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.

otal number of eaths	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)		
lumber of Days	5			
tal number of days ay from work	Total number of days with job transfer or restriction			
0	0			
(K)	(L)			
jury and Illness	s Types			
njury and IIIness	s Types			
	s Types			
otal number of	<u>0</u>	(4) Poisonings	0	
otal number of (M)		(4) Poisonings (5) Hearing loss	0 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 information						
Establishment name						
University of South Carolina						
476 Hubbard Drive						
Lancaster	sc	29720				
City	State	Zip				
Industry Description						
University-Educational Services						
Standard Industry Classifica	ation (SIC	:)				
8221						
North American Industrial C	lassificati	ion (NAICS) if known			
611310						
Employment Information						
Annual average nu	mber of e	employees	240			
Total hours worked by all employees last year 261247						
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						
Idelprine S.	انك					
Company Executive Workers' Compensation Coordinator						
000 777 5074			0/04/0000			
803.777.5674			2/24/2020			

