Section 1: Establishment Information

OKLAHOMA STATE UNIVERSITY (okmulgee campus)

Agency Name

OKMULGEE CO - COLLEGES, UNIVERSITIES, AND PROFESSIONAL SCHOOLS

Establishment Name (Location Name)

College

Entity Type

UHS, SUITE 002

Mailing Address

STILLWATER

Mailing City

OK

Mailing State

74078

Mailing Zip

OKMULGEE

Physical Address

OKMULGEE

Physical City

Instructions: All establishments covered by Part 1904 must complete the questions below, 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 completing this summary.

Using the Log, count the individual entries you made for each category. Then enter the total below, making sure you’ve added the entries from every page of the Log. If you had no cases, enter ‘0’.

Employees, former employees, and their representatives have the right to review the OK Form 300 in its entirety. They also have limited access to the OK Form 301 or its equivalents. See 29 CFR Part 1904.35, in OSHA’s recordkeeping rules, for further details on the access provisions of these forms.

1. Enter the annual average number of employees: **831**

2. Enter the total hours worked by all employees last year: **729121**

3. Conditions that might have affected your answers to questions 1 and 2 above during 2021:

   Other Reason - 1

4. Did you have ANY occupational injuries or illnesses during 2021? **Yes**
Section 2: Summary of Work-Related Injuries & Illnesses

**OKLAHOMA STATE UNIVERSITY** (okmulgee campus)  
Agency name  
OKMULGEE CO - COLLEGES, UNIVERSITIES, AND PROFESSIONAL SCHOOLS  
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>1</td>
<td>0</td>
<td>3</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>60</td>
<td>0</td>
</tr>
</tbody>
</table>

### Injury and Illness Types

<table>
<thead>
<tr>
<th>Total number of: (M)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Injuries: 4</td>
</tr>
<tr>
<td>(2) Skin Disorders: 0</td>
</tr>
<tr>
<td>(3) Respiratory Conditions: 0</td>
</tr>
<tr>
<td>(4) Poisoning: 0</td>
</tr>
<tr>
<td>(5) Hearing Loss: 0</td>
</tr>
<tr>
<td>(6) All Other Illnesses: 0</td>
</tr>
</tbody>
</table>

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  
405-744-7241  
Telephone  
405-744-7241  
Telephone Ext.  
Fax Number
Post this Summary page from February 1st to April 30th of the year covered by the related OK Form 300.