

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 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 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	3	12	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days of job transfer or restriction	Total number of days away from work
220	63
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(4) Poisonings	(5) All other illnesses
(1) Injuries	0	0
(2) Skin disorders	15	0
(3) Respiratory conditions	0	0

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 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 Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name Cal State San Marcos
 Street 333 S. Twin Oaks Valley Rd.
 City San Marcos State CA ZIP 92096
 Industry description (e.g., Manufacture of motor truck trailers)
College Education
 Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
SIC 611310

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 1,620
 Total hours worked by all employees last year 2,613,080

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.

William J. ...
 Company executive Title
760 750-4502 2108
 Phone Date

OSHA's Form 300

Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



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

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name CSU, San Marcos
City San Marcos State CA

Identify the person		Describe the case			Classify the case				Enter the Number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:									
(A) Case No.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burn on right forearm from acetylene torch)	Using these four categories, check ONLY the most serious result for each case:				On Job transfer or restriction		Away from work		(M) See the Legend Below						
						Death	Days away from work	Remained at work		(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)	(7)		
						(G)	(H)	Job transfer or restriction	Other recordable cases										(J)	
20070053		ADMIN SUPPORT A998	01/15/2007		Strain Multiple Upper Extremities				X	0.00 days	0.00 days	X								
200701101		OPERATIONS SPEC -12	02/15/2007		Strain Lower Back Area (Lumbar Area & Lumbo-Sacral)				X	8.00 days	0.00 days	X								
200701130		INSTRUC FACULTY - AC	02/23/2007		Strain Lower Arm				X	31.00 days	0.00 days	X								
200701221		ADMINISTRATOR III MOT	02/04/2007	University Services Building	All Other Specific Injuries, NOC Multiple Body Parts (Including Body Systems & B				X	0.00 days	0.00 days								X	
200701286		INSTRUC FACULTY - AC	03/08/2007	Westin, Long Beach, hotel room	All Other Specific Injuries, NOC Skull		X			11.00 days	4.00 days	X								
200701298		READER E99	03/21/2007	parking lot in front of Dome	Sprain Wrist		X			0.00 days	0.1200 days	X								
200701441		POLICE OFFICER R00	04/11/2007	Project Heartbeat OPR Training	Strain Wrist(s) and Hand(s)				X	0.00 days	0.00 days	X								
200701443		POLICE OFFICER R00	04/22/2007	University Police Department	All Other Specific Injuries, NOC Teeth				X	0.00 days	0.00 days	X								
200701582		ADMIN SUPPORT C00R	04/03/2007	Drawn 5201	Carpal Tunnel Syndrome Multiple Upper Extremities				X	0.00 days	0.00 days	X								
200701711		WAREHOUSE WORKER	05/08/2007	USB Loading Dock	Strain Multiple Body Parts (Including Body Systems & Body				X	9.00 days	0.00 days	X								
200701740		ADMIN ANALYST SPE0	05/25/2007		Sprain Wrist(s) and Hand(s)				X	0.00 days	0.00 days	X								
200701791		ACCOUNTING TECH II R	06/26/2007		Fracture Shoulder(s)		X			60.00 days	53.00 days	X								
200800917		ACCOUNTING TECH II R	07/03/2007	in her office	Strain Shoulder(s)				X	0.00 days	0.00 days	X								
200800054		DRAFTING TECH II R07	07/09/2007		Strain Multiple Upper Extremities				X	9.00 days	0.00 days	X								
20080250		STUDENT INTERN	07/09/2007		Sprain Multiple Lower Extremities				X	0.00 days	0.00 days	X								

Public reporting burden for this collection of information is estimated to average 14 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 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 Statistics, Room N-3644, 210 Constitution Avenue, NW, Washington, DC 20201. Do not send the completed forms to this office.

Legend: 1- Injury 2- Musculoskeletal disorder 3- Skin disorder 4- Respiratory condition 5- Poisoning 6- Hearing loss 7- All other illnesses

