

# OSHA Form 300A

## Summary of Work-Related Injuries and Illnesses

Year 2024



All establishments covered by OAR 437-001-0700 must complete this Summary of Work-Related Injuries and Illnesses, 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. Read OAR 437-001-0700(21).

### Number of cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfers or restriction	Total number of other recordable cases
<u>0</u>	<u>54</u>	<u>25</u>	<u>23</u>
(G)	(H)	(I)	(J)

### Number of days

Total number of days away from work	Total number of days of job transfer or restriction
<u>1238</u>	<u>2377</u>
(K)	(L)

### Injury and illness types

Total number of ... (M)			
(1) Injuries	<u>97</u>	(4) Poisonings	<u>0</u>
(2) Skin disorders	<u>1</u>	(5) Hearing loss	<u>1</u>
(3) Respiratory conditions	<u>2</u>	(6) All other illnesses	<u>1</u>

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

### Establishment information

Your establishment name:

University of Oregon - Main Campus

Street: 1715 Franklin Blvd., Suite 2A

City: Eugene

State: Oregon Zip: 97403

### Industry description

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

Colleges, universities, professional schools

### North American Industrial Classification System (NAICS)

if known (e.g., NAICS 4441)

6113 10

### Employment Information

Annual average number of employees 10,144

Total hours worked by all employees last year 11,916,696

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.

The highest ranking manager at the location where the Log is compiled must sign the OSHA Form 300A.

Jamie Moffitt

Company executive (highest ranking manager)

Sr. Vice President, Finance & Administration and CFO

Title

Phone: (541) 346-3003

Date: 1 / 16 / 25

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Number of cases			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfers or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of days	
Total number of days away from work	Total number of days of job transfer or restriction
2	0
(K)	(L)

Injury and illness types			
Total number of ... (M)			
(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

**Keep this summary posted from Feb. 1 to April 30 of the year following the year covered by this form.**

### Establishment information

Your establishment name: University of Oregon-Oregon Institute of Marine Biology (OIMB)  
 Street: 63466 Boat Basin Rd. City: Charleston  
 State: Oregon Zip: 97420

### Industry description

(e.g., manufacturer of motor truck trailers)  
Colleges, universities, professional schools

### North American Industrial Classification System (NAICS)

if known (e.g., NAICS 441)  
6113 10

### Employment Information

Annual average number of employees 32  
 Total hours worked by all employees last year 38,053

Sign here

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Jamie Moffitt  
*Company executive (highest ranking manager)*  
Sr. Vice President, Finance & Administration and CFO  
 Title

Phone: (541) 346-3003

Date: 1 / 16 / 25

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Number of cases			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfers or restriction	Total number of other recordable cases
<u>0</u> (G)	<u>1</u> (H)	<u>0</u> (I)	<u>1</u> (J)

Number of days	
Total number of days away from work	Total number of days of job transfer or restriction
<u>2</u> (K)	<u>13</u> (L)

Injury and illness types			
Total number of ... (M)			
(1) Injuries	<u>2</u>	(4) Poisonings	<u>0</u>
(2) Skin disorders	<u>0</u>	(5) Hearing loss	<u>0</u>
(3) Respiratory conditions	<u>0</u>	(6) All other illnesses	<u>0</u>

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

### Establishment information

Your establishment name:

University of Oregon - Portland

Street: 2800 NE Liberty St. City: Portland

State: Oregon Zip: 97211

### Industry description

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

Colleges, universities, professional schools

### North American Industrial Classification System (NAICS)

if known (e.g., NAICS 4441)

6113 10

### Employment Information

Annual average number of employees 256

Total hours worked by all employees last year 312,478

Sign here Jamie Moffitt

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