



Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0 (G)	5 (H)	1 (I)	12 (J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
164 (K)	77 (L)

Injury and Illness Types

Total number of . . . (M)	(4) Poisonings	(5) Hearing loss	(6) All other illnesses
(1) Injuries	18	0	0
(2) Skin disorders	0	0	0
(3) Respiratory conditions	0	0	0

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

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, 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 other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name Palomar Community College District

Street 1140 West Mission Rd. City San Marcos State CA ZIP 92069

Industry description (e.g., *Manufacture of motor truck trailers*) Junior Colleges

Standard Industrial Classification (SIC), if known (e.g., 3715) _____

OR _____

North American Industrial Classification (NAICS), if known (e.g., 336212) 611210

Employment information (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees _____ 1951 _____

Total hours worked by all employees last year _____ 153,960 _____

Sign here

Knowingly falsifying this document may result in a fine.

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

GA W

Company executive _____ Title Director, Human Resources

Phone (760) 744-1150 Date 1/31/2024

Summary of Data Submitted

Section 1. Establishment Information

Establishment ID: **06-369838395-6**
Date and Time: **01/31/2024 at 07:16 PM EST**

Establishment Address

SAN MARCOS CAMPUS
ATTN: HR/SAFETY MANAGER
1140 W MISSION RD
SAN MARCOS , CA 92069 - 1415

Employment Information

- Annual average number of employees: 1951
- Total hours worked by all employees last year: 153960

Conditions that might have affected your annual average number of employees or total hours worked during 2023:

- Strike or lockout
- Shutdown or layoff
- Seasonal work
- Natural disaster or adverse weather conditions
- Shorter work schedules or fewer pay periods than usual
- Longer work schedules or more pay periods than usual
- Nothing unusual happened to affect our employment or hours figures
- Other reason: More onsite services

Section 2. Summary of Work-Related Injuries and Illnesses, 2023

Number of Cases			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u>	<u>5</u>	<u>1</u>	<u>12</u>
(G)	(H)	(I)	(J)
Number of Days			
Total number of days away from work	Total number of days of job transfer or restriction		
<u>164</u>	<u>77</u>		
(K)	(L)		
Injury and Illness Types			
Total number of... (M)			
(1) Injuries <u>18</u>	(4) Poisonings <u>0</u>		
(2) Skin disorders <u>0</u>	(5) Hearing loss <u>0</u>		
(3) Respiratory conditions <u>0</u>	(6) All other illnesses <u>0</u>		

Establishment Comments - Section 1 & Section 2

- No comments to report.

Section 3. Cases with Days Away from Work, Job Transfer, or Restriction

Case 1

Employee Name: **Julio Fabian Martinez**
Job Title: **Custodian**
Date of Injury or onset of illness: **02/03/2023**
Number of days away from work: **56**
Number of days of job transfer or restriction: **0**
1. Type of Job or Work: **Cleaning, maintenance of building, grounds**
2. Employee's race or ethnic background:

- **Hispanic or Latino**

3. Employee's age:
Date of birth: **07/09/1982**
4. Employee's date hired: **02/01/2011**
Employee's length of service when incident occurred:
5. Employee's gender: **Male**
6. Treated in emergency room? **No**
7. Hospitalized overnight as in-patient **No**
8. Time employee began work: **12:00 PM**
9. Time of event: **6:00 PM**
Event Occurred: **During** work shift
10. What was the employee doing before the incident?

vacuuming and mopping

11. What happened?
Repetitive use of hands and arms
12. What was the injury or illness?
Strain
13. What object or substance directly harmed the employee?
vacuuming and mopping

Case Comments:

Case 2

- Employee Name: **Diep**
Job Title: **Vu**
Date of Injury or onset of illness: **05/25/2023**
Number of days away from work: **66**
Number of days of job transfer or restriction: **70**
1. Type of Job or Work: **Office, professional, business, or management staff**
 2. Employee's race or ethnic background:
 - **Not available**
 3. Employee's age:
Date of birth: **11/11/1964**
 4. Employee's date hired: **04/01/2015**
Employee's length of service when incident occurred:
 5. Employee's gender: **Female**
 6. Treated in emergency room? **Yes**
 7. Hospitalized overnight as in-patient **No**
 8. Time employee began work: **8:00 AM**
 9. Time of event: **12:00 PM**
Event Occurred: **After** work shift
 10. What was the employee doing before the incident?
Walking to car after work
 11. What happened?
Trip and fall
 12. What was the injury or illness?
fractured foot
 13. What object or substance directly harmed the employee?
walkway

