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

Summary of Work-Related Injuries and Illnesses



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

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 Recordkeeping rule, for further details on the access provisions for these forms

Number of Cases							
Total number of deaths	Total number of cases with days away	Total number of cases with job transfer or restriction	Total number of other recordable cases				
(G)	(H)	(1)	(J)				
Number of Days							
Total number of days away from work		Total number of days of job transfer or restriction					
170 (K)		255 (L)					
Injury and Illness Types							
Total number of							
(1) Injury ´	27	(4) Poisoning	0				
(2) Skin Disorder(3) Respiratory	0	(5) Hearing Loss	0				
Condition	0	(6) All Other Illnesses	2				

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

Your e	establishment name Pepper	line University		
Street	24255 Pacific Coast Highw	ay		
City	Malibu	State	CA	Zip90263
Indus	try description (e.g., Manufactu Higher Education	ure of motor truck trailers)		
Stand	dard Industrial Classification (S	IC), if known (e.g., SIC 37	15)	
R North	American Industrial Classifica 6 1 1 3	tion (NAICS), if known (e.	g., 336212)	
nployn	nent information			
Annu	al average number of employe	es2,344		
Total	hours worked by all employees	s last		
year		3,308,765.39		
gn her	e			
Know	vingly falsifying this docume	nt may result in a fine.		
I certi comp	fy that I have examined this do lete.	cument and that to the be	st of my knowledge the en	tries are true, accurate, and
	Greyson R. Orellana			Assistant Director
	Company executive			Title
	310.506.4397			1/30/2023
Phone				Date