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	2	0	1		
(G)	(H)	(1)	(J)		
Number of Days					
Total number of days away from work	Total number of days with job transfer or restriction				
8	1				
(K)	(L)				
Injury and Illness	Types				
Total number of (M)					
(1) Injuries	3	(4) Poisonings	0		
(2) Skip disordoro		(5) Hearing loss	0		
(2) Skin disorders	0	(6) All other illnesse	s <u>0</u>		
(3) Respiratory conditio	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.

Establishment inform	nation			
Establishment name				
University of South Carol	lina			
15 Medical Park				
Columbia	SC	29203		
City	State	Zip		
Industry Description Educational/HealthCare				
Standard Industry Classifica	ation (SIC	;)		
0082				
North American Industrial C	Classificat	ion (NAICS)), if known	
Employment Informa	ation			
Annual average nu	umber of e	employees	907	
Total hours worked by all employees last year1231274_				
Sign Here				
Knowingly falsifying this	documer	nt may resu	ılt in a fine.	
I certify that I have examined th knowledge the entries are true,			the best of my	
Idelprine S.	L'il	0		
Company Executive Wo	orkers' Co	ompensatio	on Coordinato	
803.777.5674			2/24/2020	
Phone			Date	

