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Year 2014

**OK Form 300A -- Summary of Work Related Injuries & Illnesses**

Oklahoma Department of Labor

405-521-6858; 888-269-5353; www.labor.ok.gov

**Section 2: Summary of Work-Related Injuries & Illnesses**

SOUTHEASTERN OKLA ST UNIV

Agency name

COLLEGES, UNIVERSITIES, AND

PROFESSIONAL SCHOOLS

Establishment (Location Name)

**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	7	4	14
(G)	(H)	(I)	(J)

**Number of Days**

Total number of days away from work	Total number of days of job transfer or restrictions
278	483
(K)	(L)

**Injury and Illness Types**

Total number of: (M)

(1) Injuries:	<u>23</u>
(2) Skin Disorders:	<u>1</u>
(3) Respiratory Conditions:	<u>0</u>
(4) Poisoning:	<u>0</u>
(5) Hearing Loss:	<u>1</u>
(6) All Other Illnesses:	<u>0</u>

**Section 3: Contact Information and Certification***(Knowingly falsifying this document may result in a fine.)*

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

DEBBIE MANESS	580-745-2158	2158	--
Name of Agency Executive / Representative	Telephone	Ext.	Fax Number

BENEFITS SPECIALIST

dmaness@se.edu

01/15/2015

Title

E-mail

Today's Date (MM/DD/YYYY)

*Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather data needed, and complete and review the collection of information. If you have any comments about these estimates or any other aspects of this data collection, contact: Oklahoma Department of Labor, 3017 N. Stiles Ste. 100, Oklahoma City, OK 73105; 1-888-269-5353*

**Post this Summary page from February 1st to April 30th of the year covered by the related OK Form 300.**