

OSHA Form 300A

Summary of Work-Related Injuries and Illnesses

Year 20 09

Department of Consumer & Business Services
Oregon Occupational Safety & Health Division (OR-OSHA)

Form approved OMB no. 1218-0176

All establishments covered by OAR 437-001-0700 must complete this Summary, 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 this summary.

Using the Log: count the individual entries you made for each category, write the totals below, make sure you've added the entries from every page of the Log. If you haven't had any 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 DCBS Form 801 or its equivalent. See OAR 437-001-0700(20)

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
<u>0</u> (G)	<u>2</u> (H)	<u>0</u> (I)	<u>1</u> (J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>14</u> (K)	<u>206</u> (L)

Injury and Illness Types

Total number of...	(1) Injuries	(2) Skin disorders	(3) Respiratory conditions	(4) Poisonings	(5) Hearing Loss	(6) All other illnesses
<u>(M)</u>	<u>3</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

Establishment Information

Your establishment name Eastern Oregon University

Street 1 University Blvd

City La Grande State OR ZIP 97850

Industry description (e.g., *Manufacturer of motor truck trailers*)
Higher Education

Standard Industrial Classification (NAICS), if known (e.g., 336212)
82

Employment Information (If you don't have these figures, see the worksheet on the back of this page to estimate.)

Annual average number of employees 1434

Total hours worked by all employees last year 896,433

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.

Irene Jerome Asst Dir HR
Company Executive *Title*

Phone: (541) 962-3549 Date: 1 / 26 / 09

Keep this Summary posted from February 1 to April 30 of the year following the year covered by this form.