OSHA's Form 300A (Rev. 01/2004) Summary of Work-Related Injuries and Illnesses



U.S. Department of Labor Occupational Safety and Health Administration

Form approved OMB no 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate

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."

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 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
7	11	30
(H)	(1)	(1)
	Total number of days of job transfer or restriction	
	766	
/pes		
	٥	
47	(4) Poisoning	. 0
0	(5) Hearing Loss	0
0	(6) All Other Illegen	0.40
	cases with days away from work 7 (H)	cases with days away from work 7 (H) 11 (I) Total number of days of job transfer or restriction Total number of days of job transfer or restriction 766 (L) pes 47 (4) Poisoning (5) Hearing Loss

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 instruction, 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 aspects of this data collection, contact: US Department of Labor. OSHA Office of Statistics. Room N-3644. 200 Constitution Ave. NW, Washindton, DC 20210. Do not send the completed forms to this office.

Establishment information		
Your establishment name USC	Health Sciences Campus	
Street 2001 N Solo Street, SBA 3	29	
City Los Angeles	State CA	Zip 90033
Industry description (e.g., Manufact Colleges, Universities, Prof		
Standard Industrial Classification (S	IC), if known (e.g., SIC 3715)	
R North American Industrial Classifica	tion (NAICS), if known (e.g., 336212)	
6 1 1	1 _ 0	
mployment information		
Annual average number of employe		
Total hours worked by all employee year	7,594,108_	
ign here Zull (546	
Knowingly falsifying this docum	nt may result in a fine.	
I certify that I have examined this d	ocument and that to the best of my knowledge t	he entries are true, accurate, and complete
Dr. Erroll Southe		Associate Sr VP, Safety & Risk Assurance Title
(213) 740-2445 Phone		1/31/2023 Date