

# Summary of Work-Related Injuries and Illnesses



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 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 OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

### Establishment information

Your establishment name Truckee Meadows Community College

Street 7000 Dandini Blvd  
City Reno State NV ZIP 89512

Industry description (e.g., *Manufacture of motor truck trailers*)  
Education and Research

North American Industrial Classification (NAICS), if known (e.g 336212)  
611310

### Employment Information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees 1005

Total hours worked by all employees last year 995,450

### 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.

[Signature]  
Company executive  
Phone 775-682-5119

Risk Manager  
Title  
Date 1/17/24

### 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	Total number of other recordable cases
<u>0</u>	<u>0</u>	<u>3</u>	<u>0</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>0</u>	<u>89</u>
(K)	(L)

### Injury and Illness Types

Total number of ... (M)	
(1) Injuries <u>3</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>

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 58 minutes per response, including time to review the instructions, 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 these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

# Summary of Work-Related Injuries and Illnesses

Optional

## Calculating Injury and Illness Incidence Rates

### Worksheet

Total number of injuries and illnesses				Number of hours worked by all employees		Total recordable case rate
<u>3</u>	X	200,000	÷	<u>995,450</u>	=	<u>0.60</u>
Number of entries in column H + column I				Number of hours worked by all employees		DART incidence rate
<u>3</u>	X	200,000	÷	<u>995,450</u>	=	<u>0.60</u>