U.S. Department of Labor

Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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 two 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 write the totals below, making sure you've added the entries from every page along lif you had no cases write "0"

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 OSHarm 301 or its equivalent. See 29 CFR Part 1904.35 in OSHA's record keeping rule, for further details on the access provisions for these forms.

Number of Cases	Control of the		
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number o other recordable cases
0	0	0	3
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from work	Total number of days of job transfer or restriction		
0		0	
(K)		(L)	
Injury and Illness	Types		
Total number of (M)			
(1) Injuries	3	(4) Poisonings	0
	0	(5) Hearing loss	0
(2) Skin disorders		(6) All other illness	
(3) Respiratory condition	ons0		

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 50 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 O MB 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 Statistics, Room N-3644, 200 Corst titution Avenue, NW, Washington, DC 2021.0. Do not send the completed forms to this office.

	University Health Service UIC
Your establishment name	Rockford E 144
Street 835 S. Wolcott, I	
Chicago Chicago	State IL ZIP 60612-7338
Industry description (e.g., M	lanufacture of motor truck trailers)
University of II	
Standard Industrial Classifi	cation (SIC), if known (e.g., SIC 3715)
— — —	
	lassification (NAICS), if known (e.g., 336212)
Notifi American industrial C	Tassification (twices), it known (e.g., 330212)
Employment inform Worksheet on the back of this	nation (If you don't have these figures, see the page to estimate.)
Annual average number of e	306 367,730,90
Total hours worked by all en	nployees last year <u>567, 75</u> 0, 90
Sign here	
Cnowingly falsifying this do	ocument may result in a fine.
certify that I have examined nowledge the entries are to	d this document and that to the best of my ue, accurate, and complete.
011	S DEAU
Company executive	Title
815-395-5	5600 Z24
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Date 1/24/24