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

## Summary of Work-Related Injuries and Illnesses

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

Form approved OMB no. 1218-0176

Year

2018

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 calegory. 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.

Condition	(1) Injury (2) Skin Disorder (3) Respiratory	Injury and Illness Types Total number of	45 (K)	Total number of days away from	Number of Days	(G)	0	Total number of To ca	Number of Cases
4	0 9					Œ	5	Total number of cases with days	
(B) All Other Illegan	<ul><li>(4) Poisoning</li><li>(5) Hearing Loss</li></ul>		(L)	Total number of days of job transfer or restriction		(1)	restriction 4	Total number of cases with job transfer or	
•	0 0					(L)	cases 5	Total number of other recordable	

## 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 88 minutes per response, including time to review the instruction, search and gather the data needed, and compilete 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.

503-883-2458 Phone	Moracing a company executive	I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.	Sign here Col & Alberta Sign here Knowingly falsifying this document may result in a fine.	Annual average number of employees 1614  Total hours worked by all employees last 1,395,645	Employment information	Standard Industrial Classification (SIC), if known (e.g., SIC 3715)  8 2 2 1  OR North American Industrial Classification (NAICS), if known (e.g., 338212)	City McMinnville State Oregon Industry description (e.g., Manufacture of motor truck trailers)  Education (Undergraduate College)	Street 900 SE Baker St.	Establishment Information  Your establishment name <u>Linfield College (McMinnville)</u>
1/31/2019 Date	CFO/VF Finance & .	true, accurate, and					Zip <u>97128</u>		