121		POLICE OFFICER	11/27	City streets	Crushing - Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131200013		POLICE OFFICER	12/05	City streets	Strain - Ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131200026		PARKING CONTROL TECH	12/09	City streets	Crushing - Foot	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131200054		POLICE OFFICER	12/13	office	Contusion - Multiple body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131200085		POLICE OFFICER	12/14	city streets	Contusion - Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131200095		POLICE OFFICER	12/12	Police department	Strain - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131200098		POLICE OFFICER	12/18	city streets	Puncture - Wrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131200101		POLICE OFFICER	12/12	City streets	Infection - No physical injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131200109		POLICE OFFICER	12/19	city streets	Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131200113		POLICE OFFICER	12/23	residence	Strain - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

Injury

(1)

(2)

(3)

(4)

(5)

(6)



OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)  
Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

131200122		POLICE OFFICER	12/24	street	Fracture - Wrist	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27	56	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131200131		SERGEANT OF POLICE	12/21	City streets	Mental Stress - Psyche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	178	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131200136		POLICE COMM DISPATCH	12/27	Office	Contagious Disease - No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140100004		Police Sergeant	01/02	Police department	Crushing - Finger(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140100005		POLICE OFFICER	01/01	City streets	Strain - Finger(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140100035		POLICE OFFICER TRAINEE	01/13	Police academy	Strain - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140100047		DISPATCHER	01/15	office	Strain - Multiple trunk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140100049		POLICE OFFICER TRAINEE	01/13	police department	Strain - Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131200161		POLICE SERVICES TECH I	12/19	Exercise room	Strain - Shoulder(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131200162		POLICE OFFICER	12/09	police department	Strain - Elbow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140100063		POLICE OFFICER	01/16	Intake	Strain - Shoulder(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140100067		POLICE OFFICER TRAINEE	01/18	academy	Strain - Upper leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

Injury

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)

Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

140100068		POLICE OFFICER TRAINEE	01/18	Police department	Dizziness - Body system and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140100074		POLICE OFFICER TRAINEE	01/18	city streets	Strain - Multiple body parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140100112		SERGEANT OF POLICE	01/19	Residence	Contagious Disease - No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140100113		POLICE OFFICER	01/19	residence	Contagious Disease - No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140100114		POLICE OFFICER	01/19	Residence	Contagious Disease - No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140100116		SERGEANT OF POLICE	01/19	residence	Contagious Disease - No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140100129		POLICE OFFICER	01/19	work site	Contagious Disease - No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140100134		POLICE OFFICER	01/15	Police department	Strain - Lower back area (inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	59	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140100140		Police Sergeant	01/28	City streets	Strain - Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140100156		SERGEANT OF POLICE	01/31	Police department	Strain - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	127	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140100158		POLICE OFFICER	01/26	City streets	Dizziness - Skull	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140100161		POLICE OFFICER	01/19	city streets	Contagious Disease - No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)  
Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

140100162		POLICE OFFICER	01/15	Police department	Strain - Multiple body parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140200031		POLICE OFFICER	02/10	street	Contusion - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140200061		POLICE OFFICER TRAINEE	02/18	coast guard island	Strain - Upper arm incl.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140200063		SERGEANT OF POLICE	02/18	administration	Strain - Lower back area (inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140200088		POLICE OFFICER	02/24	city streets	Strain - Ankle	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13	113	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140200095		POLICE OFFICER	02/18	City streets	Infection - No physical injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140200101		POLICE OFFICER	02/23	property room	Strain - Finger(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140200107		POLICE OFFICER TRAINEE	02/13	city streets	Strain - Upper leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140200114		POLICE OFFICER	02/26	city streets	Fracture - Foot	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140200116		POLICE OFFICER	02/19	police department	Strain - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140200123		Police Lieutenant	02/27	city streets	Strain - Lower back area (inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140200124		POLICE OFFICER	02/26	City streets	Strain - Multiple body parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23	180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

Injury

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death (G)

Days away from work (H)

Job Transfer or Restriction (I)

Other Record-able cases (J)

Away from work (K)

On job transfer or restriction (L)

Enter the number of days the injured or ill worker was:

(M)  
Injury (1)

Skin disorder (2)

Respiratory Condition (3)

Poisoning (4)

Hearing Loss (5)

All Other illnesses (6)

