

OSHA's Form 300A  
Annual Summary of Work-Related Injuries and Illnesses  
Year: 2022  
Establishment Name: UC Los Angeles

UNIVERSITY  
OF  
CALIFORNIA

All establishments covered by CCR Title & Section 14300 must complete this Annual Summary, 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 Cal/OSHA Form 300 in its entirety. They also have limited access to the Cal/OSHA Form 301 or its equivalent. See CCR Title & Section 14300.35, in Cal/OSHA's recordkeeping rule, for further details on the access provisions for these forms.

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

Establishment Information:

Street: 10920 Wilshire Blvd 860, Los Angeles City: Los Angeles State: CA Zip: 90024  
Industry Description: Colleges Universities and Professional Schools The North American Industrial Classification System, if known.\* 611310

Employment Information:

Annual average number of employees: 39,005 \*Total hours worked by all employees last year: 58,032,048

Number of Cases:

Number of Days:

Total number of deaths (G)	Total number of cases with day away from work (H)	Total number of cases with job transfer or restriction (I)	Total number of other recordable cases (J)	Total number of day away from work (K)	Total number of days of job transfer or restriction (L)
0	123	140	346	4,090	10,693

Injury and Illness Types:

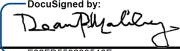
Total number of . . . (M)

(1) Injury	(2) Skin disorder	(3) Respiratory condition	(4) Poisoning	(5) Hearing Loss	(6) All Other Illnesses
325	0	41	0	0	243

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.

DocuSigned by:  
  
F62FD559239546E...

Signature

310-794-6948

Phone

Chancellor Designee

Title  
1/25/2023

Date