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

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete

Using the Log, count the individual entries you made for each category. Then write the totals 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 Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases				
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction 6	Total number of other recordable cases 64	
(G)	(H)	(1)		
Number of Days				
Total number of days away from		Total number of days of job transfer or restriction		
781 (K)	÷	292 (L)	·	
Injury and Illness 1	Гуреѕ			
Total number of (M)				
(1) Injury	84	(4) Poisoning	0	
(2) Skin Disorder	0	(5) Hearing Loss	0	
(3) Respiratory Condition	0	(6) All Other Illnesses	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 of information is estimated to average 58 minutes per response, including time to review the instruction, 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 control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor. OSHA Office of Statistics. Room N-3644. 200 Constitution Ave. NW. Washington. DC 20210. Do not send the completed forms to this office.



U.S. Department of Labor

Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Establishment information											
	Your e	stablishment na	me 1	West Virgi	nia Un	iversity, WVL	U				
	Street	PO Box 6201									
	City	Morgantown			State		West Virginia	Zip _	26505		
	Industry description (e.g., Manufacture of motor truck trailers) Colleges, Universities, and Professional Schools										
	Standa	ard Industrial Cla	assificat	tion (SIC),	if knov	vn (e.g., SIC	3715)				
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Emp	oloymo	ent informat	ion								
	Annual	average numb	er of en	nployees		11,340					
	Total h	ours worked by	all emp	oloyees la	st						
	year					19,081,09	92				
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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.											
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