

Annual Summary of Work-Related Injuries and Illnesses



Year: 2011

All establishments covered by CCR Title 8 Section 14300 must complete this Annual Summary, 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 Cal/ OSHA Form 300 in its entirety. They also have limited access to the Cal/ OSHA Form 301 or its equivalent. See CCR Title 8 Section 14300.35, in Cal/ 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 (G) | 136 (H) | 121 (I) | 163 (J) |

Number of Days

| Total number of days away from work | Total number of days of job transfer or restriction |
|-------------------------------------|---|
| 6,714 (K) | 8,190 (L) |

Injury and Illness Types

| Total number of... | |
|----------------------------|-----|
| (M) | |
| (1) Injuries | 405 |
| (2) Skin Disorders | 9 |
| (3) Respiratory Conditions | 6 |
| (4) Poisonings | 0 |
| (5) Hearing loss | 0 |
| (6) All other illnesses | 0 |

Post this Annual Summary from February 1 to April 30 of the year following the year covered by the form.

OFFICIAL UNIVERSITY POSTER

| Facility Information | |
|---|--------------------|
| Establishment name: <u>UC BERKELEY</u> | |
| Street: <u>2222 Bancroft Way #2100</u> | |
| City: <u>Berkeley</u> State: <u>CA</u> Zip: <u>94720</u> | |
| Industry description: <u>University</u> | |
| Standard Industrial Classification (SIC) if known (e.g., SIC 3715) | <u>8221</u> |
| Employment Information | |
| (If you don't have these figures, use the optional Worksheet to estimate) | |
| Annual average number of employees | <u>21,341</u> |
| Total hours worked by all employees last year | <u>27,246,089</u> |
| 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. | |
| | Executive Director |
| Company executive | Title |
| (510) 642- 6621 | 1/20/12 |
| Phone | Date |