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

Year 2023

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

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 Record

Number of Cases				
Total number of deaths	Total number of cases with days away from work 29	Total number of cases with job transfer or restriction 59	Total number of other recordable cases 265	
(G)	(H)	(1)	(J)	
Number of Days				
Total number of days away from work		Total number of days of job transfer or restriction		
483 (K)	-	2,145 (L)	-	
Injury and Illness T	ypes			
Total number of				
(1) Injury	341	(4) Poisoning	0	
(2) Skin Disorder	4	(5) Hearing Loss	2	
(3) Respiratory Condition	2	(6) All Other Illnesses	4	

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 58 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, Washington, DC 20210. Do not send the completed forms to this office.

Establishn	nent information						
Your es	stablishment name <u>Vanderbilt Univ</u>	rersity					
Street	110 21st Ave S, Ste 1000						
City	Nashville	State	Tennessee	Zip	37203		
Industry	y description (e.g., Manufacture of m	otor truck trailers)					
Standa	rd Industrial Classification (SIC), if k	nown (e.g., SIC 3715)					
OR North A	merican Industrial Classification (NA	AICS), if known (e.g., 3	336212)				
	6 1 1 3 1	0					
Employme	ent information						
Annual	average number of employees	9,895					
Total ho	ours worked by all employees last	15,806,568					
Sign here							
Knowir	ngly falsifying this document may	result in a fine.					
certify	Discussioned this document te.	and that to the best o	of my knowledge the entrie	s are true, accurate,	, and		
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