

Summary of Work-Related Injuries and Illnesses

Year 2012



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 compiling 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	2	1	14
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
26	5
(K)	(L)

Injury and Illness Types

Total number of . . .	(4) Poisonings	0
(1) Injuries	(5) Hearing loss	0
(2) Skin disorders	(6) All other illnesses	0
(3) Respiratory conditions		

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 to complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this data collection, including suggestions for reducing the burden, to Washington, DC 20201. Do not send this comment to 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 aspect of this data collection, contact the Office of Management and Budget, Paperwork Project Director (0330-0183), Washington, DC 20503.

Establishment information

Your establishment name SAMFORD UNIVERSITY
 Street 301 SAMFORD HALL
 City BIRMINGHAM State AL ZIP 35228

Industry description (e.g., *Manufacture of metal (nickel indium)*)
Colleges, Universities, and Professional Schools
 Standard Industrial Classification (SIC), if known (e.g., 3715)
8221
 OR
 North American Industrial Classification (NAICS), if known (e.g., 336212)
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 1687
 Total hours worked by all employees last year 1849751

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.

[Signature]
 Title DIRECTOR OF RISK MENTIONS
 Phone 205 726-2395 Date 1/31/13