

OSHA's Form 300A  
Annual Summary of Work-Related Injuries and Illnesses  
Year: 2019  
Establishment Name: UC Riverside

UNIVERSITY  
OF  
CALIFORNIA

All establishments covered by CCR Title & 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 & Section 14300.35, in Cal/OSHA's recordkeeping rule, for further details on the access provisions for these forms.  
Post this Summary page from February 1 to April 30 of the year following the year covered by the form


Establishment Information:  
Street: 900 University Avenue City: Riverside State: CA Zip: 92521  
Industry Description: Colleges universities and professional schools The North American Industrial Classification System, if known: \* 611310  
Employment Information:

Annual average number of employees: 8,744 \*Total hours worked by all employees last year: 11,601,611

Number of Cases:				Number of Days:		
Total number of deaths (G)	Total number of cases with day away from work (H)	Total number of cases with job transfer or restriction (I)	Total number of other recordable cases (J)	Total number of day away from work (K)	Total number of days of job transfer or restriction (L)	
0	23	17	37	631	688	

Injury and Illness Types:						
Total number of . . . (M)	(1) Injury	(2) Skin disorder	(3) Respiratory condition	(4) Poisoning	(5) Hearing Loss	(6) All Other Illnesses
66	0	0	0	0	0	11

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:  Title: Chancellor  
951-827-5201 Phone: \_\_\_\_\_ Date: 1/23/2020

\*The total employee hours is based on estimated employee hours as of August 2019 Jan 23, 2020