140300020		POLICE OFFICER	03/08	city streets	Contagious Disease - No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140300021		POLICE OFFICER	03/09	city streets	Strain - Lower back area (inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140300027		POLICE OFFICER	03/02	admin building	Strain - Thumb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120700221		Police	07/16	police department	Ct/Misc - Toe(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140300030		POLICE OFFICER TRAINEE	03/05	police department	Strain - Ankle	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140300045		POLICE OFFICER	03/08	city streets	Contagious Disease - No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140300047		POLICE OFFICER	03/12	city street	Strain - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110600290		POLICE OFFICER	03/13	city street	Strain - Lower back area (inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120800253		POLICE OFFICER	08/09	police department	Ct/Heart - Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140300053		POLICE OFFICER	03/09	police department	Strain - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140100201		POLICE OFFICER	01/28	mat room	Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140300065		POLICE OFFICER	03/15	residence	Infection - No physical injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Skin disorder (2)

Respiratory Condition (3)

Poisoning (4)

Hearing Loss (5)

All Other illnesses (6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

OPD 215 - Police-Sworn

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)  
Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

140300066		POLICE OFFICER	03/15	apartment	Infection - No physical injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140200159		POLICE OFFICER	02/11	City streets	Ct/Strain - Multiple body parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140100202		Auditor	01/20	police department	Strain - Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140300136		POLICE OFFICER	03/24	Police department	Strain - Wrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140300137		POLICE OFFICER	03/21	police academy	Strain - Upper leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140300174		POLICE OFFICER	03/28	Police officer	Strain - Ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140400004		POLICE OFFICER	04/03	city streets	Strain - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140400010		POLICE OFFICER	04/04	city street	Laceration - Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140400027		POLICE OFFICER	04/08	city streets	Strain - Lower back area (inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140300191		POLICE OFFICER	03/19	Police department	Strain - Wrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140400029		POLICE OFFICER TRAINEE	04/07	police department	Strain - Upper leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140400030		POLICE OFFICER	04/08	city streets	Strain - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)  
Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

140400044		POLICE OFFICER	04/12	City streets	Laceration - Multiple body	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140400052		ANIMAL CONTROL OFFICER	04/14	Private residence	Laceration - Multiple body	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140400081		POLICE OFFICER	04/16	city streets	Strain - Ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	90	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140400096		Police Sergeant	04/19	city streets	Strain - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140400126		POLICE OFFICER TRAINEE	04/17	police department	Strain - Upper leg	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140400128		POLICE OFFICER	04/23	police building	Strain - Ankle	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140400135		POLICE OFFICER	04/26	locker room	Strain - Hand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140400150		POLICE OFFICER	04/24	city streets	Strain - Upper back area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140400151		POLICE OFFICER TRAINEE	04/29	city streets	Strain - Lower leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140400158		POLICE OFFICER TRAINEE	04/29	concord police association range	Contusion - Eye(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140400177		POLICE SERVICES OFFICER I	04/29	parking garage	Infection - No physical injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140400180		POLICE OFFICER	04/18	softball complex	Strain - Upper leg	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14	8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

Injury

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)

Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

140500005		POLICE OFFICER	05/05	city streets	Strain - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140500007		POLICE OFFICER	05/01	jack london square	Strain - Ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140500022		POLICE OFFICER	05/06	city streets	Strain - Ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140500033		POLICE SERVICES TECH II	05/01	city streets	Strain - Shoulder(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140500051		POLICE OFFICER	05/09	city streets	Laceration - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140500061		POLICE OFFICER	05/13	city streets	Strain - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140500062		POLICE OFFICER	05/13	outside	Dizziness - No physical injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140500079		Police Records Clerk	05/08	City	Strain - Ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140500083		POLICE OFFICER	05/14	gun range	Strain - Finger(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140500116		POLICE OFFICER	05/19	residence	Strain - Shoulder(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140500127		POLICE OFFICER	05/20	Car	Multiple Injrys - Multiple body	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140500128		POLICE OFFICER TRAINEE	05/18	boxing ring	Strain - Wrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)  
Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

140500132		POLICE OFFICER TRAINEE	05/17	Field	Contusion - Elbow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140500143		POLICE OFFICER	05/22	Street	Sprain - Ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140500145		POLICE OFFICER TRAINEE	05/18	Gym	Strain - Hip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140500150		POLICE OFFICER	05/23	Police department	Contusion - Skull	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140500172		POLICE SERVICES TECH I	05/21	Police department	Strain - Wrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140500189		POLICE OFFICER	05/30	city street	Foreign Body - Eye(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140600004		POLICE OFFICER	06/01	Police department	Contusion - Skull	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140500195			05/29	city street	Strain - Multiple body parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140600012		POLICE OFFICER	06/03	FBI office	Strain - Foot	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	85	153	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140600013		POLICE OFFICER TRAINEE	06/05	police department	Strain - Shoulder(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140600033		POLICE OFFICER	06/05	city streets	Fracture - Ankle	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140600036		POLICE OFFICER	06/09	police station	Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

