

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 compatible with the data reported on this Summary page.

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".

Employers, 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 | Total number of cases with job transfer or restriction | Total number of other recordable cases |
|------------------------|--|--|--|
| 0 (G) | 0 (H) | 0 (I) | 0 (J) |

Number of Days

| Total number of days away from work | Total number of days of job transfer or restriction |
|-------------------------------------|---|
| 0 (K) | 0 (L) |

Injury and Illness Types

| Total number of... | (1) Injury | (2) Skin Disorder | (3) Respiratory Condition | (4) Poisoning | (5) Hearing Loss | (6) All Other Illnesses |
|--------------------|------------|-------------------|---------------------------|---------------|------------------|-------------------------|
| (M) | 0 | 0 | 0 | 0 | 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 the time for reviewing the data needed, and completing and reviewing 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 this estimate or any aspects of this data collection, contact US Department of Labor, OSHA Office of Statistics, Room 11-3544, 200 Constitution Ave. NW, Washington, DC 20210. Do not send the comments for this office.

Establishment information

Your establishment name University of Connecticut - New Haven County Extension
 Street 3015 Skiff Street City North Haven State CT Zip 06473

Industry description (e.g., Manufacture of motor truck trailers)
University

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
University

OR North American Industrial Classification (NAICS), if known (e.g., 336212)
University

Employment information

Annual average number of employees 11

Total hours worked by all employees last year 6,925

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.

Rachel O'Leary
 Company executive

1800-484-2337 Phone

President (Date)

2/2/23