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 0 (G)	Total number of cases with days away 5 (H)	Total number of cases with job transfer or restriction 9 (I)	Total number of other recordable cases 14 (J)				
Number of Days							
Total number of days away from work		Total number of days of job transfer or restriction					
54 (K)							
Injury and Illness Types							
Total number of (M)							
(1) Injury	27	(4) Poisoning	0				
(2) Skin Disorder	0	(5) Hearing Loss	0				
(3) Respiratory Condition	0	(6) All Other Illnesses	1				

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

stablis	hment information			
Your	establishment name Peppe	erdine University		
Stree	24255 Pacific Coast High	way		
City	Malibu	State	CA	Zip 90263
Indus	stry description (e.g., Manufac	cture of motor truck trailers)		
Stan	dard Industrial Classification	SIC), if known (e.g., SIC 37	15)	
OR North	American Industrial Classific		., 336212)	
mployi	ment information			
Annu	al average number of employ	yees1369		
Total year	hours worked by all employe	es last 3,387,755.95		
ign hei	re			
Kno	wingly falsifying this docun	nent may result in a fine.		
I cert	ify that I have examined this olete.	document and that to the bes	st of my knowledge the en	tries are true, accurate, and
	Greyson R. Orellan			Assistant Director
	Company executive			Title
	310.506.4397			
	Phone	Date		