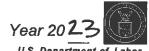
OSHA's Form 300A (Rev. 04/2004)

Summary of Work-Related Injuries and Illnesses

Note: You can type input Into this form and save it.
Because the forms in this recordkeeping package are "fillable/writable"
PDF documents, you can type into the input form fields and
then save your inputs using the free Adobe PDF Reader.



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 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. 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 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Case	es .	4 1 1 1 1 1 1 1	
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	0	0	2
(G)	(H)	(1)	(J)
Number of Days		表 A K 医 D A K	17.0
Total number of days away from work		al number of days of transfer or restriction	
0		0	
(K)		(L)	
Injury and Ilines	s Types		
Total number of . (M)			
(1) Injuries	1	(4) Poisonings	
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory condit	ions 0	(6) All other illnesses	1

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 por response, including time to review the instructions, 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 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.

four establishment name	The University Corpo	ration at Monterey Bay
Street 100 Campu	s Center - Ryan I	Ranch
City Seaside	State C/	Zip 93955
Industry description (e.	g., Manufacture of moto	r truck trailers)
Higher Education	ı	
6 1 1 3 1 0	,	
	ation (If you don't have	these figures, see the
Employment inform Worksheet on the next p Annual average number	page to estimate.)	these figures, see the
Worksheet on the next p	oage to estimate.)	
Worksheet on the next p	oage to estimate.)	398
Worksheet on the next p Annual average number Total hours worked by a	orge to estimate.) of employees all employees last year	398 451,945.00
Worksheet on the next p Annual average number Total hours worked by a Sign here	or of employees all employees last year g this document may kamined this docume	398 451,945.00 result in a fine. nt and that to the best
Worksheet on the next p Annual average number Total hours worked by a Sign here Knowingly falsifying I certify that I have ex	or of employees all employees last year g this document may kamined this docume	398 451,945.00 result in a fine. nt and that to the best