Case Comments:

Case 3

- Employee Name: **Yalileth**
Job Title: **Sanchez**
Date of Injury or onset of illness: **07/26/2023**
Number of days away from work: **21**
Number of days of job transfer or restriction: **6**
1. Type of Job or Work: **Cleaning, maintenance of building, grounds**
 2. Employee's race or ethnic background:
 - **Hispanic or Latino**
 3. Employee's age:
Date of birth: **05/26/1975**
 4. Employee's date hired: **10/12/2005**
Employee's length of service when incident occurred:
 5. Employee's gender: **Female**
 6. Treated in emergency room? **No**
 7. Hospitalized overnight as in-patient **No**
 8. Time employee began work: **8:30 AM**
 9. Time of event: **4:50 PM**
Event Occurred: **During** work shift
 10. What was the employee doing before the incident?
walking down stairs
 11. What happened?
twisted ankle
 12. What was the injury or illness?
sprained ankle
 13. What object or substance directly harmed the employee?
stairs

Case Comments:

Case 4

- Employee Name: **Jeffrey Medina**
Job Title: **Custodian**
Date of Injury or onset of illness: **09/20/2023**
Number of days away from work: **3**
Number of days of job transfer or restriction: **0**
1. Type of Job or Work: **Cleaning, maintenance of building, grounds**

2. Employee's race or ethnic background:
 - **Not available**
3. Employee's age:
Date of birth: **03/29/1970**
4. Employee's date hired: **09/14/2018**
Employee's length of service when incident occurred:
5. Employee's gender: **Male**
6. Treated in emergency room? **No**
7. Hospitalized overnight as in-patient **No**
8. Time employee began work: **9:30 AM**
9. Time of event: **6:00 PM**
Event Occurred: **During** work shift
10. What was the employee doing before the incident?
Walking down stairs
11. What happened?
slipped on the stairs
12. What was the injury or illness?
sprained ankle
13. What object or substance directly harmed the employee?
stairs

Case Comments:

Case 5

- Employee Name: **Humberto**
 Job Title: **Orozco**
 Date of Injury or onset of illness: **11/30/2023**
 Number of days away from work: **17**
 Number of days of job transfer or restriction: **0**
1. Type of Job or Work: **Cleaning, maintenance of building, grounds**
 2. Employee's race or ethnic background:
 - **Hispanic or Latino**
 3. Employee's age:
Date of birth: **08/22/1990**
 4. Employee's date hired: **12/01/2015**
Employee's length of service when incident occurred:
 5. Employee's gender: **Male**
 6. Treated in emergency room? **No**
 7. Hospitalized overnight as in-patient **No**
 8. Time employee began work: **6:00 AM**
 9. Time of event: **10:50 AM**
Event Occurred: **During** work shift
 10. What was the employee doing before the incident?
moving tables and chairs
 11. What happened?
twisted ankle
 12. What was the injury or illness?
Sprained ankle
 13. What object or substance directly harmed the employee?
Moving tables and chairs

Case Comments:

Case 6

- Employee Name: **Dalia**
 Job Title: **Lopez**
 Date of Injury or onset of illness: **10/19/2023**
 Number of days away from work: **0**
 Number of days of job transfer or restriction: **1**
1. Type of Job or Work: **Office, professional, business, or management staff**
 2. Employee's race or ethnic background:
 - **Hispanic or Latino**
 3. Employee's age:
Date of birth: **06/23/1963**
 4. Employee's date hired: **11/01/2000**
Employee's length of service when incident occurred:
 5. Employee's gender: **Female**
 6. Treated in emergency room? **No**
 7. Hospitalized overnight as in-patient **No**
 8. Time employee began work: **8:30 AM**
 9. Time of event: **3:00 PM**
Event Occurred: **During** work shift
 10. What was the employee doing before the incident?
Moving office equipment
 11. What happened?
Struck by falling object that was being lifted
 12. What was the injury or illness?
crush/contusion
 13. What object or substance directly harmed the employee?
Object being lifted/moved

Case Comments:

If you have questions or comments, please complete and submit the [Help Request Form](#) 

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Final Audit Report

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