

[Print This](#)

Year 2016

OK Form 300A -- Summary of Work Related Injuries & Illnesses

Oklahoma Department of Labor

405-521-6858; 888-269-5353; www.labor.ok.gov

Section 2: Summary of Work-Related Injuries & IllnessesOKLAHOMA STATE UNIVERSITY
(STILLWATER CAMPUS)106 WHITEHURST - STILLWATER
Establishment (Location Name)

Agency name

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	51	36	54
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restrictions
2330	624
(K)	(L)

Injury and Illness Types

Total number of: (M)	
(1) Injuries:	<u>127</u>
(2) Skin Disorders:	<u>1</u>
(3) Respiratory Conditions:	<u>1</u>
(4) Poisoning:	<u>0</u>
(5) Hearing Loss:	<u>0</u>
(6) All Other Illnesses:	<u>12</u>

Section 3: Contact Information and Certification*(Knowingly falsifying this document may result in a fine.)*

I certify that I have examined this document and that to my best knowledge the entries are true, accurate and complete.

KIM SOUTHWORTH	405-744-3017	--
Name of Agency Executive / Representative	Telephone	Ext. Fax Number
OCCUPATIONAL HEALTH AND SAFETY PROGRAM MANAGER	kim.southworth@okstate.edu	01/30/2017
Title	E-mail	Today's Date (MM/DD/YYYY)

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 data needed, and complete and review the collection of information. If you have any comments about these estimates or any other aspects of this data collection, contact: Oklahoma Department of Labor, 3017 N. Stiles Ste. 100, Oklahoma City, OK 73105; 1-888-269-5353

Post this Summary page from February 1st to April 30th of the year covered by the related OK Form 300.