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Year 2017

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

Oklahoma Department of Labor

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

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**Section 1: Establishment Information**

OKLAHOMA STATE UNIVERSITY (OKLAHOMA CITY)

Agency Name

OKLAHOMA CITY - OKLAHOMA CITY

Establishment Name (Location Name)

College

Entity Type

UHS, suite 002

Mailing Address

STILLWATER

Mailing City

OK

Mailing State

74078

Mailing Zip

OKLAHOMA CITY

Physical Address

OKLAHOMA CITY

Physical City

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**Instructions:** All establishments covered by Part1904 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: 987
2. Enter the total hours worked by all employees last year: 1019928
3. Conditions that might have affected your answers to questions 1 and 2 above during 2017:  
Nothing unusual happened to affect our employment or hour figures
4. Did you have ANY occupational injuries or illnesses during 2017? Yes

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**Section 2: Summary of Work-Related Injuries & Illnesses**

OKLAHOMA STATE UNIVERSITY  
(OKLAHOMA CITY)  
Agency name

OKLAHOMA CITY - OKLAHOMA CITY  
Establishment (Location 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	0	0	5
(G)	(H)	(I)	(J)

**Number of Days**

Total number of days away from work	Total number of days of job transfer or restrictions
0	0
(K)	(L)

**Injury and Illness Types**

Total number of: (M)

- (1) Injuries: 5
- (2) Skin Disorders: 0
- (3) Respiratory Conditions: 0
- (4) Poisoning: 0
- (5) Hearing Loss: 0
- (6) All Other Illnesses: 0

**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.*

Brooks Beall	405-744-7309	--	
Name of Agency Executive / Representative	Telephone	Ext.	Fax Number
Occ Safety Program Manager	brooks.beall@okstate.edu		01/26/2018
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.**