Injury

(1)

(2)

(3)

(4)

(5)

(6)



OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

OPD 215 - Police-Sworn

Identify the person			Describe the case			Classify the case CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	Remained at work				Away from work (K)	On job transfer or restriction (L)	(M)	Skin disorder (2)	Respiratory Condition (3)	Poisoning (4)	Hearing Loss (5)	All Other illnesses (6)
						Death (G)	Days away from work (H)	Job Transfer or Restriction (I)	Other Record-able cases (J)			Injury (1)					
140600049		POLICE OFFICER	06/09	police department	Infection - Lower arm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140600053		POLICE OFFICER	06/11	7221 Weld St. Oakland, CA	Puncture - Lower arm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140600076		POLICE OFFICER TRAINEE	06/18	unknown	Strain - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140600078		POLICE OFFICER	06/17	2016 MacDonald Ave. Richmond, CA	Strain - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140600097		POLICE OFFICER	06/21	city streets	Strain - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140500229		SERGEANT OF POLICE	05/13	police department	Ct/Strain - Multiple body parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140600137		Police Sergeant	06/24	police department	Ct/Strain - Lower back area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	119	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140700005		POLICE OFFICER TRAINEE	07/02	training facility	Sprain - Ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140700015		Police Officer	07/08	police department	Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140700019		POLICE OFFICER	07/07	ground	Strain - Multiple body parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140400233		POLICE OFFICER	04/12	city streets	Strain - Upper arm incl.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140700027		CAPTAIN OF POLICE	07/09	police department	Infection - Lung	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

Injury

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

OPD 215 - Police-Sworn

Identify the person			Describe the case			Classify the case CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	Remained at work				Away from work (K)	On job transfer or restriction (L)	(M)	Skin disorder (2)	Respiratory Condition (3)	Poisoning (4)	Hearing Loss (5)	All Other illnesses (6)
						Death (G)	Days away from work (H)	Job Transfer or Restriction (I)	Other Record-able cases (J)			Injury (1)					
140700053		POLICE OFFICER TRAINEE	07/16	police department	Strain - Multiple head injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140700062		Police Officer	07/18	police department	Hernia - Abdomen incl. groin	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140700063		Police Officer	07/18	police department	Strain - Lower back area (inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140700064		SERGEANT OF POLICE	07/19	city streets	Strain - Upper leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140700111		POLICE OFFICER	07/28	city streets	Strain - Ankle	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140400236		POLICE OFFICER	04/10	police department	Ct/Strain - Spinal cord	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140800001		POLICE OFFICER	08/04	city streets	Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	57	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140800002		POLICE OFFICER	08/01	police department	Crushing - Foot	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	147	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140800012		POLICE OFFICER	08/06	police department	Laceration - Lower arm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140800035		POLICE OFFICER	08/14	street	All Other - Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140800036		SERGEANT OF POLICE	08/14	3001 Davis St.	Strain - Shoulder(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140800041		POLICE OFFICER	08/15	street	Strain - Lumbar and/or Sacral	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

OPD 215 - Police-Sworn

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)  
Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

140800043		POLICE RECORDS SPEC	08/16	street	Laceration - Multiple body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140800045		POLICE OFFICER	08/08	city streets	Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140800051		SERGEANT OF POLICE	08/15	city streets	Strain - Wrist(s) and hand(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140800068		POLICE OFFICER TRAINEE	08/20	police department	Strain - Lower back area (inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140800072		POLICE OFFICER	08/15	city streets	Strain - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140800073		POLICE OFFICER	08/15	city streets	Strain - Multiple body parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140800081		Police Officer	08/23	city streets	Puncture - Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140700156		POLICE OFFICER	07/15	police department	Strain - Lower back area (inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140900002		POLICE OFFICER	09/02	office	Sprain - Ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140800148		Police Officer	08/04	police department	Ct/Strain - Elbow	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43	99	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140900038		Police Sergeant	09/07	police department	Strain - Lower back area (inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130900260		POLICE OFFICER	09/10	police department	Ct/Hearing - Ear(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)  
Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

