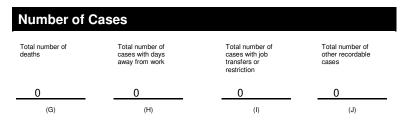
OSHA's Form 300A (Rev. 01/2004) Summary of Work-Related Injuries and Illnesses

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 access provisions for these forms.



Number of Days

Total number of days away from work	Total number of days of job transfers or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of . . .

(M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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-Salkehatchie	a		
Street: PO Box 617			
City, St, Zip: Allendale, SC 29810			
Industry description (e.g., Manufacture of motor truck trailers)			
University			
Standard Industry Classification (SIC), if known(e.g., SIC 3715)			
0082			
North American Industrial Classification (NAICS), if known (e.g. 336212)			
Employment Information (if you do not have these figures, see Worksheet to estimate.)			
Annual average number of employees	146		
Total hours worked by all employees last year	192591.00		
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.			
Scherilyn E. Lewis	Workers' Comp Coordinator		
Company executive	Title		
803-777-5674	February 1, 2010		
Phone	Date		

Year 2009 U.S. Department of Labor

Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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.