# 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 and accurate

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 15	Total Number of cases with job transfer or restrictions 25	Total number of other recordable cases 4
(G)	(H)	(1)	(J)
Number of Days			
Total Number of days away from work		Total number of days of job transfer or restriction	
(K)	-	(L)	<del>-</del>
Injury and Illness T	ypes		
Total number of (M)			
(1) Injury	40	(4) Poisoning	0
(2) Skin Disorder		(5) Hearing Loss	0
(3) Respiratory	•		
Condition	0	(6) All Other Illnesses	4

# 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.



# U.S. Department of Labor

Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

	······································			
stablishment information				
Your establishment name Loyola Marymo	unt University			
Street 1 LMU Drive, Suite 1900				
City Los Angeles	State	CA	Zip	90045
Industry description (e.g., Manufacture of mo Educational Institution	tor truck trailers)			
Standard Industrial Classification (SIC), if known	own (e.g., SIC 3715)			
<u>8</u> <u>8</u> <u>2</u> <u>1</u>				
R North American Industrial Classification (NAI	CS), if known (e.g., 33621	12)		
mployment information				
Annual average number of employees	2300			
Total hours worked by all employees last				
year	3246880			
gn here				
girliere				
Knowingly falsifying this document may re	esult in a fine.			
I certify that I have examined this document a	and that to the best of my	knowledge the entries are	e true, accurate, and con	nplete.
00000				
would			V.P. Human Re	sources
Company Executive	•		Title	
(310) 338-2723				1/31/2017
Phone			Date	

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

# **Summary of Work-Related Injuries and Illnesses**

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# Total number of cases Total number of cases with days away from work O 2 1 0 (G) (H) (I) (J)

## **Number of Days**

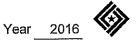
Total number of days away from work	Total number of days of job transfer or restriction
6	200
(K)	(L)

## Injury and Illness Types

Total number of (M)			
(1) Injury	3	(4) Poisoning	0
(2) Skin Disorder		(5) Hearing Loss	0
(3) Respiratory			
Condition	0	(6) All Other Illnesses	0

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# U.S. Department of Labor Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Establish	ment information			
Your e	establishment name <u>LOYOLA MA</u>	RYMOUNT UNIVERSITY	Division: Law School	
Street	919 Albany Street			
City	LOS ANGELES	State	CA	Zip 90015
Indust	try description (e.g., Manufacture of EDUCATIONAL INSTITUTION	motor truck trailers)		
	ard Industrial Classification (SIC), if k  8 8 2 1  American Industrial Classification (N		12)	
Employm	ent information			
Annua	al average number of employees	300		
Total   year	hours worked by all employees last	494780		
Sign here	3			
Know	ringly falsifying this document may	result in a fine.		
l certi compl	fy that I have examined this docume lete.	nt and that to the best of m	ny knowledge the entries	s are true, accurate, and
a	Company executive			V.P. Human Resources Title
(310)	338-2723			1/31/2017
<u></u>	Phone			Date