

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES

Year :

20 20

Michigan Department of Labor and Economic Opportunity Michigan Occupational Safety and Health Administration (MIOSHA)

Form Approved OMB No. 1218-0176

All establishments covered by Public Law of 1970 (P.O. 91-596) and Michigan Occupational Safety and Health Act 154, P.A. 1974, Parl 11, Michigan Administrative Rule for Recording and Reporting of Injuries and Illnesses, 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. You may be fined for failure to comply.

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 MIOSHA Form 300 in its entirety. They also have limited access to the MIOSHA Form 301 or its equivalent. See Part 11, R408.22135 Rule 1135, in MIOSHA'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 restriction 2	Total number of other recordable cases
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from		Total number of days of job transfer or restriction	
120 (K)	-	267 (L)	
Injury and Iliness 1	Types		
Total number of			
(1) Injury	16	(4) Poisonings	0
(2) Skin Disorder	1	(5) Hearing Loss	0
(3) Respiratory		•	
Conditions	0	(6) All Other Illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form
Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instruction, search and gather the data
needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control
number. If you have any comments about these estimates or any aspects of this data collection, contact.

TSD, 530 West Allegan Street, P.O. Box 30643, Lansing MI 48909-8143, [517] 284-7788. Do not send the completed forms to this office.

Establishment Information		
Your establishment name Michigan Technologi	cal University	
Street 1400 Townsend Drive		
City Houghton	State Michigan	Zip 49931
Industry description (e.g., Manufacture of motor to Colleges, Universities, and Professional S		
Standard Industrial Classification (SIC), if known (e.g., SIC 3715)	
8 2 2 1 OR North American Industrial Classification (NAICS),	fknown (n. n. 336212)	
6 1 1 3 1		
Employment information		
Annual average number of employees	3,168	
Total hours worked by all employees last year	3,514,511	
_		
Sign here		
	I	
Knowingly falsifying this document may result	iri a liere.	
I certify that I have examined this document and the complete.	at to the best of my knowledge the entries are tru	e, accurate, and
Cuality Coloul	te	Gerenal Curse
914-407-2314		31-2021
Phone	_	Dale

MIOSHA-300A (Rev. 03/20) Effective 01/01/2004