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 leaths	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 (G)	(H)	1(I)	(J)	
Number of Days	. ,	(/	(*)	
otal number of days vay from work	Total number o job transfer or ı			
0	5			
(K)	(L)			
njury and Illness	Types			
otal number of				
(M)				
1) Injuries	1	(4) Poisonings	0	
2) Skin disorders		(5) Hearing loss	0	
	0	(6) All other illnesse	· 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 Carol	ina		
465 James Brandt Blvd			
Allendale	sc	29810	
City	State	Zip	
			_
Industry Description			
University			
Standard Industry Classifica	ation (SIC	·)	
North American Industrial C	lassificati	ion (NAICS)	if known
North 7 the hour maddinar o	iaoomoati	011 (147 (100)	, ii kilowii
Employment Informa	tion		
Annual average nu	ımber of e	employees	179
Total hours worked by all er	nployees	last year	173219
Sign Here			
Knowingly falsifying this	documer	nt may resu	It in a fine.
I certify that I have examined thi	is docume	nt and that to	the best of my
knowledge the entries are true,	accurate a	ind complete	-
Idelprine S.	لنك		
Company Executive Wo	rkers' Co	mpensatio	n Coordinator
002 777 5674			2/24/2020
803.777.5674 Phone			2/24/2020 Date

