

OSHA's Form 300A

Summary of Work-Related Injuries and Illnesses

Year 2002



U.S. Department of Labor
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 injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

The Log total the individual entries you made for each category. This information will automatically be transferred to the categories below. If you had no cases, a "0" will appear in the totals and summary.

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	Total number of other recordable cases
0	2	0	0

Number of Days

Total number of days of job transfer or restriction	Total number of days away from work
32	2

Injury and Illness Types

Total number of...			
Injuries	<u>2</u>	Poisonings	<u>0</u>
Skin Disorders	<u>0</u>	All Other Illnesses	<u>0</u>
Resp. Conditions	<u>0</u>		

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 50 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

The Ohio State University

College or Department Information:

College or Department: Biological Sciences

Building & Room: 119 Biological Sciences 484 West 12th Avenue

Street Address: _____

City: Columbus State: OH 43210 Zip: _____

Industry description (e.g., Manufacture of motor truck trailers):
University Teaching and Research
Educational Services

Standard Industrial Classification (SIC), if known (e.g., SIC 3715):

0 0 8 2

Employment information:

Annual average number of employees: 237.13

Total hours worked by all employees last year: 493,230.40

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.

Jeremy Smith
OSHALOG Coordinator

Safety Officer
Job Title

614 292-3419
Phone

30-Jan-03
Date