OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses



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 the summary.

Using the Log, count the individual entries you made in each category. Then write the total 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 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.

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)	(1)	(J)		
Number of Days					
otal number of days way from work	Total number of days with job transfer or restriction				
0	0				
(K)	(L)				
njury and Illness	Types				
otal number of					
(M)					
(1) Injuries(2) Skin disorders(3) Respiratory condition	0	(4) Poisonings	0		
	•	(5) Hearing loss	0		
	0	(6) All other illnesse	s 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 is estimated at 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 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 inform	nation					
Establishment name						
University of South Carolina						
•						
1321 Pendleton Street						
Columbia	sc	29208				
City	State	Zip				
Industry Description		_	_			
University						
Standard Industry Classifica	ation (SIC	5)				
North American Industrial Classification (NAICS), if known						
Employment Informa	ation					
Annual average nu	ımber of e	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 th knowledge the entries are true,			the best of my			
Idelprine S.	انك					
Company Executive Workers' Compensation Coordinator						
803.777.5674 Phone			2/24/2020 Date			