140800160		POLICE OFFICER	08/30	city streets	Mental Stress - Psyche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140900099		POLICE OFFICER	09/19	City streets	Strain - Elbow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140900105		POLICE OFFICER	09/16	Police Department	Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140900181		POLICE OFFICER	09/30	residential backyard	Puncture - Upper arm incl.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141000016		POLICE OFFICER	10/01	Oakland Police Department - patrol route	Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	111	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141000040		POLICE OFFICER	10/09	Police Department - park	Laceration - Lower arm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141000057		POLICE OFFICER TRAINEE	10/14	estuary field	Sprain - Multiple Lower	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141000059		POLICE OFFICER TRAINEE	10/14	Jack London Square	Strain - Ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141000077		POLICE OFFICER TRAINEE	10/18	Training yard	Strain - Shoulder(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140800171		POLICE OFFICER	08/20	city streets	Strain - Disc (neck)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141000092		POLICE OFFICER	10/21	Police Department - records	Strain - Lower leg	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141000104		POLICE OFFICER TRAINEE	10/18	Police Department - Coast Guard Island	Strain - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

Injury

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)  
Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

140900215		POLICE OFFICER	09/20	Police Depart - OPD Mat Room	Strain - Elbow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141100004		POLICE OFFICER TRAINEE	11/03	Estuary Field at Jack London Square	Strain - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141100016		CAPTAIN OF POLICE	11/05	vehicle	Strain - Multiple neck injury	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141100026		POLICE OFFICER TRAINEE	11/08	Jack London Squire	Strain - Lower back area (inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141100029		POLICE OFFICER TRAINEE	11/10	Oakland Police Department	Crushing - Thumb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141100045		Police Sergeant	11/10	Oakland Police Department	Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141000185		POLICE OFFICER	10/30	street	Contagious Disease - Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141100070		POLICE OFFICER	11/19	City streets	Puncture - Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141000188		POLICE OFFICER	10/30	City streets	Foreign Body - Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141100094		CAPTAIN OF POLICE	11/19	Eastmont Police Sub Station	Strain - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141100102		POLICE OFFICER	11/24	City streets	Laceration - Mouth	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141100103		POLICE OFFICER	11/24	City streets	Dislocation - Finger(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

Injury

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death

Days away from work

Job Transfer or Restriction

Other Record-able cases

(G)

(H)

(I)

(J)

Enter the number of days the injured or ill worker was:

Away from work

On job transfer or restriction

(K)

(L)

Check the "injury" column or choose one type of illness:

(M)

Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

141100111		SERGEANT OF POLICE	11/24	City Streets	Strain - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140700161		SERGEANT OF POLICE	07/05	City Streets	Ct/Strain - Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	135	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141100113		SERGEANT OF POLICE	11/26	Police Department	Strain - Knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	135	41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141100114		POLICE OFFICER	11/26	City streets	Strain - Ankle	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141100117		LIEUTENANT OF POLICE	11/26	City Streets	Contusion - Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141100119		POLICE OFFICER	11/29	City streets - highway	Puncture - Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141100120		POLICE OFFICER	11/26	City streets	Strain - Ankle	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141100134		POLICE OFFICER	11/25	City streets	Multiple Injrys - Multiple body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141100142		Police Officer	11/27	City streets	Strain - Lower back area (inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141200092		POLICE OFFICER	12/20	City streets	Strain - Multiple body parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141200103		Police Sergeant	12/23	City steets	Strain - Multiple body parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141100145		Police Sergeant	11/26	City streets	Strain - Shoulder(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Injury

Skin disorder

Respiratory Condition

Poisoning

Hearing Loss

All Other illnesses

(1)

(2)

(3)

(4)

(5)

(6)

OSHA 300

1/1/2000 - 7/7/2015

Insured

City of Oakland

Identify the person

(A)  
Case No.

(B)  
Employee's Name

(C)  
Job Title (e.g., Welder)

(D)  
Date of injury or onset of illness

(E)  
Where the event occurred (e.g. Loading dock north end)

(F)  
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at work

Death (G)

Days away from work (H)

Job Transfer or Restriction (I)

Other Record-able cases (J)

Away from work (K)

On job transfer or restriction (L)

Enter the number of days the injured or ill worker was:

(M)  
Injury (1)

Skin disorder (2)

Respiratory Condition (3)

Poisoning (4)

Hearing Loss (5)

All Other illnesses (6)

141200116

POLICE OFFICER TRAINEE

12/27

Police Department - training room

Contusion - Eye(s)

☐

☐

☐

☒

0

0

☒

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☐

☐

☐

☐

141200123

RECORDS SPECIALIST

12/30

Police Department

Contusion - Knee

☐

☐

☒

☐

0

19

☒

☐

☐

☐

☐

☐

150100023

Police Officer

01/13

Police Department - locker room

Strain - Lower back area (inc.

