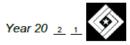


OSHA Work-Related Injuries and Illnesses Reporting

Risk Management Services

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

Number of Cases



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 work-related injuries or linesses 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 20 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

deaths (G)	cases with days away from work	cases with job transfer or restriction 4 (I)	other recordable cases
Number of Days		W	(0)
Total number of day away from work 271 (K)		otal number of days of bb transfer or restriction 225 (L)	
Injury and Illnes	s Types		
Total number of (M)			
) Injuries	19	(4) Poisonings	0
2) Skin disorders	0	(5) Hearing Loss (6) All other illnes	
) Respiratory condition	1S <u>0</u>		

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 In	formation	
Your establishment	CSU SACRAMENTO	
Street	6000 J STREET	
CitySACRAM	ENTO State CA	Zip <u>95819</u>
Industry description (e.g., I	Manufacture of motor truck trailers)
COLLEGES UN	IVERSITIES AND PROFESSIO	NAL SCHOOLS
Standard Industrial Classifi	ication (SIC), if known (e.g., SIC 3	715)
OR		
North American Industrial	Classification (NAICS), if known ((e.g., 336212)
6 1	1 3 1 0	
Employment Info Worksheet on back of this p	rmation (If you don't have these page to continue)	e figures, see the
Annual average number of	employees 4,4	76
_	employees last year	718.04
Sign here	3	
Knowingly falsifying	ng this document may res	sult in a fine.
	mined this document and that are true, accurate, and complet	
Todd Dangot	t, Director of Risk	Managemen
Company executive		Title
(916) - 278-7233		01/21/2022
Phone		Date

Risk Management Services Workers' Compensation

Temporary Disability (Lost Wages)		
Permanent Disability		
Supplemental Job Displacement Benefit (SJDB)		
Death Benefits		
What Should I do if I have a Job Injury?		
Get Medical Treatment (Beyond First Aid)		
After Hours Treatment		
Concentra - Sacramento Locations		
Can I be treated by my personal physician for a job related injury?		
Helpful Links		

Helpful Links

REPORT AN EMPLOYEE/FACULTY/VOLUNTEER COVID-19 POSITIVE CASE
Information for Employees with Positive COVID Test
COVID-19 Safety Information
OSHA Form 300A 2021
Ergonomic Resources
<u>Virtual Calming Room</u>
<u>Heat Illness and Air Quality Safety</u>
82020-Safety Hotline
Contact Us

