



SAFETY MANUAL

11.0 ACCIDENTS REPORTING INFORMATION REPORT TO CAL-OSHA TO BE COMPLETED BY SUPERVISOR or SAFETY ENGINEER Attachment CH11 B - SERIOUS INJURY OR ILLNESS

As required by Title 8 regulations, [section 342](#), you must include the following information in your phone call, if available:

1. Time and date of accident/event

2. Employer's name, address and telephone number

City of Los Angeles – Public Works - Bureau of Contract Administration

c/o Mr. John L. Reamer Jr. Director

1149 South Broadway, Ste 300, Los Angeles, Ca 90015

Main Office (213) 847-1922

3. Name and job title of the person reporting the accident

4. Address of accident/event site

5. Name of person to contact at accident/event site

6. Name and address of injured employee(s)

7. Nature of injuries

8. Location where injured employee(s) was/were taken for medical treatment

9. List and identity of other law enforcement agencies present at the accident/event site

10. Description of accident/event and whether the accident scene or instrumentality has been altered.