

OSHA Form 300A

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES

Year 2016
 Department of Consumer & Business Services
 Oregon Occupational Safety &
 Health Division (OR-OSHA)

All establishments covered by OAR 437-001-0700 must complete this 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 OSHA Form 300 in its entirety. They also have limited access to the DCBS Form 801 or its equivalent. See OAR 437-001-0700(20)

Number of cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restrictions	Total number of other recordable cases
0	23	0	9
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
536	347
(K)	(L)

Injury & Illness Types

Total Number of...	(M)	(4) Poisonings	(5) Hearing loss	(6) All Other illnesses
(1) Injuries	25		0	
(2) Skin disorders	0		0	
(3) Respiratory condition	0		7	

Keep this Summary posted from February 1 to April 30 of the year following the year covered by this form.

440-3353B (12/03)

(OR-OSHA/COM)

Establishment information

Your establishment name: Portland Community College

Street: PO Box 19000

City: PORTLAND State: OR Zip: 972800990

Industry description (e.g., manufacturer of motor truck trailers)

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

Employment Information

Annual average number of employees

Total hours worked by all employees last year

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 Executive _____ Title _____

Phone _____ Date 3/3/2017