

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

## Summary of Work-Related Injuries and Illnesses

Year 2022



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 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 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.

### Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or	Total number of other recordable cases
0	11	29	24
(G)	(H)	(I)	(J)

### Number of Days

Total number of days away from work	Total number of days of job transfer or
446	1338
(K)	(L)

### Injury and Illness Types

Total number of...	(1) Injury	(2) Skin Disorder	(3) Respiratory Condition	(4) Poisoning	(5) Hearing Loss	(6) All Other Illnesses
(M)	63	1	0	0	0	0

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

### Establishment information

Your establishment name University of Tennessee - Knoxville

Street 1331 Circle Park Drive

City Knoxville State Tennessee Zip 37996

Industry description (e.g., Manufacture of motor truck trailers) Educational Institution

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

OR North American Industrial Classification (NAICS), if known (e.g., 336212) \_\_\_\_\_

### Employment information

Annual average number of employees 15,845

Total hours worked by all employees last year 15,661,382

### Sign here

*David J. Miller*

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.

David J. Miller  
Company executive

\_\_\_\_\_  
CFO  
Title

865-974-9080

1/20/2023

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date