**OSHA's Form 300A (Rev. 01/2004)**

**Summary of Work-Related Injuries and Illnesses**

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 and 301 in its entirety. They also have limited access to the OSHA Form 300A or an equivalent. See 29 CFR Part 1904.13 in OSHA's recordkeeping rule for further details on the access provisions for these forms.

<table>
<thead>
<tr>
<th>Number of Cases</th>
<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>(G)</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Days</th>
<th>Total number of days away from work</th>
<th>Total number of days of job transfer or restriction</th>
</tr>
</thead>
<tbody>
<tr>
<td>(K)</td>
<td>14</td>
<td>10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Injury and Illness Types</th>
<th>Total number of...</th>
<th>(M)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Injuries</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>(2) Skin disorders</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>(3) Respiratory conditions</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for the collection of information is estimated to average 90 minutes per response, including time to review the instructions, search and gather the data needed, and enter and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OSHA approval number. If you have any comments about this form or its reports or if you wish to make suggestions for any changes, contact: OSHA Division of Information Technology, Room N4044, 200 Constitution Avenue NW, Washington, DC 20210. Do not send the completed forms to this office.

**Establishment Information**

- **University Health Service UIC**
- **South 835 S. Wolcott, E-144**
- **Chicago, IL 60612-7738**
- **Industry description (e.g., manufacturing of water truck rentals)**
- **University of IL**
- **Standard Industrial Classification (SIC), if known (e.g., SIC 2711)**
- **North American Industrial Classification (NAICS), if known (e.g., 339212)**
- **Employment Information (If you do not have these figures, see the instructions on the back of this page in columns.)**
- **Annual average number of employees**
- **Total hours worked by all employees last year**
- **Sign here**
- **Knowingly falsifying this document may result in a fine.**
- **I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.**
- **Title**
- **Phone**
- **Date**

**Date 1/31/19**

**Regional Dean**

**Sara L. Rush, MD**