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



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.

Number of Case	S				
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	1	0	0		
(G)	(H)	(1)	(J)		
Number of Days					
Total number of days away from work	Total number of days with job transfer or restriction				
35	28				
(K)	(L)				
Injury and Illness	s Types				
Total number of					
(M)					
(1) Injuries	1	(4) Poisonings	0		
(O) Olvia dia andar	-	(5) Hearing loss	0		
(2) Skin disorders	0	(6) All other illnesse	s 0		
(3) Respiratory condition	ons 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.

	ormation		
Establishment name			
University of South Ca	arolina		
1 University Blvd			
Beaufort	SC	29909	
City	State	Zip	
			_
Industry Description			
University			
Standard Industry Class	sification (SIC)	
0082			
North American Industri	al Classificati	on (NAICS)	, if known
Employment Infor	mation		
	mation		
Annual average		employees	503
0	e number of e		
Annual average Total hours worked by a	e number of e		503 542761
0	e number of e		
0	e number of e		
Total hours worked by a	e number of e	last year	542761
Total hours worked by a Sign Here	e number of e all employees his documer ed this documer	last year It may resu	542761 It in a fine.
Total hours worked by a Sign Here Knowingly falsifying the I certify that I have examined	e number of e all employees his documer ed this documer	last year It may resu	542761 It in a fine.
Total hours worked by a Sign Here Knowingly falsifying the I certify that I have examined	e number of e all employees his documer ed this documer rue, accurate a	last year Int may resul Int and that to Ind complete	542761 It in a fine. the best of my
Total hours worked by a Sign Here Knowingly falsifying th I certify that I have examine knowledge the entries are t	e number of e all employees his documer ed this documer rue, accurate a	last year Int may resul Int and that to Ind complete	542761 It in a fine.

