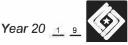
## OSHA's Form 300A (Rev. 01/2004)

## Summary of Work-Related Injuries and Illnesses



U.S. Department of Labo 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 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 in had no cases, write "0."	ndividual entries you made	for each category. Then write the	tals below, making sure you've added the entri	es from every page of the Log. If you	
	Part 1904,35, in OSHA's re		HA Form 300 in its entirety. They also have lim on the access provisions for these forms.	ited access to the OSHA Form 301 or	
Number of Case	es ————————————————————————————————————				
Total number of deaths	Total number of cases with days away from work  13 (H)	Total number of cases with job transfer or restriction  24 (I)	Total number of other recordable cases  (J)		
			(-)		
Number of Days		والمستوالي			
Total number of day away from work  328 (K)	job	al number of days of transfer or restriction 1593 (L)			
Injury and Illnes	s Types	(-)			
Total number of (M)					
(1) Injuries	49	(4) Poisonings			
(2) Skin disorders (3) Respiratory condition		(5) Hearing Loss (6) All other illnesse	3		

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 OMB 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 Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC, 20210, Do not send the completed forms to this office.

Establishment Information Your establishment CAL POLY POMONA 3801 WEST TEMPLE AVE \_\_\_ State <u>CA</u> Zip <u>91768</u> Industry description (e.g., Manufacture of motor truck trailers) COLLEGES UNIVERSITIES AND PROFESSIONAL SCHOOLS Standard Industrial Classification (SIC), if known (e.g., SIC 3715) North American Industrial Classification (NAICS), if known (e.g., 336212) 6 1 1 3 1 0 Employment Information (If you don't have these figures, see the Worksheet on back of this page to continue) Annual average number of employees 4,004 Total hours worked by all employees last year 4,979,796 Sign here Knowingly falsifying this document may result in a fine. l certify that I have examined this document and that to the best of my VP Administration, Finance & Strategic Development & CFO