Print This Year 2022

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

Oklahoma Department of Labor 405-521-6568; 888-269-5353; www.labor.ok.gov

Section 1: Establishment Information

Section 1: Establishment Information
OKLAHOMA STATE UNIVERSITY
Agency Name
PAYNE CO - Colleges, Universities, and Professional Schools
Establishment Name (Location Name)
College
Entity Type
UHS, SUITE 002
Mailing Address
STILLWATER
Mailing City
OK
Mailing State
74078
Mailing Zip
STILLWATER CAMPUS - 106 WHITEHURST
Physical Address
STILLWATER

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 etries 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 equivilents. 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: 15548
- 2. Enter the total hours worked by all employees last year: 13984802
- 3. Conditions that might have affected your answers to questions 1 and 2 above during 2022: Nothing unusual happened to affect our employment or hour figures
- 4. Did you have ANY occupational injuries or illnesses during 2022? Yes

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Year 2022 **Print This**

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Section 2: Summary of Work-Related Injuries & Illnesses

OKLAHOMA STATE UNIVERSITY

Agency name

PAYNE CO - Colleges, Universities, and

Professional Schools

Establishment (Location 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	55	54	13
(G)	(H)	(I)	(J)

Number of Days

Total number of days	Total number of days of job	
away from work	transfer or restrictions	
956	1304	
(K)	(L)	

Injury and Illness Types

Total number of: (M)

(1) Injuries:

(2) Skin Disorders:

(3) Respiratory Conditions:

(4) Poisoning:

(5) Hearing Loss:

(6) All Other Illnesses:

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 405-744-7241

Name of Agency Executive / Fax Number Telephone Ext.

Representative

1 of 2 1/26/2023, 2:00 PM DIRECTOR, EHS Title

kim.southworth@okstate.edu E-mail

01/26/2023 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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