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 entiriety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Record

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 0	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	
438 (K)	_	0 (L)	-
Injury and Illness T	- Types		
Total number of (M)			
(1) Injury	23	(4) Poisoning	0
(2) Skin Disorder(3) Respiratory	0	(5) Hearing Loss	0
Condition	4	(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 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.

Est	ablish	ment informatio	n				
	Your e	stablishment name	Eastern Michiga	an University			
	Street	140 McKenny					
	City	Ypsilanti		State	Michigan	Zip <u>48197</u>	
	Indust	ry description (e.g., N	/lanufacture of mo	otor truck trailers)			
	Standa			own (e.g., SIC 3715)			
OR	North A	8 2 American Industrial (ICS), if known (e.g., 3	336212)		
1				· 	,		
Em	ploym	ent information					
	Annua	ıl average number of	employees	2,768			
		nours worked by all e	mployees last	0.004.050			
	year			3,264,050			
Sig	n here	•					
	Know	ingly falsifying this	document may r	esult in a fine.			
	I certif	v that I have examin	ed this document	and that to the best of	of my knowledge the entri	es are true, accurate, and	
	comple		,	4	y iaiomoago aio oilai	oo are trae, assurate, and	
	0	rett 🗸	. Last	<u>t_</u>	Chie	f Human Resources C)ffice
		Company 6				Title	
		734-487				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

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 Recordi

Number of Cases			
Total number of deaths	Total number of cases with days away from work 2	Total number of cases with job transfer or restriction 0	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	
121 (K)	-	0 (L)	-
Injury and Illness T	ypes		
Total number of			
(1) Injury	21	(4) Poisoning	0
(2) Skin Disorder (3) Respiratory	0	(5) Hearing Loss	0
Condition	1	(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

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Esta	ablish	ment information				
	Your e	establishment name <u>Eas</u>	stern Michigan U	Iniversity		
	Street	140 McKenny Hall				
	City	Ypsilanti		State	Michigan	Zip <u>48197</u>
	Indust	ry description (e.g., Manuf Public University	acture of motor	truck trailers)		
	Standa	ard Industrial Classification		(e.g., SIC 371	15)	
OR	North .	8 2 2 American Industrial Classi), if known (e.g	J., 336212)	
				_		
Em	ploym	ent information				
	Annua	l average number of empl	oyees	2,776	_	
	Total h	nours worked by all employ	yees last	3,325,684	-	
Sigi	n here	,				
	Know	ingly falsifying this docu	ment may resu	It in a fine.		
	I certif		s document and	that to the bes	st of my knowledge the entries are t	rue, accurate, and
						Di <u>rector, Total Re</u> wards
		734-487-3195 Phone		_		0.1M/1.4L/2022 Date

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

Summary of Work-Related Injuries and Illnesses

Year <u>2020</u>

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

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 Record

Number of Cases			
Total number of deaths	Total number of cases with days away from work 2	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	
24 (K)	_	32 (L)	-
Injury and Illness T	Гуреѕ		
Total number of (M)			
(1) Injury	11	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition		(2) 4 11 2 11	
Condition	0	(6) All Other Ilnesses	0

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				nformation	ablishme	Esta
		_	gan University	nment name <u>Eastern Michi</u>	Your esta	
				elch Hall	Street 11	
97	Zip <u>48197</u>	Michigan	State	nti	City Y	
			notor truck trailers)	ription (e.g., Manufacture of r	Industry d	
)	known (e.g., SIC 3715)	ustrial Classification (SIC), if I	Standard	
		336212)	AICS), if known (e.g.,	2 2 1 an Industrial Classification (N	North Am	OR
		,	- —		_	
				formation	oloymen	Em
			2,983	ge number of employees	Annual av	
			0.450.700	orked by all employees last		
			3,453,732		year	
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nd	e true, accurate, and	of my knowledge the entries are	t and that to the best of	have examined this documer		
					complete	
nsel	General Counsel Title			Company executive		
5/2021	1/25/202 Date			Phone	734-487-	
nsı	General Counse Title	of my knowledge the entries are		talsifying this document may have examined this document Company executive	n here Knowing I certify th	Sigi



SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES

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

Form Approved OMB No. 1218-0176

Year 2019

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, R408.2213F Rule f135, 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 11	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G)	(H)	(1)	(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 Iliness 1	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
Conditions			

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. 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.

Your establishment name EASTERN	MICHIGAN UNIVER	SITY		
Street _11 WELCH HALL				
City YPSILANTI	State	MI	Zip	48197
Public University				
Standard Industrial Classification (SIC)	, if known (e.g., SIC 3	1715)		
North American Industrial Classification	(AIAICS) If known (a	0 336313\		
North American industrial classification	T (NACS), II KIOWII (E	19. 330212/		
ployment information				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Annual average number of employees	3,395			
Total hours worked by all employees la year	3,909,286	3		
ın here:				
Knowingly faisifying this document i	may result in a fine.			
Michael Committee of the Committee of th				
I certify that I have examined this docu	ment and that to the h	nest of my knowled	on the entries a	re true
accurate, and complete.	A	out or my fallowing	ge the chines to	
_			General Cou	onel
Company Executive		_	Title	nsei
734.487.1055			January 28, 2	วกวก

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

Year 2018 U.S. Department of Labor Occupational Safety and Health Administration

Summary of Work-Related Injuries and Illnesses

From approved OMB no.1218-0176

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 Cas	es		
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)	(1)	(1)
Number of Day	's		
Total number of days	s away	Total number of days of job transfer or restriction	
138		528	
(K)		(L)	
Injury and Illne	ss Types		
Total number of (M)			
Injuries	36	(4) Poisonings	
Skin disorders	0	(5) Hearing loss	0
Respiratory condition	ons 0	(6) All other illnesses	2

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	stablishment name	Eastern Mid	ingui c	, involution	
Street	11 Welch Hall				
City	Ypsilanti	State	MI	Z1P	48197
Industr	y description (e.g.,	Manufacture of	motor truc	k troilers)	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Public University			,	
Standar	d Industrial Classification	on (SIC), if know	TI .	(e.g.,3715)	
	8221				
OR		_			
North	American Industrial Cla	ssification (NAIC	CS), if kno	wn	(e g.,336212)
Emo		Of way do	u'e komu ek	6	
Emp	ioyment intormati	on (y)ou an	n i nave in	iese jigures.	see the
	loyment informati heer on the back of this p			iese jigures.	see the
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Works Annua	heet on the back of this j	ployees		3,59	
Works Annua Total	heet on the back of this j	ployees		3,59	90
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Morks Annua Total I Sign Kno	theer on the back of this particular average number of empours worked by all empours there there wingly falsifyin	ployees last year g this docu	ment n	3,59 4,05 nay resu	90 58,725 alt in a fine.
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Annua Total I Sign Kno	tify that I have exay knowledge the e	ployees last year g this docu	ment n	3,59 4,05 nay resu	58,725 It in a fine. at to the best complete. General Counsel