

OSHA's Form 300A

Summary of Work-Related Injuries and Illnesses



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

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 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
<u>0</u>	<u>3</u>	<u>5</u>	<u>6</u>
(G)	(H)	(I)	(J)

Number of Days

Total number of days of job transfer or restriction	Total number of days away from work
<u>207.00</u>	<u>7.00</u>
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	<u>7</u>	(4) Respiratory condition	<u>1</u>
(2) Musculoskeletal disorders	<u>5</u>	(5) Poisonings	<u>0</u>
(3) Skin disorders	<u>0</u>	(6) Hearing loss cases	<u>0</u>
		(7) All other illnesses	<u>1</u>

Post this Summary page form 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 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 currently valid OMB control 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.

Establishment Information

Your establishment name Langley Porter Psychiatric Institute

Street Box 0964, MCB, 6th Floor

City San Francisco State CA ZIP 94143-0964

Industry description *(e.g., Manufacture of motor truck trailers)*

Standard Industrial Classification (SIC), if known(e.g., SIC 3715)

Employment Information

Annual average number of employees

Total hours worked by all employees last year

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.

Company executive _____ Title _____

(____) - _____ / /
Phone _____ Date _____

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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	70	30	194
(G)	(H)	(I)	(J)

Number of Days

Total number of days of job transfer or restriction	Total number of days away from work
1,171.00	3,275.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Musculoskeletal disorders	(3) Skin disorders	(4) Respiratory condition	(5) Poisonings	(6) Hearing loss cases	(7) All other illnesses
	100	156	8	7	0	1	22

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Establishment Information

Your establishment name UC San Francisco

Street Box 0964

City San Francisco State CA ZIP 94143

Industry description *(e.g., Manufacture of motor truck trailers)*

Standard Industrial Classification (SIC), if known(e.g., SIC 3715)

Employment Information

Annual average number of employees

Total hours worked by all employees last year

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Company executive _____ Title _____

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Phone _____ Date _____