

OSHA Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 2018
 U.S. Department of Labor
 Occupational Safety and Health Administration
 Form approved OMB no. 1218-

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 making sure you've added the entries from every page of the Log. If you had no cases write "0".

Employees for whom you have had the entries from every page of the Log. If you had no cases write "0".

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 from work _____ (G)

Total number of cases with job transfer or restriction _____ (H)

Total number of other recordable cases _____ (I)

Total number of days away from work _____ (J)

Injury and Illness Types

Total number of days of job transfer or restriction _____ (K)

Total number of... (L)

(1) Injury _____

(2) Skin Disorder _____

(3) Respiratory Condition _____

(4) Poisoning _____

(5) Hearing Loss _____

(6) All Other Illnesses _____

Post this Summary page from February 1 to April 30 of the year following the year covered by the form

For recording burden to this collection of information, estimate the average 30 minutes per response including time to review the instruction, search and enter the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it is required by law. Send comments regarding this collection of information, including suggestions for reducing the burden, to Washington, DC 20220. Do not send this information to this office.

Establishment information

Your establishment name Linfield College (Portland)

Street 2255 NW Northrup St.

City Portland State _____ Oregon _____ ZIP 97210

Industry description (e.g., Manufacture of motor truck trailers)
Education (Undergraduate College)

Standard Industrial Classification (SIC), if known (e.g., SIC 3715) 8 2 2 1

OR North American Industrial Classification (NAICS), if known (e.g., 396212) _____

Employment information

Annual average number of employees _____ 263

Total hours worked by all employees last year _____ 65,581

Sign here Est J Hernandez

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.

Marodriguez Company executive

CFR 1904.35

503-985-2458 Phone _____