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Year 2016

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

Oklahoma Department of Labor

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

Section 1: Establishment Information

OKLAHOMA STATE UNIVERSITY (OKLAHOMA CITY)

Agency Name

- OKLAHOMA

Establishment Name (Location Name)

College

Entity Type

UNIVERSITY HEALTH SERVICES; SUITE 002

Mailing Address

STILLWATER

Mailing City

OK

Mailing State

74078

Mailing Zip

OKLAHOMA CITY

Physical Address

OKLAHOMA CITY

Physical City

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: 912
2. Enter the total hours worked by all employees last year: 776610
3. Conditions that might have affected your answers to questions 1 and 2 above during 2016:
4. Did you have ANY occupational injuries or illnesses during 2016? Yes

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Section 2: Summary of Work-Related Injuries & Illnesses

OKLAHOMA STATE UNIVERSITY

- OKLAHOMA

(OKLAHOMA CITY)

Establishment (Location Name)

Agency 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	8
(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:	7
(2) Skin Disorders:	0
(3) Respiratory Conditions:	0
(4) Poisoning:	0
(5) Hearing Loss:	0
(6) All Other Illnesses:	1

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.

KIM SOUTHWORTH	405-744-3017	--
Name of Agency Executive / Representative	Telephone	Ext. Fax Number
OCCUPATIONAL HEALTH AND SAFETY PROGRAM MANAGER	kim.southworth@okstate.edu	01/26/2017
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.

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Year 2016

OK Form 301 -- Injury & Illness Report - Case Information

Oklahoma Department of Labor
405-521-6858; 888-269-5353; www.labor.ok.gov

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid on your OK Form 300 Log. You must also record significant work-related injuries that are diagnosed by a physician or licensed health care professional (PHLCP). You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. You must complete an Injury & Illness Incident Report (OK Form 301) for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call the Oklahoma Department of Labor for help at 1-888-269-5353.

- OKLAHOMA
Agency Name

OKLAHOMA STATE UNIVERSITY
(OKLAHOMA CITY)
Establishment Name (Location Name)

OKLAHOMA CITY
Physical City

Identify the person

Describe the Case

Case No.	Employee Name	Job Title	Injury or Illness Date	Event Location	View
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No incidents for this survey.

Notification & Recordkeeping

Public reporting burden for this collection of information is estimated to average 14 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.