

# 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 complete.

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 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)	57 (H)	19 (I)	28 (J)

### Number of Days

Total number of days away from work

3487 (K) 1410 (L)

### Injury and Illness Types

Total number of...

(1) Injury (M)	104	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	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 existing data sources, gather the data needed, and complete and review the collection of information. Send comments to Washington, DC 20503. The collection of information does not impose a burden on individuals who are not required to provide information. The collection of information is required to obtain a benefit. The collection of information is required to obtain a benefit. The collection of information is required to obtain a benefit.



Year 2022

U.S. Department of Labor

Occupational Safety and Health Administration

Form approved OSHA no. 1718-0178

### Establishment information

Your establishment name University of Connecticut, Storrs

Street 343 Mansfield Road, Unit 1111

City Storrs State CT Zip 06269

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

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

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

0 1 1 3 1 0

### Employment information

Annual average number of employees 11,648

Total hours worked by all employees last year 6293,113

### 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.

*Rodney Clark*  
Company executive

860-466-2337  
Phone

President  
Title

2/2/23  
Date