

OSHA's Form 300A (Rev. 01/2004) Summary of Work-Related Injuries and Illnesses

Year 2010



U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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 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 transfers or restriction | Total number of other recordable cases |
|------------------------|------------------------------------------------|---------------------------------------------------------|----------------------------------------|
| <u>0</u> | <u>2</u> | <u>3</u> | <u>3</u> |
| (G) | (H) | (I) | (J) |

Number of Days

| Total number of days away from work | Total number of days of job transfers or restriction |
|-------------------------------------|------------------------------------------------------|
| <u>79</u> | <u>26</u> |
| (K) | (L) |

Injury and Illness Types

| Total number of . . . | | | |
|----------------------------|----------|-------------------------|----------|
| (M) | | | |
| (1) Injuries | <u>6</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>2</u> |

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

| Establishment Information | |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| Your establishment name: | University of South Carolina USC-Aiken-Aiken |
| Street: | 471 University Parkway |
| City, St, Zip: | Aiken, SC 29801 |
| Industry description (e.g., Manufacture of motor truck trailers) | |
| | <u>University</u> |
| Standard Industry Classification (SIC), if known(e.g., SIC 3715) | |
| | <u>0082</u> |
| North American Industrial Classification (NAICS), if known (e.g. 336212) | |
| | <u></u> |
| Employment Information (if you do not have these figures, see Worksheet to estimate.) | |
| Annual average number of employees | <u>642</u> |
| Total hours worked by all employees last year | <u>890009.07</u> |
| 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. | |
| <i>Schmidlyn E. Lewis</i> | Workers' Comp Coordinator |
| Company executive | Title |
| <u>803 777-5674</u> | <u>1/26/2011</u> |
| Phone | Date |

Public reporting burden for this collection of information is estimated to average 14 minutes per person, 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 valid OMB 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 Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.