Section 2: Summary of Work-Related Injuries & Illnesses

OKLAHOMA STATE UNIVERSITY (COLLEGE OF VETERINARY MEDICINE) 106 WHITEHURST - STILLWATER
Agency name Establishment (Location Name)

Number of Cases

<table>
<thead>
<tr>
<th>Total number of deaths</th>
<th>Total number of cases with days away from work</th>
<th>Total number of cases with job transfer or restriction</th>
<th>Total number of other recordable cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>4</td>
<td>5</td>
<td>10</td>
</tr>
</tbody>
</table>

Number of Days

<table>
<thead>
<tr>
<th>Total number of days away from work</th>
<th>Total number of days of job transfer or restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>195</td>
<td>32</td>
</tr>
</tbody>
</table>

Injury and Illness Types

Total number of: (M)

1. Injuries: 17
2. Skin Disorders: 0
3. Respiratory Conditions: 1
4. Poisoning: 0
5. Hearing Loss: 0
6. All Other Illnesses: 1

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
Name of Agency Executive / Representative

OCCUPATIONAL HEALTH AND SAFETY
PROGRAM MANAGER
Title

405-744-3017
Telephone

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E-mail

01/30/2017
Today's Date

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.