OSHA Form 300A
Summary of Work-Related Injuries and Illnesses

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, write the totals below, make sure you've added the entries from every page of the Log. If you haven't had any 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).

Your Establishment Information

Name: University of Oregon – All Locations
Street: 1715 Franklin Blvd, Suite 2A
City: Eugene
State: OR
ZIP: 97403

Industry description (e.g., Manufacturer of motor truck trailers)
Colleges, universities, professional schools

Standard Industrial Classification (NAICS), if known (e.g., 336212)
6113 10

Employment Information

Annual average number of employees: 8,734
Total hours worked by all employees last year: 10,579,929

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.

Phone: (541) 346-3003
Date: 1/12/22

Injury and Illness Types

Total number of...

(1) Injuries 59
(2) Skin disorders 0
(3) Respiratory conditions 0
(4) Poisonings 0
(5) Hearing Loss 0
(6) All other illnesses 2

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

440-3353B (11/01)

(OR-OSHA/COM)