☐

☐

☒

☐

0

14

☒

☐

☐

☐

☐

☐

150100063

POLICE OFFICER

01/18

street

Foreign Body - Eye(s)

☐

☐

☐

☒

0

0

☒

☐

☐

☐

☐

☐

150100079

POLICE OFFICER

01/18

City streets

Foreign Body - Eye(s)

☐

☐

☐

☒

0

0

☒

☐

☐

☐

☐

☐

150200033

POLICE OFFICER

02/12

City streets

Strain - Multiple body parts

☐

☒

☐

☐

109

97

☒

☐

☐

☐

☐

☐

150200044

POLICE OFFICER

02/13

City streets

Strain - Multiple body parts

☐

☒

☐

☐

5

0

☒

☐

☐

☐

☐

☐

150200045

POLICE OFFICER

02/13

City streets

Strain - Lower back area (inc.

☐

☒

☐

☐

13

0

☒

☐

☐

☐

☐

☐

150200046

POLICE OFFICER

02/15

San Rita jail

Puncture - Hand

☐

☐

☐

☒

0

0

☒

☐

☐

☐

☐

☐

GroupTotals

1

394

68

362

34187

18478

813

0

4

1

1

6

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Injury (1)

Skin disorder (2)

Respiratory Condition (3)

Poisoning (4)

Hearing Loss (5)

All Other illnesses (6)

Identify the person			Describe the case			Classify the case CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)							(M)					
						Remained at work											
						Death	Days away from work	Job Transfer or Restriction	Other Record-able cases	Away from work	On job transfer or restriction	Injury	Skin disorder	Respiratory Condition	Poisoning	Hearing Loss	All Other illnesses
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
121000126		PARKING CONTROL TECH	10/22		Strain - Lower back area (inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	92	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130200001		PARKING CONTROL TECH	02/01	Street	Strain - Wrist(s) and hand(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	170	180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130300136		PARKING CONTROL TECH	03/29	Street	Strain - Multiple neck injury	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130500007		PARKING CONTROL TECH	05/02	Office	Contusion - Toe(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130400218		PARKING CONTROL TECH	04/25	City streets	Strain - Shoulder(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180	38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130500108		PARKING CONTROL TECH	05/13	garage	Strain - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130500192		PARKING ENFORCEMENT OFFICER	05/17	City streets	Strain - Lower back area (inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130800017		PARKING ENFORCEMENT OFFICER	08/07	City streets	Contusion - Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130800128		PARKING CONTROL TECH	08/28	City streets	Strain - Lower back area (inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131100034		PARKING CONTROL TECH	11/05	City streets	Strain - Wrist	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131100041		PARKING CONTROL TECH	11/13	City streets	Contusion - Wrist(s) and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130100195		PARKING CONTROL TECH	01/10	City streets	Strain - Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

		Respiratory Condition			All Other illnesses
	Skin disorder				
	Injury				
(1)	(2)	(3)	(4)	(5)	(6)



Identify the person			Describe the case			Classify the case CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	Remained at work				Away from work	On job transfer or restriction	(M)					
						Death	Days away from work	Job Transfer or Restriction	Other Record-able cases			Injury	Skin disorder	Respiratory Condition	Poisoning	Hearing Loss	All Other illnesses
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
140200081		PARKING CONTROL TECH	02/22	city streets	Strain - Upper leg	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140400063		PARKING CONTROL TECH	04/15	City streets	Heart - All - Chest (inc. ribs,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140500147		PARKING CONTROL TECH	05/21	city streets	Strain - Lower back area (inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140800031		PARKING CONTROL TECH	08/14	street	Sprain - Ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141000002		PARKING ENFORCEMENT OFFICER	10/02	Police Department	Contusion - Skull	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	147	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150100123		PARKING CONTROL TECH PT	01/31	Parking Garage	Strain - Lower back area (inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150500093		PARKING ENFORCEMENT OFFICER	05/21	City streets	Strain - Soft tissue neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GroupTotals						0	4	6	9	677	397	19	0	0	0	0	0

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Injury	Skin disorder	Respiratory Condition	Poisoning	Hearing Loss	All Other illnesses
(1)	(2)	(3)	(4)	(5)	(6)