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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 (TULSA CAMPUS)

Agency Name

- TULSA

Establishment Name (Location Name)

College

Entity Type

UNIVERSITY HEALTH SERVICES; SUITE 002

Mailing Address

STILLWATER

Mailing City

OK

Mailing State

74078

Mailing Zip

Tulsa Campus

Physical Address

TULSA

Physical City

Instructions: All establishments covered by Part 1904 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: 160
2. Enter the total hours worked by all employees last year: 360305
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 (TULSA - TULSA
 CAMPUS) 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 | 1 | 0 | 1 |
| (G) | (H) | (I) | (J) |

Number of Days

| Total number of days away from work | Total number of days of job transfer or restrictions |
|-------------------------------------|--|
| 15 | 0 |
| (K) | (L) |

Injury and Illness Types

| Total number of: (M) | |
|-----------------------------|----------|
| (1) Injuries: | <u>2</u> |
| (2) Skin Disorders: | <u>0</u> |
| (3) Respiratory Conditions: | <u>0</u> |
| (4) Poisoning: | <u>0</u> |
| (5) Hearing Loss: | <u>0</u> |
| (6) All Other Illnesses: | <u>0</u> |

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 | 01/25/2017 |
| 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.

- TULSA

 Agency Name

OKLAHOMA STATE UNIVERSITY (TULSA
 CAMPUS)

 Establishment Name (Location Name)

TULSA

 Physical City

Identify the person

Describe the Case

| Case No. | Employee Name | Job Title | Injury or Illness Date | Event Location | View |
|----------|---------------|-------------|------------------------|----------------|----------------------|
| 1 | Dotson, Jimmy | OP Engineer | 02/15/2016 | | Case |

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.