



Year 2011

U.S. Department of Labor
Occupational Safety and Health Administration

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

Summary of Work-Related Injuries and Illnesses

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 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 Part 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 job transfer or restrictions _____ Total number of other recordable cases _____

0 9 45 33

(G)

(H)

(I)

(J)

Number of Days

Total number of days away from work _____ Total number of days of a job transfer or restriction _____

362 1207 _____

(K)

(L)

Injury and Illness Types

Total Number of...

(M)

- (1) Injuries 83 (4) Poisonings 0
- (2) Skin disorders 1 (5) Hearing Loss 0
- (3) Respiratory Conditions 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 50 minutes per response, including time to review the instructions, search existing data sources, gather the data needed, and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this data collection, including suggestions for reducing the burden, to Washington, DC 20503-2974, U.S. Department of Commerce, Paperwork Project (0122-0042).

Establishment Information

Your establishment name Clemson University
Street E-306 Martin Hall
City Clemson State SC Zip 29634

Industry description (e.g., Manufacture of motor truck trailers)
Colleges, Universities, and Professional Schools

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

OR _____
North American Industrial Classification (NAICS), if known (e.g., 336212)

611310

Employment Information (If you don't have these figures, use the optional Worksheet to estimate.)

Annual average number of employees 5522
Total hours worked by all employees last year 4442548

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company (804) 656-3365 1/27/2012
Date