

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 2022

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 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 1904.35, in OSHA'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	Total number of other recordable cases
0	3	0	21
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
438	0
(K)	(L)

Injury and Illness Types

Total number of...	(1) Injury	(2) Skin Disorder	(3) Respiratory Condition	(4) Poisoning	(5) Hearing Loss	(6) All Other Illnesses
(M)	23	0	1	0	0	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 58 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: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name Eastern Michigan University

Street 140 McKenny

City Ypsilanti State Michigan Zip 48197

Industry description (e.g., Manufacture of motor truck trailers)

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

8 2 2 1

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

Employment information

Annual average number of employees 2,768

Total hours worked by all employees last year 3,264,050

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.

Brett A. Last
Company executive

Chief Human Resources Officer

734-487-3044

Phone

12/31/2022

Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 2021

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

Form approved OMB no. 1218-0176

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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 transfer or restriction	Total number of other recordable cases
<u>0</u>	<u>2</u>	<u>0</u>	<u>20</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>121</u>	<u>0</u>
(K)	(L)

Injury and Illness Types

Total number of...	(1) Injury	(2) Skin Disorder	(3) Respiratory Condition	(4) Poisoning	(5) Hearing Loss	(6) All Other Illnesses
(M)	<u>21</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>

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Establishment information

Your establishment name Eastern Michigan University

Street 140 McKenny Hall

City Ypsilanti State Michigan Zip 48197

Industry description (e.g., Manufacture of motor truck trailers)
Public University

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
8 2 2 1

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

Employment information

Annual average number of employees 2,776

Total hours worked by all employees last year 3,325,684

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.

Director, Total Rewards
Title

734-487-3195
Phone

01/14/2022
Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 2020

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

Form approved OMB no. 1218-0176

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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 1904.35, in OSHA'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	Total number of other recordable cases
<u>0</u>	<u>2</u>	<u>2</u>	<u>7</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>24</u>	<u>32</u>
(K)	(L)

Injury and Illness Types

Total number of (M)	
(1) Injury	<u>11</u>
(2) Skin Disorder	<u>0</u>
(3) Respiratory Condition	<u>0</u>
(4) Poisoning	<u>0</u>
(5) Hearing Loss	<u>0</u>
(6) All Other Illnesses	<u>0</u>

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Establishment information

Your establishment name Eastern Michigan University

Street 11 Welch Hall

City Ypsilanti State Michigan Zip 48197

Industry description (e.g., Manufacture of motor truck trailers)

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

8 2 2 1

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

Employment information

Annual average number of employees 2,983

Total hours worked by all employees last year 3,453,732

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.

[Redacted Signature]
Company executive

General Counsel
Title

734-487-1055
Phone

1/25/2021
Date



SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES

Year 2019

*Michigan Department of Labor and Economic Growth
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, Part 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	Total number of other recordable cases
0	11	12	10
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
299	602
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injury	31	(4) Poisonings	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Conditions	0	(6) All Other Illnesses	2

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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: Michigan Department of Labor and Economic Growth, MIOSHA, MTSD, 7150 Harris Dr. P.O. Box 30643, Lansing MI 48909-8143. (517) 322-1848. Do not send the completed forms to this office.

MIOSHA-300A (Rev. 12/03) Effective 01/01/2004

Establishment information

Your establishment name EASTERN MICHIGAN UNIVERSITY

Street 11 WELCH HALL

City YPSILANTI State MI Zip 48197

Public University _____

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

8 2 2 1

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

Employment information

Annual average number of employees 3,395

Total hours worked by all employees last year 3,909,286

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.



Company Executive

General Counsel
Title

734.487.1055

Phone

January 28, 2020

Date

Summary of Work-Related Injuries and Illnesses

Org1 Desc: Eastern Michigan University

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 1094.35, in OSHA'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	Total number of other recordable cases
0	11	10	17
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
138	528
(K)	(L)

Injury and Illness Types

Total number of ...
(M)

(1) Injuries	36	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditions	0	(6) All other illnesses	2

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Establishment information

Your establishment name Eastern Michigan University

Street 11 Welch Hall

City Ypsilanti State MI ZIP 48197

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

Public University

Standard Industrial Classification (SIC), if known (e.g., 3713)

8221

OR

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

Employment information (if you don't have these figures, see the Worksheet on the back of this page to estimate)

Annual average number of employees 3,590

Total hours worked by all employees last year 4,058,725

Sign here

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

[Signature] General Counsel
Company executive Title
734-487-1055 '01/23/2019
Phone Date