OSHA's Form 300A  
Annual Summary of Work-Related Injuries and Illnesses  

Year: 2020  

Establishment Name: UC Riverside  

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**Establishment Information:**  

- **Street:** 900 University Avenue  
- **City:** Riverside  
- **State:** CA  
- **Zip:** 92521  
- **Industry Description:** Colleges universities and professional schools  

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**Employment Information:**  

- **Annual average number of employees:** 7,899  
- **Total hours worked by all employees last year:** 10,892,827  

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**Number of Cases:**  

<table>
<thead>
<tr>
<th>Total number of deaths (G)</th>
<th>Total number of cases with day away from work (H)</th>
<th>Total number of cases with job transfer or restriction (I)</th>
<th>Total number of other recordable cases (J)</th>
<th>Total number of day away from work (K)</th>
<th>Total number of days of job transfer or restriction (L)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>21</td>
<td>3</td>
<td>8</td>
<td>868</td>
<td>443</td>
</tr>
</tbody>
</table>

**Injury and Illness Types:**  

<table>
<thead>
<tr>
<th>Total number of . . . (M)</th>
<th>(1) Injury</th>
<th>(2) Skin disorder</th>
<th>(3) Respiratory condition</th>
<th>(4) Poisoning</th>
<th>(5) Hearing Loss</th>
<th>(6) All Other Illnesses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>27</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

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**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.  

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**Chancellor**  

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Jan 27, 2021

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*(The total employee hours is based on estimated employee hours as of September 2020)*