OSHA's Form 300A (Rev. 04/2004)

Summary of Work-Related Injuries and Illnesses

Year 2022 U.S. Department of

Occupational Safety and Health Administration Form approved OMB no. 1218-0176

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." 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 completing this summary.

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

Injury and Illness Types Total number of (M) (1) Injuries 24 (2) Skin disorders (2) Skin disorders (3) Respiratory conditions (4) (6) All other illnesses (0)	Number of Cases Total number of T deaths c: (G) (G) Number of Days Total number of days away from work	Total number of cases with days away from work 12 (H)	Total number of cases with job transfer or restriction 7 (I) Total number of days of job transfer or restriction 248	Total number of other recordable cases 9 (J)	
work Job transf work Job transf (L) and Illness Types unber of 24 corders 0 tory conditions 4	Number of Days				
and Illness Types Imber of 24 orders 0	Total number of days away from work		Total number of days of job transfer or restriction		
and Illiness Types Imber of 24 orders 0	118		248		
umber of 24 orders 0 tory conditions 4	(K)		(L)		
umber of 24 orders 0 tory conditions 4	Injury and Illnes	ss Types			
(2) Skin disorders 0 (5) Hearing loss 0 (3) Respiratory conditions 4 (6) All other illnesses 0	Total number of (M) (1) Injuries] -	(4) Poisonings	0	
	(2) Skin disorders(3) Respiratory condit	ions4	(5) Hearing loss (6) All other illnesses	0 0	

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 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review 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 aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Industry description (e.g., Manufacture of motor truck trailers) Colleges & Universities North American Industrial Classification (NAICS), if known (e.g., 336212)	City Richmond State KY Zip 40475	Street 521 Lancaster Ave	Your establishment name Eastern Kentucky University	Establishment information	
--	----------------------------------	--------------------------	---	---------------------------	--

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees

4,754

Total hours worked by all employees last year

3,399,624

Sign here

Knowingly falsifying this document may result in a fine.

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

Company executive
Phone 854-622-210 |

Date_ Title 19-2623