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

2013



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

From approved OMB no.1218-0176

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illinesses 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. 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 Part 1094.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms

Number of Cas	es			
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	8	8	18	
(G)	(H)	(1)	(J)	
Number of Day	S			
Total number of days away from work		Total number of days of job transfer or restriction		
357.00		415.00		
(K)		(L)		
Injury and Illne	ss Types			
Total number of (M)				
Injuries	32	(4) Poisonings		
	_	(5) Hearing loss	0	
Skin disorders	0	(6) All other illnesses	_2	
Respiratory condition	ns <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 instructions, search and gather the data needed, and complete and review the collection of information. Persons are 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 other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Your est	ablishment name	CSU Fresno)			
Street	5150 North Map	le Mail Stop J	A41			
City	Fresno	State	CA	ZIP	93740	
Industry	description (e.g., Ma.		r truck tra	ilers)		
Standard	Industrial Classification	on (SIC), if know	n <i>(e.g., i</i>	715)	:	
or						
North A	merican Industrial Clase	ssification (NAIC	S), if know	/n (e.g.	,336212)	
Workshe	yment informati et on the back of this p	rage to estimate.)	have these	figures, se		
Total ho	urs worked by all emp	loyees last year	4		2,012	
Sign i	nere					
Know	ingly falsifyin	g this docum	nent ma	ay resu	lt in a fine.	
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