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



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 injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete

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 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	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
(K)	43(L)
Injury and Illness Types	

Total number of			
(M)			
(1) Injury	5	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory			
Condition	0	(6) All Other Illnesses	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 50 minutes per response, including time to review the instruction, 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 aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Esta	blishı	ment information			
	Your e	stablishment name The Ohio S	State University-College of M	APS	
	Street	425 Stillman Hall, 1947 College	Road		
	City	Columbus	State	ОН	Zip 43210
	Industr	y description (e.g., Manufacture Educational Services	of motor truck trailers)		
	Standa	rd Industrial Classification (SIC),	if known (e.g., SIC 3715)		
OR	North A	American Industrial Classification	(NAICS), if known (e.g., 336	212)	
-	-	ent information	800		
	Total h year	ours worked by all employees la	st1664000		
Sign	here				
	Knowi	ngly falsifying this document r	nay result in a fine.		
	I certify comple	r that I have examined this docur tte.	nent and that to the best of m	y knowledge the entries	s are true, accurate, and
	John H	lerrington Company executive			Safety Coordinator Title
	679-18	20 Phone			28-Jan-08_ Date