U.S. Department of Labor Occupational Safety and Health Administration

Form Approved OMB no. 1218-0176

Summary of Work-Related Injuries and Illnesses

All establishments covered by part 1904 must complete this Summary page, even if no work related injuries or illneses occurred during the year. Remember to view the Log to verify that the entries are complete and accuratebefore 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 recordiceping rule, for further details on the access provisions for these forms.

Number	of Cases			10.10		
Total number of deaths	Total number of cases with days away from work	ays with job transfer or		or oth	Total number of other recordable cases	
0	2	. 9		_	14	
(G)	(H)		(1)		(J)	
Number	of Days			ing Kenglop		
Total number of c away from work	days		number fer or re:	of days of job striction		
38	_		488			
(K)		(L)				
Injury ar	id Iliness Type	95				
Total number of,.	•					
(M)						
(1) Injuries		25	(4)	Poisonings		0
(2) Skin disorde	ers	0	(5)	Hearing Loss	_	0
(3) Respiratory	conditions	0	(6)	All other illness	es	0

Establishment information						
Your esta	blishment name		ommunity College District -			
Address	Pima Community College Address 4905D East Broadway Blvd.					
	Tucson, AZ 857	09-1235				
Industry de	scripțion (e.g., Mai	nufacture of motor tr	uck trailers)			
	Education					
Standard Ir	ndustrial Classificat 8222	ion (SIC), if known (e.g., 3715)			
OR		.				
North Ame	rican Industrial Cla	ssification (NAICS),	if known (e.g., 336212)			
Employr worksheet	nent informati	on (If you don't ha	ve these figures, see the			
Annual ave	erage number of e	2,221				
Total hours worked by all employees last year 2,971,922						
Sign her	e					
		document may i				
I certify that entries are	I have examined t true, accurate, and	his document and th complete.	at to the best of my knowledge the			
	2023 08:49 MST)		EVC for Finance & Administration			
Company ex		d	Title			
520-206-4	945	Jan 17, 2023				
Phone		Date				

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 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 you have any comments about these estimates or any other aspects of this data collection, contact/US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed form to this office.