**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)

### Number of Cases

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of deaths</td>
<td>0 (G)</td>
</tr>
<tr>
<td>Total number of cases with days away from work</td>
<td>57 (H)</td>
</tr>
<tr>
<td>Total number of cases with job transfer or restriction</td>
<td>16 (I)</td>
</tr>
<tr>
<td>Total number of other recordable cases</td>
<td>9 (J)</td>
</tr>
</tbody>
</table>

### Number of Days

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of days away from work</td>
<td>1658 (K)</td>
</tr>
<tr>
<td>Total number of days of job transfer or restriction</td>
<td>2107 (L)</td>
</tr>
</tbody>
</table>

### Injury and Illness Types

<table>
<thead>
<tr>
<th>Type</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Injuries</td>
<td>79</td>
</tr>
<tr>
<td>(2) Skin disorders</td>
<td>0</td>
</tr>
<tr>
<td>(3) Respiratory conditions</td>
<td>2</td>
</tr>
<tr>
<td>(4) Poisonings</td>
<td>0</td>
</tr>
<tr>
<td>(5) Hearing Loss</td>
<td>1</td>
</tr>
<tr>
<td>(6) All other illnesses</td>
<td>0</td>
</tr>
</tbody>
</table>

**Year 2016**  
**Department of Consumer & Business Services**  
**Oregon Occupational Safety & Health Division (OR-OSHA)**  
Form approved OMB no. 1218-0176

**Your Establishment Information**

Name **University of Oregon – Main Campus**

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 **9,903**

Total hours worked by all employees last year **11,217,342**

**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.

**Vice President, Finance & Administration and CFO**

Phone: **(541) 346-3003**  
Date: **1/20/17**

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

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### Number of Cases

<table>
<thead>
<tr>
<th>Total number of deaths</th>
<th>Total number of cases with days away from work</th>
<th>Total number of cases with job transfer or restriction</th>
<th>Total number of other recordable cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(G)</td>
<td>(H)</td>
<td>(I)</td>
<td>(J)</td>
</tr>
</tbody>
</table>

### Number of Days

<table>
<thead>
<tr>
<th>Total number of days away from work</th>
<th>Total number of days of job transfer or restriction</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(K)</td>
<td>(L)</td>
</tr>
</tbody>
</table>

### Injury and Illness Types

<table>
<thead>
<tr>
<th>Total number of...</th>
</tr>
</thead>
<tbody>
<tr>
<td>(M)</td>
</tr>
<tr>
<td>(1) Injuries</td>
</tr>
<tr>
<td>(2) Skin disorders</td>
</tr>
<tr>
<td>(3) Respiratory conditions</td>
</tr>
</tbody>
</table>

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)

Your Establishment Information

Name **University of Oregon - OIMB**
*Oregon Institute of Marine Biology*

Street **63466 Boat Basin Rd**
City Charleston State OR ZIP 977420

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 **34**
Total hours worked by all employees last year **42,351**

Sign Here

I certify that I have examined this document and that, to the best of my knowledge, the entries are true, accurate, and complete.

[Signature]

Vice President, Finance & Administration and CFO

Phone: (541) 346-3003 Date: **1/20/17**
OSHA Form 300A
Summary of Work-Related Injuries and Illnesses

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<table>
<thead>
<tr>
<th>Number of Cases</th>
<th>Total number of deaths</th>
<th>Total number of cases with days away from work</th>
<th>Total number of cases with job transfer or restriction</th>
<th>Total number of other recordable cases</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(G)</td>
<td>(H)</td>
<td>(I)</td>
<td>(J)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Days</th>
<th>Total number of days away from work</th>
<th>Total number of days of job transfer or restriction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3</td>
<td>54</td>
</tr>
<tr>
<td>(K)</td>
<td>(L)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Injury and Illness Types</th>
<th>Total number of...</th>
</tr>
</thead>
<tbody>
<tr>
<td>(M)</td>
<td>(1) Injuries 1</td>
</tr>
<tr>
<td></td>
<td>(2) Skin disorders 0</td>
</tr>
<tr>
<td></td>
<td>(3) Respiratory conditions 0</td>
</tr>
<tr>
<td></td>
<td>(4) Poisonings 0</td>
</tr>
<tr>
<td></td>
<td>(5) Hearing Loss 0</td>
</tr>
<tr>
<td></td>
<td>(6) All other illnesses 0</td>
</tr>
</tbody>
</table>

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

Your Establishment Information
Name University of Oregon - Portland
Street 70 NW Couch St.
City Portland State OR ZIP 97209
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 128
Total hours worked by all employees last year 147,688

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.

Vice President, Finance & Administration and CFO
Phone: (541) 346-3003 Date: 1/20/17

440-3353B (11/01) (OR-OSHA/COM)